



CROSSROADS COMMUNITIES LINN COUNTY COMMUNITY FUND APPLICATION

Section 1: Organization Contact Information

Organization Name:		EIN:	
Alternate name/acronym:			
Fiscal sponsor name:		EIN:	
Mailing Address:			
County:			
Website:		Phone:	
Exec dir or board chair:			
Email:			
Who can Crossroads Communities contact about this project? First and Last Name:			
Email:		Phone:	

Section 2: Organization Mission & Structure

Year Established:	
Number of paid employees:	
Number of FTE:	
Number of volunteers:	

Do you have a physical office or service site in Linn County?	
Is at least one of your staff a resident of Linn County?	

- 1. Tell us about your organization. What is your mission? Highlight two or three key facts and accomplishments that best represent your organization.**

- 2. Who will benefit from this project? How does this project align with our grant mission statement, as stated in our Request for Grant Proposal?**

- 3. Please describe your proposed project, what the funds will be used for and the need that this project addresses. Please note that the project must align with the mission statements of the grant to which you are applying, and will be evaluated by a community board of volunteers. Alternatively, if the funding request is for general operating purposes, please define what these funds will mean for your continued operations.**

- 4. Who is involved in your work? Briefly describe organization's leaders (staff, volunteers, board, etc.) & the role they play in the work you do. How is the community engaged in your work?**

Section 3: Grant Request & Narrative: Is there anything else we should know or consider as we evaluate your application?

[illegible]

Section 4: Project-specific financials (you may attach a separate spreadsheet if you desire more space or a different format)

Project Totals	
Total Project/Operational Budget:	
Total Amount Requested:	

[illegible]