Western Lane Community Foundation

GRANT APPLICATION INSTRUCTIONS

Applications are available at www.wlcfonline.org after October 1st. Completed applications must be POSTMARKED or RECEIVED by Western Lane Community Foundation by January 15th

Basic Application Materials:

Your application should consist of all of the materials listed below, arranged in the following order:

ÄThe Community Foundation's Application Form,

Any additional pages used to answer application questions. Please be complete

A one page Budget for the proposed project.

Letters of support are not required. If you submit letters, please *do not include more than 3*. Letters should be *included* with your application, not sent separately. All basic application materials are on 8 ½ X 11 paper All pages are stapled together Submit one signed original of the *basic application materials*.

Submit your application materials to:

Western Lane Community Foundation

P.O. Box 1589 Florence, OR 97439

OR scan and email in PDF format to www.wlcfonline.org

Review the Grant Guidelines for guidance on completing the Grant Application. You will be contacted by a member of our Board for further information about this grant request.

If a grant is awarded, you will be required to file a Grant Activity Report by August 31st of the grant year. If you fail to return the Grant Activity Form timely, you will be required to return the grant funds.

	Name of Organization:				
	.				
	Mailing Address:				
	Street Address:				
Z	Phone Number:				
∣≚	Description of Organization:				
JA.					
N ≥					
0					
ORGANIZATION INFORMATION	CEO/Board Chair Name:				
Z	CEO/Board Chair Email:				
	Fiscal Year (month/year):				
ZA	Tax ID Number:				
Ī	Is this organization a 501(c)(3) corporation?				
B⊿	If not a 501(c)(3) corporation, what is the structure of your organization?				
R R					
	I certify that all information included in this application is accurate and complete. I				
	understand that if funds are awarded, I am responsible for submitting a completed				
	grant activity form by August 31 st or returning grant funds.				
	Original signature of CEO or Board Chair Printed Name of CEO or Board Chair				

	Contact Person:						
	Title:						
	Phone Number:						
	Email:						
z	Name of Project						
0	Project Summary:						
AT							
Σ							
Ю							
N N							
PROJECT INFORMATION							
JE(Primary City/Town served:				Target Population:		
ß							
Ы	Amount requested:			Total Project Budget:			
	Project start date:			Project end date:			
	Percent of	Florence:	Maple	ton:	Deadwood:	Other:	
	where project						
	beneficiaries						
	reside						

PROPOSAL INFORMATION

- 1. What is the amount of grant requested? \$
- 2 .How will grant funds be u sed? (Check the appropriate line then describe the planned project or program.)
 - ____ Special program
 - _____ One time capital expenditure
 - ____Operating support

3. What community need would/does this grant address?

4. What is the total cost of the project/program the grant will be used to support?

5. If all awarded funds from this grant will not be expended prior to August 31 of the year of receipt, explain why and when they will be expended.

6: If additional funds are required for this project or program, what is the source of additional funding? Source:

Amount:

Current Status:

7. Is this a project that will require ongoing funding? If yes, how will it be funded in the future?

8. Are there other groups in the community with the same (or similar) mission or purpose? Please list. Provide details on the contacts you have made and any effort to coordinate the project or program with them, or your reasons for not doing so.

9. WLCF awards grant funds that are provided through community donations. If awarded, how would you publicly recognize Western Lane Community Foundation for providing funding for your grant?