



# CommuniCare

**2023-2024**

PSU Grants for Arts & Culture - Application Procedure

**Timeline:** Applications are due by 11:59pm on Monday, October 16th. Organizations selected for interviews will be notified on October 23rd, and those interviews will take place in November. **Selected grantees are required to attend the Grant Awards Ceremony in early December at PSU.**

**To Submit Your Application:** Please email your materials to [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 brief description of the organization's mission, history, and how your work connects to the student mission statement
- A brief list of accomplishments your nonprofit has achieved and a description of how your staff/volunteers contribute to your mission
- A brief description of your program support needs or a brief description of your general operating support needs
- 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)
- A dollar amount requested
- *Optional:* Up to three images (please do not include hyperlinks to videos)

**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**

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



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## 2023-2024 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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## 2023-2024 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 (please use your most recently completed fiscal year for all fields below)

Fiscal Year (month/year – month/year): \_\_\_\_\_ - \_\_\_\_\_

Total projected budget: \$ \_\_\_\_\_

Total actual income: \$ \_\_\_\_\_

Total actual expenses: \$ \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**Sources of income:** Earned Income (tuition/ticket sales/fees): \_\_\_\_\_% Individual Donations: \_\_\_\_\_%

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

In-kind Donations: \_\_\_\_\_% Other: \_\_\_\_\_%

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