



# CommuniCare

**2023-2024**

Grant Application Procedure

**Timeline:** The CommuniCare public submission window is open November 15 - December 31. Nonprofits being considered will be contacted by students between January and March to schedule an interview with your organization. Students will make their final grant decisions by Friday, April 12, 2024 and will notify you of their decision by email shortly thereafter. **Selected grantees are required to attend the Grant Awards Ceremony in May. If you receive more than one grant, you may need to attend more than one ceremony.**

**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.

**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(s) you are applying to
- 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 or complicated infographics/tables)

**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.

## 2023-2024 STUDENT MISSION STATEMENT SELECTIONS

### GRANT APPLICATION DEADLINE: DECEMBER 31, 2023

Please read the mission statements on our website at [communicareor.org/mission-statements](https://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 26 | <input type="checkbox"/> MISSION STATEMENT 51 |
| <input type="checkbox"/> MISSION STATEMENT 2  | <input type="checkbox"/> MISSION STATEMENT 27 | <input type="checkbox"/> MISSION STATEMENT 52 |
| <input type="checkbox"/> MISSION STATEMENT 3  | <input type="checkbox"/> MISSION STATEMENT 28 | <input type="checkbox"/> MISSION STATEMENT 53 |
| <input type="checkbox"/> MISSION STATEMENT 4  | <input type="checkbox"/> MISSION STATEMENT 29 | <input type="checkbox"/> MISSION STATEMENT 54 |
| <input type="checkbox"/> MISSION STATEMENT 5  | <input type="checkbox"/> MISSION STATEMENT 30 | <input type="checkbox"/> MISSION STATEMENT 55 |
| <input type="checkbox"/> MISSION STATEMENT 6  | <input type="checkbox"/> MISSION STATEMENT 31 | <input type="checkbox"/> MISSION STATEMENT 56 |
| <input type="checkbox"/> MISSION STATEMENT 7  | <input type="checkbox"/> MISSION STATEMENT 32 | <input type="checkbox"/> MISSION STATEMENT 57 |
| <input type="checkbox"/> MISSION STATEMENT 8  | <input type="checkbox"/> MISSION STATEMENT 33 | <input type="checkbox"/> MISSION STATEMENT 58 |
| <input type="checkbox"/> MISSION STATEMENT 9  | <input type="checkbox"/> MISSION STATEMENT 34 | <input type="checkbox"/> MISSION STATEMENT 59 |
| <input type="checkbox"/> MISSION STATEMENT 10 | <input type="checkbox"/> MISSION STATEMENT 35 | <input type="checkbox"/> MISSION STATEMENT 60 |
| <input type="checkbox"/> MISSION STATEMENT 11 | <input type="checkbox"/> MISSION STATEMENT 36 | <input type="checkbox"/> MISSION STATEMENT 61 |
| <input type="checkbox"/> MISSION STATEMENT 12 | <input type="checkbox"/> MISSION STATEMENT 37 | <input type="checkbox"/> MISSION STATEMENT 62 |
| <input type="checkbox"/> MISSION STATEMENT 13 | <input type="checkbox"/> MISSION STATEMENT 38 | <input type="checkbox"/> MISSION STATEMENT 63 |
| <input type="checkbox"/> MISSION STATEMENT 14 | <input type="checkbox"/> MISSION STATEMENT 39 | <input type="checkbox"/> MISSION STATEMENT 64 |
| <input type="checkbox"/> MISSION STATEMENT 15 | <input type="checkbox"/> MISSION STATEMENT 40 | <input type="checkbox"/> MISSION STATEMENT 65 |
| <input type="checkbox"/> MISSION STATEMENT 16 | <input type="checkbox"/> MISSION STATEMENT 41 | <input type="checkbox"/> MISSION STATEMENT 66 |
| <input type="checkbox"/> MISSION STATEMENT 17 | <input type="checkbox"/> MISSION STATEMENT 42 | <input type="checkbox"/> MISSION STATEMENT 67 |
| <input type="checkbox"/> MISSION STATEMENT 18 | <input type="checkbox"/> MISSION STATEMENT 43 | <input type="checkbox"/> MISSION STATEMENT 68 |
| <input type="checkbox"/> MISSION STATEMENT 19 | <input type="checkbox"/> MISSION STATEMENT 44 | <input type="checkbox"/> MISSION STATEMENT 69 |
| <input type="checkbox"/> MISSION STATEMENT 20 | <input type="checkbox"/> MISSION STATEMENT 45 | <input type="checkbox"/> MISSION STATEMENT 70 |
| <input type="checkbox"/> MISSION STATEMENT 21 | <input type="checkbox"/> MISSION STATEMENT 46 | <input type="checkbox"/> MISSION STATEMENT 71 |
| <input type="checkbox"/> MISSION STATEMENT 22 | <input type="checkbox"/> MISSION STATEMENT 47 | <input type="checkbox"/> MISSION STATEMENT 72 |
| <input type="checkbox"/> MISSION STATEMENT 23 | <input type="checkbox"/> MISSION STATEMENT 48 | <input type="checkbox"/> MISSION STATEMENT 73 |
| <input type="checkbox"/> MISSION STATEMENT 24 | <input type="checkbox"/> MISSION STATEMENT 49 | <input type="checkbox"/> MISSION STATEMENT 74 |
| <input type="checkbox"/> MISSION STATEMENT 25 | <input type="checkbox"/> MISSION STATEMENT 50 | <input type="checkbox"/> MISSION STATEMENT 75 |



# CommuniCare

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



# CommuniCare

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