



P.O. BOX 652 Grants Pass, Oregon 97528 (541) 474-9774 fourwaycommfdn@gmail.com

COMMUNITY GRANT APPLICATION

PLEASE READ THE APPLICATION GUIDELINES ON OUR WEBSITE BEFORE PREPARING THIS APPLICATION. We will gladly answer your questions by phone as needed.

Organization name: \_\_\_\_\_ Application year: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Project title: \_\_\_\_\_ Brief description: \_\_\_\_\_

Project budget total: \$ \_\_\_\_\_ Funding request: \$ \_\_\_\_\_ Expected completion date: \_\_\_\_\_

If this grant request could be funded at a reduced amount, say, 80% of the request, could you proceed with the project? Yes No

Other funding source for this project: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_ Application status: \_\_\_\_\_

Other funding source for this project: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_ Application status: \_\_\_\_\_

Date organization was established: \_\_\_\_\_ Total number of paid employees (FTE): \_\_\_\_\_ Volunteers: \_\_\_\_\_

Area served by organization: \_\_\_\_\_ Total population served: \_\_\_\_\_ Direct service recipients: \_\_\_\_\_

Current annual budget: \$ \_\_\_\_\_ List revenue sources, amounts and percent of total budget below:

(This is to get a snapshot of program-generated revenue versus foundation funding, etc. Estimates are acceptable.)

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. If you have had previous grant applications with The Four Way Community Foundation, please list the three most recent:

Year: \_\_\_\_\_ Purpose: \_\_\_\_\_ Requested: \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Purpose: \_\_\_\_\_ Requested: \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Purpose: \_\_\_\_\_ Requested: \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_

If you received funding Four Way in the previous year, is your grant report completed and filed? Yes No

Comments: \_\_\_\_\_

Applications must be mailed to The Four Way Community Foundation at the post office box above and received no later than April 1. Projects moving towards funding will be scheduled for a site visit. Notification of approval or denial will be mailed to applicants in late May or early June. Checks are sent at that time as well.

Applications are reviewed by the Four Way Community Foundation 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 many more applications than it can fund.