

# BLACKUNITEDFUND OF OREGON

## PROPOSAL COVER SHEET

Answer each of the questions below in the space provided (print or type)  
Cover sheets that reference other materials will be returned as incomplete.

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### PART I - GENERAL INFORMATION

**Please Select One**

- Portland Metro Area (Multnomah County)
- Statewide or SW Washington

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Website \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Executive Director \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever applied to the Black United Fund for funding? Yes No

If yes, please state date(s) \_\_\_\_\_ Amount(s) received \_\_\_\_\_

Have you submitted an evaluation form for the last grant received? Yes No

Note: It is the policy of the Black United Fund that organizations with overdue program evaluations are not eligible for funding

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### PART II - PROPOSAL ENCLOSURES

Please list item numbers below in the top right hand corner of corresponding document

**Item#**

- |   |     |    |
|---|-----|----|
| 1. Proposal Narrative (See Guidelines)  | Yes | No |
| 2. Detailed organization budget immediately preceding fiscal year's financial statement | Yes | No |
| 3. Detailed Project Budget  | Yes | No |
| 4. IRS 501©3 tax-exempt notification letter   | Yes | No |
| 5. Policy of non-discrimination   | Yes | No |
| 6. Most recent year's 990, if budget is over \$100,000                                  | Yes | No |
| 7. Most recent year's audit. If budget under \$100,000 you must include 990 & CT12      | Yes | No |
| 8. List of board members  | Yes | No |

Please see application guidelines for the appropriate number of copies

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### PART III - ORGANIZATION INFORMATION

9. Brief description of organization (including history, mission and goals):

10. Based on your most recently completed fiscal year, state the percentage of total revenue applied to:  
 Programs and Services \_\_\_\_\_% Administration and Fundraising \_\_\_\_\_%
11. If more than 25% of your organization's budget goes toward administration and fundraising, please attach explanation.
12. Is your organization registered with the Office of the Attorney General in accordance with relevant provisions of ORS 128.610 to 128.995? Yes No
13. Does your organization receive funding from United Way? Yes No  
 If yes, please provide documentation that this project is outside the scope of your organization's United Way Funding.

**PART IV - PROJECT INFORMATION**

14. Programmatic area to which you are applying for (**check one box only**):  
 Economic Development Health Education Human Services Social Justice Arts & Culture
15. Amount requested \$ \_\_\_\_\_ Total project cost \$ \_\_\_\_\_
16. Project period from \_\_\_\_\_ to \_\_\_\_\_
17. Brief description of project:

18. Specific use of funds:

19. What percentage of the grant will be applied to: Program \_\_\_\_\_% Administration \_\_\_\_\_%
20. County served by organization \_\_\_\_\_ County served by project \_\_\_\_\_
21. Neighborhood served by project \_\_\_\_\_
22. Client group and number served by project this year \_\_\_\_\_
23. Number of clients served by project last year \_\_\_\_\_
24. List all income committed to this project and the sources of the income:

25. List funding sources applied to for the project and amount of request:

26. Please detail the organizations plan to move toward self-sufficiency:

27. I certify that this application is complete.

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Executive Director's Name (Print)

Signature

Date