



Josephine County

# Solid Waste Agency

## FUNDING REQUEST APPLICATION

Date:	Funding Request Amount:
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Applicant/Company Name:		
Contact Name (If different):		
Address:		
City:	State:	Zip:
Phone:	Cell:	Fax:
Email address:		
Project Name:		

### Guidelines for Preparing your Proposal/Funding Request

- Fill out this form completely and legibly.
- Include one-page abstract/overview of your organization.
- Copy of most recent financial statement including balance sheet and summary of operations (audit if available).
- Any other relevant information you wish to include.
- Description of any pending legal matters.
- Return entire packet to City of Grants Pass, Public Works Department, 101 NW A Street, Grants Pass, OR 97526, 541-450-6110; fax 541-479-6765.

### Solid Waste Agency Use Only

Date Application received:	By:
Disposition:	Date:

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QUESTIONNAIRE

SECTION I

1. Organization information

Name and phone number of Director/Manager	
Date Organization Established	
Tax Status (nonprofit, for profit, Government Agency, etc)	
Federal Tax Number	

2. What is your organization's Mission Statement? (Use extra paper if needed)

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3. Does your organization have a Board, or Budget Committee? Describe your organizational system.

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4. List current employees (by position), pertinent to the project and/or funding:

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5. Partners: List your partners. Partners are people and organizations who commit resources to the Organization.

Partner Name	How they work with your organization

**SECTION II**

**ABSTRACT/OVERVIEW:**

1. Summarize in one-page, the goal, purpose, and history of your organization.
2. Provide a description of the project for which you are requesting funds. Include specific information describing how the requested funds will be used.
3. Describe the specific goals and measurable objectives of the project.
4. Describe how you will evaluate whether you have achieved your measurable objectives.

**SECTION III**

**FINANCIAL INFORMATION**

1. Budget: Please include a copy of your current year budget.
2. Does your organization have any outstanding debt? Yes  No   
If yes, please delineate the amount and the reasons for the debt.

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Is your organization's budget in deficit? Yes  No   
If yes, please explain why.

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3. Is this your initial request for funding from the Solid Waste Agency?  
Yes  No   
If no, when and how much funding have you received? \_\_\_\_\_.
4. Project Budget: Please include a copy of the budget specific to the project proposed for Solid Waste Agency funding.
5. If applicable, list other anticipated sources of funding, funding amount and status of request (when listing sources of funds, give a detailed breakdown, using an additional sheet if necessary).

Funding Source Name the Partner and what their contribution is.	Cash	In- Kind	Secured (x)	Pending (x)	Total Amount/Value
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Total Estimated Funds (add all amounts in the far-right Column):</b>					<b>\$</b>

6. Provide specific information pertaining to any donations or in-kind services your organization anticipates for this project as listed above.

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**SECTION IV**

**VOLUNTEER PARTICIPATION**

1. Estimated number of volunteers who have provided service to the organization in the past year: \_\_\_\_\_
2. Estimated number of volunteer hours in the past year: \_\_\_\_\_ hours
3. Description of any volunteer groups:

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**SECTION V**

**LEGAL:** Does your organization currently have any open matters of litigation currently pending? Yes  No  If yes, please explain in an attachment to your funding request.

END OF THIS SECTION

SECTION VI: SOLID WASTE AGENCY FUNDING POLICIES  
PUBLICITY/PROMOTION

Prominent acknowledgement of the Josephine County/City of Grants Pass Solid Waste Agency is required of all recipients for use in all publicity materials, including, but not limited to brochures, press releases, programs, posters, public service announcements, flyers, newsletters, and advertisements in regards to this particular project following funding approval by the Agency.

UPDATE POLICY: All agency funded recipients are required to make quarterly presentations at regularly scheduled Agency meetings regarding the status of the project.

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I hereby certify, to the best of my knowledge and belief, that the information submitted with this request is accurate and that the attached budget was approved by our governing board. We also agree to allow the Solid Waste Agency to review the books and records of the applicant should they so desire. Undersigned is authorized to sign and bind the applicant.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title