

## GORDON ELWOOD FOUNDATION GRANT APPLICATION

Before filling out this form, it is important for you to read the grant application guidelines on our website's Downloads page to be sure your proposal qualifies for grant consideration. Application deadlines are March 1 and September 1. Please type the answer to each question concisely within the space provided.

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| <b>DATE OF APPLICATION</b>  |  |
| <b>ORGANIZATION NAME</b>  |  |
| <b>FOUNDING DATE</b>  |  |
| <b>NAME ON 501(c)3 DESIGNATION</b>                                  |  |
| <b>MAILING ADDRESS</b>  |  |
| <b>PHYSICAL ADDRESS</b>   |  |
| <b>CONTACT PERSON NAME</b>  |  |
| <b>CONTACT JOB TITLE</b>  |  |
| <b>CONTACT WORK PHONE</b>   |  |
| <b>CONTACT E-MAIL</b>   |  |
| <b>BOARD PRESIDENT NAME &amp; PHONE NUMBER</b>                      |  |
| <b>BOARD PRESIDENT SIGNATURE</b>                                    |  |
| <b>EXECUTIVE DIRECTOR'S (OR EQUIVALENT) NAME &amp; PHONE NUMBER</b> |  |
| <b>EXECUTIVE DIRECTOR (OR EQUIVALENT) SIGNATURE</b>                 |  |

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| <b>1. BRIEF DESCRIPTION OF ORGANIZATION, SERVICE AREA AND ITS MISSION</b> |  |
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| <b>2. NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES</b> |  |
| <b>NUMBER OF VOLUNTEERS</b>                        |  |
| <b>ANNUAL VOLUNTEERS HOURS</b>                     |  |

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| <b>3. INDICATE WITH A CHECKMARK(S) WHETHER REQUEST IS FOR:</b> | Youth      Individuals      Families      Community  |
| <b>GEOGRAPHIC AREA TO BE SERVED BY PROJECT/PROGRAM</b>         | other (identify)<br>Klamath Co.      Curry Co.      Josephine Co.      Jackson Co.<br>other (identify) |
| <b>NUMBER TO BE SERVED BY PROJECT/PROGRAM</b>                  |  |

**4. DESCRIPTION OF PROJECT/PROGRAM FOR WHICH FUNDS ARE REQUESTED AND SPECIFICALLY HOW WILL GRANT FUNDS WILL BE USED.**

**5. HOW WAS THE NEED FOR THE PROJECT/PROGRAM DETERMINED AND HOW WILL THE PROJECT/PROGRAM IMPACT THIS NEED?**

**6. WHAT IS/ARE THE PROJECT'S/PROGRAM'S SPECIFIC OBJECTIVE(S)? HOW WILL YOU MEASURE AND HOW WILL YOU USE THESE MEASURES?**

**7. WHAT ARE YOUR ORGANIZATION'S SPECIAL QUALIFICATIONS TO ADDRESS THESE OBJECTIVES?**

**8. HOW CAN YOUR ORGANIZATION BE MORE EFFECTIVE IN ADDRESSING THIS NEED WITH THE INVOLVEMENT OF OTHER STAKEHOLDERS?**

**9. HOW DOES THIS PROJECT/PROGRAM FIT INTO THE LONG-RANGE PLANS OF YOUR ORGANIZATION? WHAT DO YOU HOPE TO LEARN FROM THIS PROJECT/PROGRAM DURING THE NEXT YEAR?**

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| <p><b>10. GEF'S VISION IS:<br/>"JACKSON, JOSEPHINE,<br/>CURRY AND KLAMATH<br/>COUNTIES ARE HOME TO<br/>SUCCESSFUL YOUTH AND<br/>INDIVIDUALS, THRIVING<br/>FAMILIES AND<br/>COMMUNITIES. WE<br/>LEVERAGE AND INVEST<br/>TALENT AND RESOURCES<br/>IN SOUTHERN<br/>OREGONIANS."<br/>HOW DOES YOUR<br/>PROJECT/PROGRAM<br/>IMPACT THIS VISION?</b></p> |  |
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| <p><b>11. LIST OTHER GROUPS<br/>ADDRESSING SIMILAR<br/>COMMUNITY NEEDS AND<br/>THE EXTENT OF YOUR<br/>COORDINATION WITH<br/>EACH. THEN LIST OTHER<br/>COMMUNITY ASSETS THAT<br/>COULD BE A RESOURCE TO<br/>ADDRESS YOUR<br/>PROJECT/PROGRAM<br/>OBJECTIVE(S) BUT ARE<br/>NOT YET BEING UTILIZED.</b></p> |  |
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| <p><b>12. PROJECT/PROGRAM<br/>PERIOD</b></p> | <p>projected project/program start:<br/>projected project/program end:</p> |
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| <p><b>13. CURRENT BUDGET</b></p> | <p>Annual organizational budget: \$<br/>Amount budgeted for administration only: \$</p> |
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| <p><b>14. FINANCIAL SUPPORT</b></p>            | <p>Total organization financial support received last fiscal year: \$</p>  |
| <p><b>SOURCES OF FINANCIAL<br/>SUPPORT</b></p> | <p>Memberships &amp; individual contributions: \$<br/>Fundraising activities: \$<br/>Government programs: \$<br/>Foundations: \$<br/>United Way: \$<br/>Other (identify): \$</p> |

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| <b>15. ESTIMATE THE COSTS YOU INCURRED IN ORGANIZATIONAL OR PROJECT FUNDRAISING.</b> | Salaries: \$<br>Brochures: \$<br>Mailings: \$<br>Professional services: \$<br>Grant writing: \$ |
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| <b>16. PROJECT/PROGRAM BUDGET</b> | Total project/program budget: \$<br>Amount requested from Gordon Elwood Foundation: \$ |
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| <b>17. LIST OTHER SOURCES OF PROJECT/PROGRAM SUPPORT AND WHETHER THEY ARE PROJECTED OR SECURED FUNDS.</b> | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |
|   | Source of support:<br>Projected      Secured | Amount: \$ |

|                      |  |
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| <b>OTHER SUPPORT</b> |  |
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| <b>18. IF PROJECT IS SUCCESSFUL, HOW WILL YOU LEVERAGE THE FUNDS REQUESTED TO CONTINUE THIS PROJECT IN THE FUTURE?</b> |  |
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**19. ATTACH ONE COPY OF THE FOLLOWING REQUIRED ATTACHMENTS TO YOUR APPLICATION. PLEASE ATTACH IN ORDER LISTED BELOW.**

A one-page cover letter.

Last completed fiscal-year financial statement and balance sheet.  
(If applying on behalf of a school or school district, please call for special instructions.)

Current fiscal-year financial statement and balance sheet.  
(If applying on behalf of a school or school district, please call for special instructions.)

On one page, a detailed budget for the project/program you are requesting funding for.

List of officers and board members with their professional affiliations and phone numbers.

Copy of 501(c) or 509(a) tax exemption letter from the Internal Revenue Service or public school district name and number or IRS documentation for other publicly supported entity if not a 501(c)3 agency or school.

Completed program evaluation logic model tool.

Board of directors' minutes that demonstrate the board is aware and approves of this grant application.

**NOTE: TO FACILITATE PROCESSING OF YOUR GRANT APPLICATION, PLEASE DO NOT STAPLE PAGES TOGETHER (PAPER CLIPS ARE PREFERRED), USE 8 1/2 X 11 WHITE PAPER, AND PRINT ON ONE SIDE ONLY.**