

Oceana Community Foundation Grant Application

Project Information

Agency Name*

Project Name*

Purpose of Grant*

This is your elevator pitch. In 700 characters or less, briefly describe the purpose of this request. What will the funds be used for? Keep it brief, a lot of detail will be provided below.

Are you requesting funds for?*

Select...	
Capital Request	▼
New Program	
Existing Program	

Will this grant help meet a required match?*

If yes, explain the match opportunity

Project Narratives

Project Description*

In 2000 characters or less, tell us about your project!

Project Goals & Objectives*

In 1000 characters or less, tell us about the goals and objectives of this project. What do you hope to accomplish? How many people do you aim to serve? What will be the end result?

Need: What need will your project address and how was that need determined?*

In 1000 characters or less, describe the need the project will address. How do you know this project will address that need? Cite any data available here.

Program Components and Activities*

In 1000 characters or less tell us about the program components and activities. What services will be offered? How often? Where will they take place?

How will you achieve your goal?*

In 1000 characters or less, explain how you will achieve your goal.

Program Timeline*

In 500 characters or less, explain the timeline for this project. Will it occur one time with a specific start and end point? Is it recurring? When will the project be considered complete?

Community Impact: measurable outputs and outcomes*

In 1000 characters or less describe the measurable outputs and outcomes that will result from this project.

Evaluation*

In 500 characters or less tell us how you will evaluate and measure impact? How will you know you have been successful? What impact will the project have on the community and how will you know?

Collaboration: *

In 500 characters or less describe if you be collaborating with other organizations? In what way?

Sustainability*

In 750 characters or less tell us how you will sustain this project. Will it need long term funding. If so, where will you find it?

Attachments

Attach additional files that support this application, such as brochures, photos, past reports, etc. When possible, please attach the files as PDF's. If you have multiple pictures to share, we suggest putting them all into one Word document to upload.

Supporting File

No file chosen

Supporting File

No file chosen

Do you have additional supporting files?



Budget

List of staff required for project *

Please use the space below to complete your budget. The column on the right should be total project expenses for each line item. In the center, out of those total project expenses, what are you requesting from the Foundation? In the left-hand column, provide any necessary description.

Project Expenses

	Project Expenses	Requested from Foundation	Description
Salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxes and benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies and Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printing and Copying	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone and Internet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent and Occupancy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expense (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expense (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Project Expenses	Total Requested	
Total	<input type="text"/>	<input type="text"/>	

Revenue Sources

Please list all sources of revenue and whether they are committed or requested. Include in-kind support.

Funder	Amount Requested	Requested or Committed?	Notes or Comments
Oceana Community Foundation			
Total			

Budget Narrative*

Please provide any supplemental explanations needed for your budget