

# Western Lane Community Foundation

## GRANT APPLICATION INSTRUCTIONS

**Applications must be RECEIVED by Western Lane Community Foundation by January 15, 2010.**

### Basic Application Materials

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

- The Community Foundation's *Application Form*,
- Any additional pages used to answer application questions. Please be complete but concise and limit additional answer pages to one page.
- 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 original and eleven copies of the *basic application materials*.

Send your application materials to:

**Western Lane Community Foundation  
P.O. Box 1589  
Florence, OR 97439**

Application must be submitted by January 15. Please type or print your answers to each question in space provided. If additional space is needed for any question, please specify in the question's space on this form that you are including an attachment and use no more than one additional page. 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 31 of the grant year.

**Western Lane Community Foundation  
Grant Application – January 15, 2010 Deadline**

ORGANIZATION INFORMATION	Name of Organization:		
	Street Address:		
	City:	State:	Zip:
	Phone No:	Fax No:	
	CEO:	Title:	
	CEO Email Address:		
	Fiscal Year (Month & Day): From ____ / ____ to ____ / ____		
	Description of Organization:		
	Tax ID No.		
	Are you a 501(c)(3) corporation? ___yes ___no ___in process If not a 501(c)(3) corporation, what is the structure of your organization? _____		
	I certify that all information included in this application packet is accurate and complete.		
	Original Signature of CEO or Board Chair		Typed Name of CEO or Board Chair

PROJECT INFORMATION	Contact Person:		Title:	
	Phone No:		Fax No:	
	EMail:			
	Name of Project to be Funded:			
	Project Summary:			
	Primary City/Town Served:		Target Population:	
	Amount Requested:		Total Project Budget:	
	Project Start Date: ____ / ____ / ____		Project End Date: ____ / ____ / ____	
Where do the project beneficiaries live?	Florence: _____%	Mapleton: _____%	Deadwood: _____%	Other (list) _____%

**PROPOSAL INFORMATION**

1. What is the amount of grant requested? \$

2. Exactly how will you use the funds? (Check the appropriate line then describe the planned project or program in the box below.)

Special program  One time capital expenditure  Operating support

3. What community needs does this Grant address and what community benefits will this Grant achieve?

4. What are the total costs of the project or program the grant will be used to support?

\$

5. What other funding sources besides WLCF have you approached for this specific project or program? Describe the status of any requests.

6: If additional funds are required for the project or program, how are you going to get the additional funding? Detail other sources approached and commitments received?

Source:

Amount:

Current status:

**7. If this project or program is funded by WLCF, what are any continuing budget implications?**

**8. Are there other groups in the community with the same (or similar) mission or purpose? Please list. If yes, 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. If this grant is approved how will you include recognition for Western Lane Community Foundation in your publicity about the grant?**