



Application for Community Grant Program

[For events/programs held July 1, 2023 through June 30, 2024]

Instructions for Applicants:

- Refer to “Criteria for Community Grant Program” for guidelines and criteria
 - In the interest of sustainability, this request form should be completed and submitted electronically along with all your supporting documentation that best helps justify your request. Email your request to cwl_communitygrants@westlinnoregon.gov.
 - The deadline for submission is April 21, 2023.
 - If electronic submission is not possible, we are happy to scan your submission documents into an electronic file at City Hall (22500 Salamo Road).
 - A detailed budget describing the anticipated use of requested funds is required (see page 3).
 - ***Organizations receiving grant funds must also complete Report Back to Committee form within 90 days after event/program is completed in order to be eligible for future grant funding.***
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Applicant Contact Information

Organization Name:

Primary Contact Person:

Email:

Address:

Telephone:

Web Site:

Organization Information

1. Is your organization a registered 501(c)3? ☐ Yes ☐ No
2. Tax Identification Number: . (Complete attached Form W-9 as well)

If responses exceed the spaces below, please attach additional sheet(s) as necessary with question identifiers and your responses.

3. Summarize your organization's mission, vision, goals, and primary activities?

4. Describe how your event satisfies the purpose and selection criteria of our grant:

5. Describe the organization's other funding sources and their uses:

6. Describe the timeframe of the project or part of the project to be funded:

7. Describe what the organization will do if funding is not granted:

8. The *Report Back Form* is required to be submitted within 90 days after your event. If you received a grant last year and have yet to submit this form, complete a through c below:

- a. How did the funds help the purpose of your organization (i.e., Event A brought new education and activities to West Linn encouraging happiness and wellbeing for teens)?

- b. What measurable value did the grant program provide to the citizens of West Linn (i.e., 25 West Linn teens attended Event A for free)?

- c. Please describe how any previously received grant funds were used (if any), (i.e., \$500 motivational speaker, \$1,000 activity booths for yoga/karate/sewing/gardening):

9. Attach summary financial statements in some format that best reflects the financial position (i.e. balance sheet), revenues/expenses (i.e., income statement), and spending plans (i.e., budget) of your organization. Please limit your responses to four pages of summarized financial data reflecting your financial activity for a year's time-frame. We recognize that some community organizations may not have this type of information, in which case, please provide similar information in the best manner that you are able.

Detail Budget Describing Use of Requested Funds

Requested funding amount: \$.

Please detail how funds will be spent by your organization in the below spreadsheet (the intention of this chart is to identify how grant funds will spent so please be as specific as possible. For example, direct costs for food, tents, brochures, contractors, entertainment costs, and supplies well as any more indirect costs such as advertising, promotion, flyers, etc.). Note that identifying these categories does not guarantee funding any or all categories:

Activity		Description	Amount
Sample:	Lighting expenses	Light rental costs, electricity, and labor to hang and take-down lighting	\$750.00
TOTAL REQUEST:			

Signature Certification

I affirm that if my organization is granted funding, my organization will be required to adhere to City guidelines related to the use of funds, and will be required to provide timely reporting on the use of the granted funds to the City of West Linn. I affirm that the grant funds will only be used for the intentions outlined for this program.

(Please type your name, title, and date; upon receipt of funds, a final signature will be required)

_____.

Signature & Title

_____.

Date

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____
<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> S Corporation	_____
<input type="checkbox"/> Partnership	_____
<input type="checkbox"/> Trust/estate	_____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____	_____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	_____
<input type="checkbox"/> Other (see instructions) ► _____	_____
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	_____
7 List account number(s) here (optional)	

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer Identification number

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Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶