



# CommuniCare

## Arts & Culture @ PSU

2022-2023 Grant Application Procedure

The student grantmaking committee will be evaluating multiple nonprofits and may not be able to provide the funds requested by every nonprofit that applies. Thank you for all you do to make a difference within our community.

### Timeline:

October 5 - Group mission statement will be made available online

October 17 - All applications must be received by 11:59pm

October 26 - Applicants will receive an interview invitation or a declination

November 23 - Applicants who interviewed will be notified about final decisions

**To Submit Your Application:** Please email your cover letter and application form to Kristen Engfors-Boess, Program Manager, at [kristen@schnitzercare.org](mailto:kristen@schnitzercare.org).

### 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 group's mission statement
- 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. Additional media can be shared at the interview stage.)

#### 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: October 17, 2022**

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



# CommuniCare

## 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 the grantmaking committee? Yes: \_\_\_\_ No: \_\_\_\_

### 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: \_\_\_\_\_

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

*Explanation (optional):*

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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: \_\_\_\_\_