THE FOUR WAY COMMUNTY FOUNDATION

P.O. Box 652, Grants Pass, OR 97528 fourwaycommunityfoundation.org fourwaycommfdn@gmail.com

20 ROSE DOUGLAS GRANT APPLICATION SUPPLEMENT

PLEASE READ THE ACCOMPANYING APPLICATION GUIDELINES IN PREPARING THIS APPLICATION PLEASE SUBMIT BOTH THE ROSE DOUGLAS APPLICATION AND THE COMMUNITY GRANTS APPLICATION

Organization Name:	Website:	Website: City/State/Zip:	
Mailing Address:	City/State		
Contact Name:	Title:	Telephone:	
Signature of Contact Person:	Email:		
documents, but will also need to be com	out your organization that may already l pletely answered below. The Contact P nformation submitted in connection with	erson listed above certifies the tr	
1. Date organization was established:	Total number of paid employ	/ees: Volunteers:	
2. Area served by organization:	Eligible population:	Total served:	
3. Current annual budget: \$	List revenue sources, amounts and percent of total budget below:		
Source:	Amount \$	Percent of budget:	%
Source:	Amount \$	Percent of budget:	%
All tax supported funds:	Amount \$	Percent of budget:	%
All other sources:	Amount \$	Percent of budget:	%
Comments:			
4. Project or program description, and how clie	nts will benefit:		
			<u> </u>
5. How are individuals designated as the primary	y beneficiaries identified?		

6. How many primary beneficiaries will directly benefit from this grant request?

E-mail application packets to The Four Way Community Foundation at fourwaycommfdn@gmail.com no later than March 1. Notification of approval or denial will be made by email or phone in late April.

Applications are reviewed by the Board of Directors for approval. In all cases, the decision of the Board is final. If an applicant is not successful, it should not be construed as disapproval of the work of the submitting organization or of the worthiness of their project. The Foundation receives more applications than it can fund.