

GRANT APPLICATION

The mission of the Greater Hermiston Community Foundation is to encourage, prudently manage and distribute charitable contributions to improve the quality of life for our community, now and in the future.

Applicant / Organization:	
EIN:	
Address:	
Contact Person:	
Title:	
Phone/Email:	
*This application may also be completed and submitted online	at www.GreaterHermiston.com/receive
Brief Overview of Project:	
Start and End Dates of the project:	
Start Date:	End Date:

	project serve the miss quality of life for our				on –
	ticipated results of the le the project will rea			ect's targeted bene	ficiaries, the
What are the pla	ans for the project on	ce it is complete.	How will it be 1	naintained?	

Please list other community partners and contribution amounts that have committed to this project:
How will contributors be recognized?
How will the GHCF grant funds be used in this project?
Total Project Cost (\$) (Attach Complete Budget, If Applicable):
Amount Requested (\$):
Amount Requested (\$):
I understand that as part of this application, an interview with the selection committee may be required.
I give GHCF permission to share this application with other prospective funders.
Signature
Date
Please mail or deliver your completed application to: Greater Hermiston Community Foundation

Attn: Dennis Barnett

975 SE 4th St.

Hermiston, OR 97838

Questions?

Email: hermistonfoundation@gmail.com

Phone Number: (541) 567-5215

Greater Hermiston Community Foundation retains all discretion regarding disbursement of funds.

