



# CommuniCare

**2021-2022**

- GRANT APPLICATION PROCEDURE -

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

**Timeline:** The 2021-2022 CommuniCare public submission window is open November 15 - December 31, 2021. Nonprofits being considered will be contacted by students between February and March to schedule an interview with your organization. Students will make their final grant decisions by Friday, April 22, 2022 and will notify you of their decision by email shortly thereafter. Selected grantees are required to attend the annual CommuniCare Grant Awards Ceremony in May.

**To Submit Your Application:** Please upload your application materials to the CommuniCare web portal at [communicareor.org/submit-grant-application](http://communicareor.org/submit-grant-application). If your organization is invited by a student group to apply and the public submission window has closed, please send your materials directly to the group's contact person and defer to the deadline set by the group.

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

**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, history, and how your work connects to the student mission statement(s) you are applying to
- 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. Maximum length is 750 words and three images

**2. A completed *Application Form* (see the following pages)**

**3. A 501(c)(3) IRS determination letter verifying the tax-exempt status of the organization**

**APPLICATION DEADLINE: DECEMBER 31, 2021**

Questions? Contact Kristen Engfors-Boess, *The Harold & Arlene Schnitzer CARE Foundation*  
503.973.0241, [kristen@schnitzercare.org](mailto:kristen@schnitzercare.org), [www.communicareor.org](http://www.communicareor.org)

## 2021-2022 STUDENT MISSION STATEMENT SELECTIONS

**APPLICATION DEADLINE: DECEMBER 31, 2021**

*Please read the mission statements on our website at [communicareor.org/mission-statements](http://communicareor.org/mission-statements) and select any/all that align with this application form and cover letter. Reminder: You can submit tailored application forms and cover letters for different mission statements.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> MISSION STATEMENT 1  | <input type="checkbox"/> MISSION STATEMENT 21 | <input type="checkbox"/> MISSION STATEMENT 41 |
| <input type="checkbox"/> MISSION STATEMENT 2  | <input type="checkbox"/> MISSION STATEMENT 22 | <input type="checkbox"/> MISSION STATEMENT 42 |
| <input type="checkbox"/> MISSION STATEMENT 3  | <input type="checkbox"/> MISSION STATEMENT 23 | <input type="checkbox"/> MISSION STATEMENT 43 |
| <input type="checkbox"/> MISSION STATEMENT 4  | <input type="checkbox"/> MISSION STATEMENT 24 | <input type="checkbox"/> MISSION STATEMENT 44 |
| <input type="checkbox"/> MISSION STATEMENT 5  | <input type="checkbox"/> MISSION STATEMENT 25 | <input type="checkbox"/> MISSION STATEMENT 45 |
| <input type="checkbox"/> MISSION STATEMENT 6  | <input type="checkbox"/> MISSION STATEMENT 26 | <input type="checkbox"/> MISSION STATEMENT 46 |
| <input type="checkbox"/> MISSION STATEMENT 7  | <input type="checkbox"/> MISSION STATEMENT 27 | <input type="checkbox"/> MISSION STATEMENT 47 |
| <input type="checkbox"/> MISSION STATEMENT 8  | <input type="checkbox"/> MISSION STATEMENT 28 | <input type="checkbox"/> MISSION STATEMENT 48 |
| <input type="checkbox"/> MISSION STATEMENT 9  | <input type="checkbox"/> MISSION STATEMENT 29 | <input type="checkbox"/> MISSION STATEMENT 49 |
| <input type="checkbox"/> MISSION STATEMENT 10 | <input type="checkbox"/> MISSION STATEMENT 30 | <input type="checkbox"/> MISSION STATEMENT 50 |
| <input type="checkbox"/> MISSION STATEMENT 11 | <input type="checkbox"/> MISSION STATEMENT 31 | <input type="checkbox"/> MISSION STATEMENT 51 |
| <input type="checkbox"/> MISSION STATEMENT 12 | <input type="checkbox"/> MISSION STATEMENT 32 | <input type="checkbox"/> MISSION STATEMENT 52 |
| <input type="checkbox"/> MISSION STATEMENT 13 | <input type="checkbox"/> MISSION STATEMENT 33 | <input type="checkbox"/> MISSION STATEMENT 53 |
| <input type="checkbox"/> MISSION STATEMENT 14 | <input type="checkbox"/> MISSION STATEMENT 34 | <input type="checkbox"/> MISSION STATEMENT 54 |
| <input type="checkbox"/> MISSION STATEMENT 15 | <input type="checkbox"/> MISSION STATEMENT 35 | <input type="checkbox"/> MISSION STATEMENT 55 |
| <input type="checkbox"/> MISSION STATEMENT 16 | <input type="checkbox"/> MISSION STATEMENT 36 | <input type="checkbox"/> MISSION STATEMENT 56 |
| <input type="checkbox"/> MISSION STATEMENT 17 | <input type="checkbox"/> MISSION STATEMENT 37 | <input type="checkbox"/> MISSION STATEMENT 57 |
| <input type="checkbox"/> MISSION STATEMENT 18 | <input type="checkbox"/> MISSION STATEMENT 38 | <input type="checkbox"/> MISSION STATEMENT 58 |
| <input type="checkbox"/> MISSION STATEMENT 19 | <input type="checkbox"/> MISSION STATEMENT 39 | <input type="checkbox"/> MISSION STATEMENT 59 |
| <input type="checkbox"/> MISSION STATEMENT 20 | <input type="checkbox"/> MISSION STATEMENT 40 | <input type="checkbox"/> MISSION STATEMENT 60 |



# CommuniCare

## 2021-2022 Grant Application Form

### CONTACT INFORMATION

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

Organization's Mailing Address: \_\_\_\_\_

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

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

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 no, 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: \_\_\_\_\_



# CommuniCare

## 2021-2022 Grant Application Form - *continued*

### FUNDING QUESTIONS

Amount requested: \$ \_\_\_\_\_

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: \_\_\_\_\_

Type of funds requested: Operating Support \_\_\_\_\_ Program Support \_\_\_\_\_

If requesting funds for a specific program, please include the name of the program:

\_\_\_\_\_

### FINANCIAL INFORMATION

Total operating budget for most recent 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/fees): \_\_\_\_\_% Individual Donations: \_\_\_\_\_%

Special Events: \_\_\_\_\_% Corporate/Foundation Grants: \_\_\_\_\_% Government Grants: \_\_\_\_\_%

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

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_