



CommuniCare

2022-2023

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 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/. 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 or 503.973.0241.



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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: _____