**Oregon Immigrant and Refugee Funders Collaborative**

**Grant Application Form**

Before completing this application, please review the Funding Structure and Process for this collaborative to make certain that you understand the application requirements and process.

**Organization**

Applicant organization Tax ID #

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Address, City, State, Zip

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Telephone Fax Website

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Contact name Contact email

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Current year planned expenses Current year planned income

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| --- | --- |
| $       | $ |

**Grant Project**

Brief description of purpose of grant request

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County or counties in which this project will take place

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Population that will be served (e.g. immigrants, refugees, DACA-eligible youth). Include additional and specific information

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Total project budget Grant request

|  |  |
| --- | --- |
| $       | $       |

Funding from other sources

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| $       |

**Application Questions (no more than two pages)**

Brief description of your organization, including your mission and capacity (financial and staffing) to undertake the proposed project:

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Description of the proposed project, including information about the specific need/issue, its impact on the community served, and the specific activities to be carried out:

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Describe how immigrants and refugees have been included throughout all aspects of this project, including in the planning and development phase:

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Which of the five general funding priorities of the collaborative does your project address and how? Describe the proposed solutions or approaches, including a timeline for implementation:

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What are the milestones or benchmarks in the project that demonstrate the approaches and solutions are working?

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Project partners and roles, especially if the project and funding request are for a collaborative or coalition approach:

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**Nondiscrimination Policy:** The funders collaborative members do not discriminate on the basis of race, ethnicity, color, religion, gender, gender identity or expression, sexual orientation, disabilities, age, status as a veteran, national origin or any other protected class. Applicants seeking support from the collaborative must hold similar standards in the provision of services.

**Applicant’s statement:** We adhere to similar standards of nondiscrimination. If awarded this grant, we agree to use the funds as indicated in this application. We further agree to submit the required progress report on the project. I am authorized by my organization to submit this application.

Name Signature Date

**Required Attachments:**

1. Project Budget
2. Current list of board of directors
3. If you are **a first-time applicant**, attach a copy of your organization’s current IRS 501(c)3 determination letter

**Participating Funders:**

Email your completed application and attachments to **ONE** of the funders listed below.

* **The Collins Foundation**
	+ Email: Cynthia Addams at caddams@collinsfoundation.org
* **MRG Foundation**
	+ Email: Esther Kim at esther@mrgf.org
* **The Meyer Memorial Trust**
	+ Email: Sally Yee at sally@mmt.org
* **The Oregon Community Foundation**
	+ Email: Roberto Franco at rfranco@oregoncf.org
* **Pride Foundation**
	+ Email: Katie Carter at katie@pridefoundation.org