**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.

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