



Estacada Community Foundation Grant Application

ECF accepts grant applications at any time and the board meets once a month to consider those applications.

Complete application and mail to: P.O. Box 1498 • Estacada, OR 97023

ESTACADA
COMMUNITY
FOUNDATION

Date of Application: _____ Project Name: _____

Main Contact: _____ Organization Name: _____

Address: _____

Contact Phone Number: _____ Fax Number: _____

Email: _____

Grant Amount Requested: \$ _____ Date requested funds would be required: _____

****Please note that if a grant is awarded to you by ECF and there are any publications created that list donors in support of your project, the Estacada Community Foundation will be named & acknowledged in said publication as a contributor.****

Photo Consent Form

Grant applicant hereby allows Estacada Community Foundation permission for the use of photographs or electronic media images of said project for the purposes of publicity, illustration, advertising and web content

Name _____

Address _____

Signature _____

Date _____

Project Description

Please answer these questions on a separate piece of paper and submit with grant application title page.

1. Brief description of the project.
2. What do you plan to accomplish with this project? Please include your goals and your anticipated outcomes.
3. What do you think the significance of this project is to the Estacada community?
4. What is the number and description of individuals affected by this project? (Seniors, children, teams, etc.)
5. What are your anticipated costs for the project? Please include a budget for the entire project- including multiple year costs.
6. What are your current sources of support? Who have you identified for future support?
7. Will this project need further funding? Please explain.
8. What is your evaluation procedure for this project? How will you measure the project's success?