



# CommuniCare

**2022-2023**

Grant Application Procedure

**PLEASE NOTE:**  
The final grant application form, which includes the mission statement selection page, will be available starting November 15.

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 CommuniCare public submission window is open November 15 - December 31. 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 21, 2023 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 [www.communicareor.org/submit-grant-application/](http://www.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 (*maximum 750 words*) 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 program support 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. *Optional:* Up to three images (please do not include hyperlinks to videos or other content)
- 2. A completed *Grant Application Form***
- 3. A 501(c)(3) IRS determination letter verifying the tax-exempt status of your organization or fiscal sponsor**

**Application Deadline:** \_\_\_\_\_

**Questions?** Contact Kristen Engfors-Boess at [kristen@schnitzercare.org](mailto:kristen@schnitzercare.org) or 503.973.0241.



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## 2022-2023 Grant Application Form

### CONTACT INFORMATION

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

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

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

Organization's Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternative Contact (Name & Email): \_\_\_\_\_

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: \_\_\_\_\_



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## 2022-2023 Grant Application Form - *continued*

### FUNDING QUESTIONS

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

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 program support, please include the name of the program:

\_\_\_\_\_

### FINANCIAL INFORMATION

Total operating budget for most recently completed fiscal year: \_\_\_\_\_

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

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 Grant Awards Ceremony to receive the grant.

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

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