**2024 - 2025**

Philanthropy for Arts and Culture at PSU

Grant Application Procedure

**Timeline:** This grant cycle takes place during the fall term and is not connected to the larger Schnitzer Cares high school program. Students will make their final grant decisions by November 27, 2024 and will notify you of their decision by email shortly thereafter. **Selected grantees are required to attend the Grant Awards Ceremony in December.**

**To Submit Your Application:** Please email your materials to [kristen@schnitzercare.org](mailto:kristen@schnitzercare.org).

**To be considered for this grant, your application must contain:**

1. **A cover letter *(maximum 750 words)* that includes:**
   * A brief description of the organization’s mission, history, and how your work connects to the student mission statement(s) you are applying to
   * A brief list of accomplishments your nonprofit has achieved and a description of how your staff/volunteers contribute to your mission
   * A brief description of your program support needs or a brief description of your general operating support needs
   * A brief description of the outcomes you expect from this project/program/service and who it serves (identify age, geographic area, number of people, and any other pertinent demographic information)
   * A dollar amount requested
   * *Optional:* Up to three images (please do not include hyperlinks to videos or complicated infographics/tables)

1. **A completed *Grant Application Form***
2. **A 501(c)(3) IRS determination letter verifying the tax-exempt status of your organization or fiscal sponsor**

***Questions?*** Contact Kristen Engfors-Boess at [kristen@schnitzercare.org](mailto:kristen@schnitzercare.org) or 503.973.0241.

2024 - 2025 Grant Application Form

**CONTACT INFORMATION**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact (Name + Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you invited to apply by a school? Yes: \_\_\_\_ No: \_\_\_\_

If so, which school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT ORGANIZATION**

Year incorporated: \_\_\_\_\_\_\_\_\_\_\_ Federal tax identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the name of the organization as stated the same as it appears on the IRS letter of   
determination? Yes: \_\_\_\_ No: \_\_\_\_

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of fiscal sponsor, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATIONAL INFORMATION**

Number of full-time staff: \_\_\_\_\_\_\_\_ Number of part-time staff: \_\_\_\_\_\_\_\_

Number of volunteers: \_\_\_\_\_\_\_\_ Number of board members: \_\_\_\_\_\_\_\_

*Explanation (optional):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Geographic area(s) served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2024-2025 Grant Application Form *- continued*

**FUNDING QUESTIONS**

Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be able to use any amount, even if it is not all of your request? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Type of funds requested: Operating Support \_\_\_\_\_\_ Program Support \_\_\_\_\_\_

If requesting funds for program support, please include the name of the program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL INFORMATION** *(please use your most recently completed fiscal year for all fields below)*

Fiscal Year (month/year - month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total budget for project/program (if requesting program support): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Explanation (optional):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sources of income:**  Earned Income (tuition/ticket sales/fees): \_\_\_\_\_% Special Events: \_\_­\_\_\_% Individual Donations: \_\_\_\_\_% In-kind Donations: \_\_­\_\_\_% Government Grants: \_\_\_\_\_% Corporate/Foundation Grants: \_\_\_\_\_% Other: \_\_\_\_\_%

*Explanation (optional):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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