

FALL 2019 GENERAL FUND GRANT APPLICATION

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If you complete it in your browser, it may not save properly.**

Organization's General Information

Organization's Name:

EIN (if available):

Physical Address:

Mailing Address (if different):

Phone:

Website:

Contact Name:

Title:

Phone:

Email:

If your organization is using a fiscal sponsor, please enter their information below:

Fiscal Sponsor's Name:

EIN:

Address:

Contact Person:

Phone:

Email:

Tax-Exempt Status

What's your group's tax-exempt status?

We have 501(c)(3) status.

We have a 501(c)(3) fiscal sponsor.

We have neither 501(c)(3) status nor a fiscal sponsor.

Organization's Mission, Work and Demographics

1. **Briefly** tell us about your group or organization—who you are, what you do, why you do it, and whom you serve. (300 words)

2. What is your primary service area?

3. What is your area of specialty, or what does your work focus on? Check all that apply, but limit your choices to the area(s) your group *primarily* works on.

Arts & Media

Criminal Justice Reform

Cultural Preservation

Disability Justice

Economic Justice

Environment/Conservation

Gender Equity

Housing/Houselessness

Immigrant/Refugee Rights

LGBTQ2SIA+ Rights

Racial Justice

Workers' Rights

Other:

4. What percentage of your STAFF identifies as....?

<i>Race/Ethnicity:</i>	African/African American/Black Asian Hispanic/Latinx Native Hawaiian/Pacific Islander Other:	American Indian/Alaska Native European American/White Multi-Racial/Multi-Ethnic
<i>Gender:</i>	Non-Binary/Other	Women Men
<i>Orientation:</i>	LGBTQ2SIA+	Heterosexual
<i>Other:</i>	Immigrant/Refugee Living in rural Oregon People under 24	Living with a disability Low-income

5. What percentage of your BOARD identifies as....?

<i>Race/Ethnicity:</i>	African/African American/Black Asian Hispanic/Latinx Native Hawaiian/Pacific Islander Other:	American Indian/Alaska Native European American/White Multi-Racial/Multi-Ethnic
<i>Gender:</i>	Non-Binary/Other	Women Men
<i>Orientation:</i>	LGBTQ2SIA+	Heterosexual
<i>Other:</i>	Immigrant/Refugee Living in rural Oregon People under 24	Living with a disability Low-income

6. Other identities that are important to your organization?

7. Can you give us two examples of how your group actively dismantles oppression(s)? They can be internal actions (in your own operations) and/or external (with your programs and/or clients). (400 words)

8. How does your group organize community, mobilize people, or otherwise build the power of everyday folks to change behaviors, policies, and systems for the benefit of all community members? (400 words)

9. What are some examples of ways in which you work with your community rather than do for your community? (300 words)

10. Who are your main partners in this work? For example, who are the community leaders or organizations that you work closely with, that you count on for support, or that are invested in your group's success? *Feel free to include philanthropic funders, if any.* (300 words)

Grant Information

1. Which type of grant are you applying for?

Operating Support

Project Support

2. Tell us about what you hope to accomplish with the help of this grant. Please articulate clear goals you hope to achieve, include timelines, and name specific activities. *If you prefer, you may use the [Action Plan Worksheet](#) and send it as an attachment. (1,000 words max if you respond here. Three pages if you use the Worksheet.)*

Financial Information

1. Grant amount requested.
2. What's your annual operating budget?
3. If you're applying for a Project Support grant, what's the total budget for the project?

Attachment Checklist

Most current operating budget ([here is a sample budget](#) if you need one).

Financial statements, if your group has them.

[Action Plan Worksheet](#), if you filled one out.

Board and Staff Lists

AND

If you're applying for a Project Support grant:

Project Budget ([here is a sample project budget](#) [second tab] if you need one).

If your group has 501(c)(3) status:

IRS Letter of Determination. (*If you've applied for an MRG grant before, you do not need to submit one.*)

If your group is fiscally sponsored:

IRS Letter of Determination of fiscal sponsor AND fiscal sponsorship agreement/letter. (*If you've applied for an MRG grant before and your fiscal sponsor is still the same, you do not need to submit these.*)

If your group is neither fiscally sponsored nor a 501(c)(3):

The names and contact information of three references, preferably community leaders, who support your work or can speak about your group.

Optional:

You may attach up to three additional documents (photos, flyers, annual report, etc.) that may help us understand your work.