



Application for Community Grant Program

[For events/programs held July 1, 2024 through June 30, 2025]

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 30, 2024.
 - 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: [REDACTED]. (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?

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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)?

[REDACTED]

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)?

[REDACTED]

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

Form **W-9**
 (Rev. March 2024)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
2	Business name/disregarded entity name, if different from above.
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____
4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>
5	Address (number, street, and apt. or suite no.). See instructions.
6	City, state, and ZIP code
7	List account number(s) here (optional)
Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

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. See also *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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

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
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