



2009
PHILOMATH
COMMUNITY FOUNDATION
Application for Assistance

Please complete the form below by typing or printing legibly.
All information must be provided for your request to be considered.

Please return forms to:
Philomath Community Foundation, P.O. Box 1000, Philomath, OR. 97370

**Individual/
Organization/Agency Name:** _____

Is your organization a registered 501(c) 3 non-profit entity? Yes No

Tax Identification Number _____

Contact Name: _____

Title or Department: _____

Contact Phone Number(s): _____

Mailing Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Please indicate the category(s) of funding for which you are applying:

- Arts and Economic Development Community Service
- Elderly Youth and Family

Please attach your written response to the following questions:

Please indicate the amount of funding requested. \$_____

Describe how this grant will benefit the community of Philomath.

How will these funds be applied?

Outline your business plan or process.

Describe your vision of the result at the completion of this project.

