

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:

	et serve the mission of the street of the serve the mission of the serve the			Foundation –
	ated results of the proje e project will reach, and			geted beneficiaries, the
What are the plans for	or the project once it is	complete. How w	vill it be maintaine	ed?

lease list other community partners and contribution amounts that have committed to this project:
ow will contributors be recognized?
ow will the GHCF grant funds be used in this project?
otal Project Cost (\$) (Attach Complete Budget, If Applicable):
was and Damage d (C)
mount 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
lease mail or deliver your completed application to: reater 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.



Community Foundation