



# COMMUNICARE GRANT APPLICATION

CommuniCare student groups will be evaluating multiple nonprofits and may not be able to provide the funds requested by every nonprofit that applies.

Nonprofits being considered will be contacted by students between February and March to arrange a visit to your facility or to schedule an interview with your organization at their school. Students will make their final decision by Friday, April 24, 2020 and will notify you of their decision by mail/email shortly thereafter. Selected grantees are required to attend the annual Grant Awards Ceremony in May.

Thank you for all that you do to make a difference within our community.

## GRANT APPLICATION PROCEDURE

To be considered for a CommuniCare grant, your application must contain:

1. A cover letter that includes:
  - a. A brief statement of the organization's mission and history
  - b. A brief list of accomplishments your nonprofit has achieved and a description of how your staff/volunteers contribute to your mission
  - c. A description of your project/program needs or a description of your general operating support needs
  - d. A brief description of the outcomes you expect from this project/program/service and who it serves (identify age, geographic area, number of people and any other pertinent demographic information)
  - e. A dollar amount requested
  - f. A maximum length of 750 words and three images
2. A completed *Application Form* (see following pages)
3. A 501(c)(3) IRS determination letter verifying the tax-exempt status of the organization

**APPLICATION DEADLINE: JANUARY 13, 2020**

# 2019-2020 COMMUNICARE GRANT APPLICATION FORM

**GRANT APPLICATION DEADLINE: JANUARY 13, 2020**

## CONTACT INFORMATION

Name of Organization: \_\_\_\_\_

Organization's Website: \_\_\_\_\_

Name of fiscal sponsor, if applicable: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

Representative's Title: \_\_\_\_\_

Representative's Pronouns: \_\_\_\_\_

Representative's Phone Number: \_\_\_\_\_

Representative's Email Address: \_\_\_\_\_

Were you invited to apply by a school?  Yes  No

If so, which school? \_\_\_\_\_

## APPLICANT ORGANIZATION

Name of Organization: \_\_\_\_\_

Year incorporated: \_\_\_\_\_ Federal tax identification number: \_\_\_\_\_

Is the name of the organization as stated the same as it appears on the IRS letter of determination?

Yes  No If not, please explain: \_\_\_\_\_

Name of fiscal sponsor, if applicable: \_\_\_\_\_

## ORGANIZATIONAL INFORMATION

Number of full-time staff: \_\_\_\_\_ Number of part-time staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_ Number of board members: \_\_\_\_\_

Explanation (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Geographic area(s) served: \_\_\_\_\_

# 2019-2020 COMMUNICARE GRANT APPLICATION FORM

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## FINANCIAL INFORMATION

Total operating budget for fiscal year: \_\_\_\_\_

Total operating budget for project/program (if requesting funds for a specific program): \_\_\_\_\_

Total income for most recent fiscal year: \_\_\_\_\_

Total expenses for most recent fiscal year: \_\_\_\_\_

Explanation (optional): \_\_\_\_\_

\_\_\_\_\_

Sources of income:

Earned income (tuition/ticket sales/patient fees): \_\_\_\_\_%    Individual donations: \_\_\_\_\_%    Special events: \_\_\_\_\_%

Corporate/foundation grants: \_\_\_\_\_%    Government grants: \_\_\_\_\_%

Explanation (optional): \_\_\_\_\_

\_\_\_\_\_

## SUPPLEMENTAL QUESTION:

If we divide the money among applicants, will you be able to use any amount, even if it is not all of your request?

Yes  No

**Certification:** I hereby certify that the information included in this application is true and correct, to the best of my knowledge. I further certify that this organization does not discriminate on the basis of race, religion, national origin, marital status, age, disability, gender, or sexual orientation. I understand that if my organization receives a grant, a representative from my organization must attend the awards ceremony to receive the grant.

Signature of authorized agency official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions?** Contact Kristen Engfors-Boess, The Harold & Arlene Schnitzer CARE Foundation  
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