

Oceana Community Foundation - Application of Intent

Agency Information*

Legal Agency Name*

Tax ID (EIN)*

Agency Address Street 1*

Address Street 2

City*

State*

ZIP*

Year Founded

Agency Executive*

This should be the head of the organization; CEO, President, etc. There will be an additional space for grant contact information.

First Name*

Last Name*

Title*

Email*

Phone*

Tax Status*

Select...	▼
501c3	▼
501c3-pending	
Church	
Government	
Education Institution	

IRS Ruling Letter

File Upload

Licensed in the State of Michigan for soliciting charitable donations?*

	▼
Yes	
No	

Do you have a board approved Conflict of Interest Policy?*

	▼
Yes	
No	

Organization Financial Information

2023 Budgeted Revenue*

2023 Budgeted Expenses*

2022 Actual Revenue*

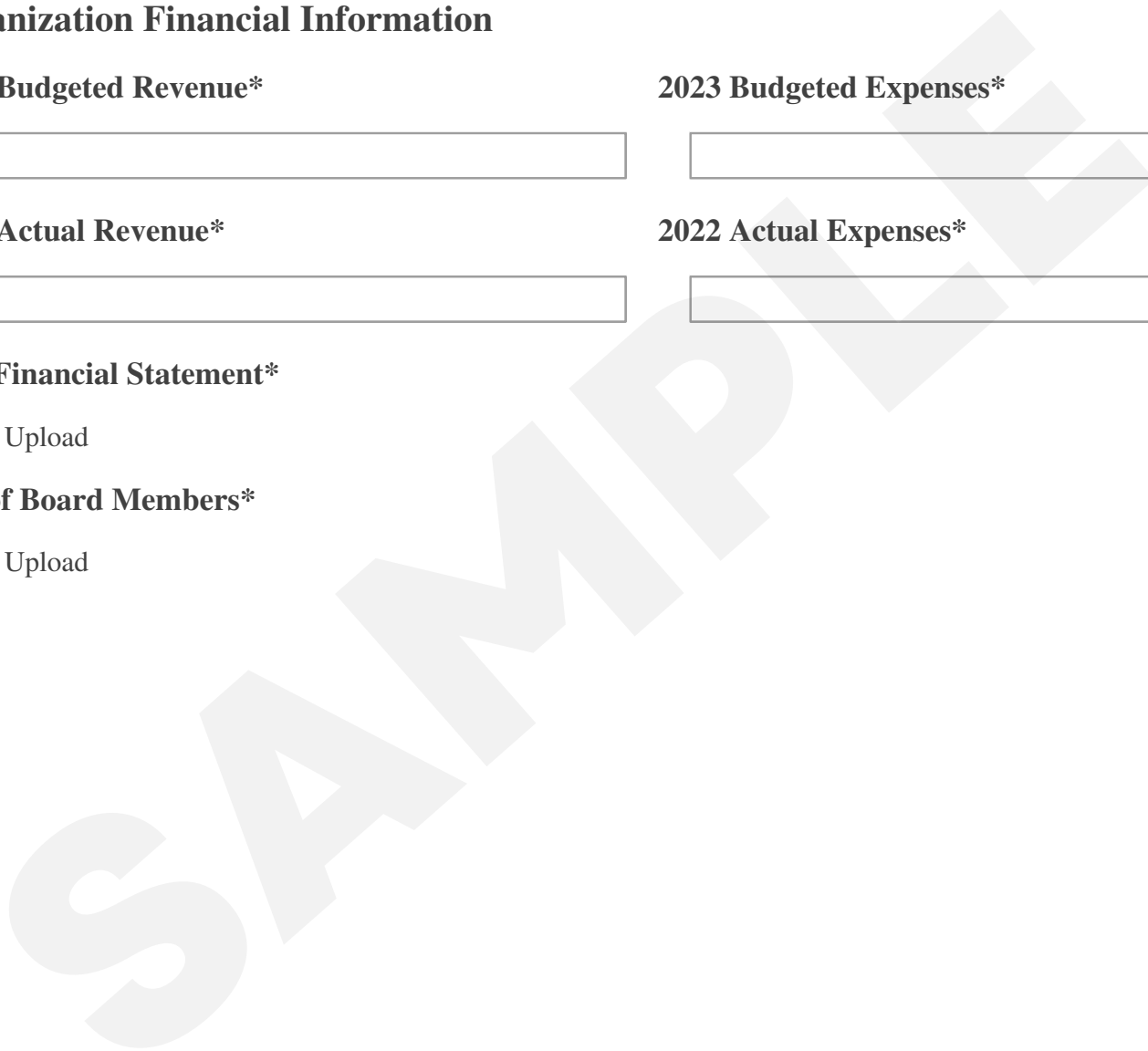
2022 Actual Expenses*

Last Financial Statement*

File Upload

List of Board Members*

File Upload



Organization and Project Information

Mission and Goals*

History*

Programs and Activities*

Project Name*

Project Start Date*

Project End Date*

Amount Requested*

Total Project Cost*

Grant Contact Person*

First Name*

Last Name*

Title*

Email*

Phone*

Project Description*

SAMPLE