**Cycle Oregon Fund**

**Grant Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | | | | | | | |
| **Organization Submitting Application** | | | | | |  | | | | | | | | | | | | | | | | |
| Organization receiving payment  (if grant approved) | | | | | |  | | | | | | | | | | | | | | | | |
| Fiscal sponsor (if applicable) | | | | | |  | | | | | | | | | | | | | | | | |
| Mailing Address | |  | | | | | | | | | | | | | | | | | | | | |
| City | |  | | | | | | | State | | | | |  | | | | | | Zip code | |  |
| County | |  | | | | | | | Website | | | | |  | | | | | | | | |
| Phone # | |  | | | | | | | Fax # | | | | |  | | | | | | | | |
| **Executive Director or Board Chair** | | | | |  | | | | | | | | | | | | | | | | | |
| First Name | |  | | | | | | Last Name | | | | | | |  | | | | | | | |
| Title | |  | | | | | | | | | | | | | E-Mail | | | |  | | | |
| **Mission & Primary Activities** | | | | | |  | | | | | | | | | | | | | | | | |
| Employer ID number (EIN) | | | | | |  | | | | | | | | | | Fiscal year | | |  | | | |
| If your organization is a government agency, please indicate which level of government your agency falls under to the right. | | | | | | | * City * County * State * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Project Contact Person** | | | |  | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | Title | | | | |  | | | | | | |
| Phone |  | | | | | | | | | | | E-mail | | | | |  | | | | | | |
| **Project Description** (2-3 sentences) | | |  | | | | | | | | | | | | | | | | | | | | |
| **Key Project Components**  (a snapshot of your project, including population to be served and measurable outcomes) | | | This section will expand as you enter information. Don’t feel like it all should fit in this little box. | | | | | | | | | | | | | | | | | | | | |
| **Does your project include elements to advance Diversity, Equity, and Inclusion?** (If so, how?) | | |  | | | | | | | | | | | | | | | | | | | | |
| What are the project dates (start and finish)? | | | | | | | | | |  | | | | | | | | | | | | | |
| Which of Cycle Oregon’s funding priorities are being addressed? | | | | | | | | | | * Community Project * Bicycle Safety & Tourism * Environmental Conservation & Historic Preservation | | | | | | | | | | | | | |
| **Project Budget** | | | | Total project budget | | | | | | |  | | | | | | | Total requested | | |  | | |

With my signature I certify the following: (1) The above information is correct; (2) I am authorized by the governing board of this organization to submit this grant application to The Oregon Community Foundation; (3) this organization is in good standing with the IRS, retains its 501(c)(3) tax‑exempt status, and is further classified as a public charity and *not* a private foundation; (4) this organization does not discriminate on the basis of race, color, religion, gender, gender identity or expression, sexual orientation, physical circumstances, age, status as a veteran, or national origin.

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| Name (printed) of head of organization |  | Title |
|  |  |  |
| Signature or e-signature of head of organization (director or board chair) |  | Date |