

The Oregon Historic Trails Fund of The Oregon Community Foundation Grant Application Form

Date:

BASIC ORGANIZATION INFORMATION

Organization Name:

Year Organization Founded:

County:

Full Address:

Phone & Fax Numbers:

PROJECT INFORMATION

Amount requested from OCF:

Total project budget:

Name/title of project contact:

Phone number and email address of project contact:

PROJECT DESCRIPTION

Please provide a **one-line description** of your proposal, including the historic trail(s) involved.

Example: For interpretive signs on the Benjamin Bonneville Route in Harney and Malheur counties.

Briefly describe the **key project components**, including how many people will directly benefit from the project.

How does the project address the funding objectives of the Oregon Historic Trails Fund?

To develop interpretive, educational and economic projects to preserve the cultural and natural resources of Oregon's historic trails.

How have high quality interpretive standards been incorporated in the project?

Why is this an appropriate project for your organization? What are your special qualifications?

Please list other groups addressing the same or related objectives and the extent of your coordination with each in developing your proposal.

PROJECT BUDGET

Project expense summary:

\$ _____ Personnel
\$ _____ Occupancy
\$ _____ Equipment/Supplies
\$ _____ Meeting/Travel
\$ _____ Other/Miscellaneous

\$ _____ **Total Project Expenses**

Project revenue summary:

\$ _____ Foundations
\$ _____ Corporations
\$ _____ Government
\$ _____ Sales/fees/fundraising
\$ _____ Other

\$ _____ **Total Project Revenues**

Grants require a 1:1 cash match. What **other funding sources and amounts** do you propose for this project? Please note which sources are **secured**.

Source

Amount Requested

Current Status

PROJECT FUTURE

If the project continues, how will it be funded in the future? Please be specific.

Describe the project evaluation plan. Please be very specific about who will evaluate the project and how they will judge success.

DETAILED ORGANIZATION INFORMATION

Mission of organization:

Name/title of head of organization:

Name of board chair:

Number of board meetings per year:

Number of volunteers:

FINANCIAL INFORMATION

Total budget last fiscal year:

Total amount of financial support received last fiscal year:

Sources of this support:

I certify that the above information is correct and that I am authorized by the governing board of this organization to submit this grant application to The Oregon Community Foundation.

Signature of: Executive Director Board Chair _____

Date

Please return to:
Megan Schumaker, Grants Administrator
The Oregon Community Foundation
1221 SW Yamhill, Suite 100
Portland OR 97205