

# Grant Application

*The Oregon Clinic Foundation supports our region's  
non-profits to advance health and equity*

Thank you for your interest in The Oregon Clinic Foundation! To view our grant eligibility requirements and application deadlines, please visit [www.oregonclinic.com/foundation](http://www.oregonclinic.com/foundation). To apply for a grant, please complete this form and submit it via email to [foundation@orclinic.com](mailto:foundation@orclinic.com). If you have any questions about this application or The Oregon Clinic Foundation, please email [foundation@orclinic.com](mailto:foundation@orclinic.com).

At The Oregon Clinic Foundation, we know that you — local nonprofits working to meet our region's most urgent needs — are the experts. We also know that your success should be determined by your impact, not by your capacity to fill out complicated forms. Our grant application is straightforward, our priorities are broad, our reporting requirements are simple, and our funding is unrestricted.

2026 Application Deadlines	Funding (if approved)
01/02/2026	April 2026
05/01/2026	August 2026
09/04/2025	December 2026

## Section One: Organization's Contact

Your Name: \_\_\_\_\_

Your Role: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

## Section Two: Organization's Overview Information

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

Organization Website: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ IRS EIN Number: \_\_\_\_\_

***\*Please attach your most recent year's IRS 990 tax form.***

### **Section Three: Organization's Mission and Services**

Your Organization's Mission Statement:

What programs, activities, and/or initiatives does your organization currently participate in to serve Portland region?

Please describe a few of your organization's key accomplishments over the past few years.

### **Section Four: Your Grant Request**

To view our grant eligibility and guidelines, please visit [www.oregonclinic.com/foundation](http://www.oregonclinic.com/foundation).

Please check the appropriate box below to indicate the dollar amount you are requesting.

**\$1,000**

**\$2,500**

**\$5,000**

***For the following, please limit your answer to no more than 100 words for each question.***

Please describe how you would use The Oregon Clinic Foundation grant.

Please explain how this funding would advance health and equity in our community.

Please provide a brief summary of your proposed timeline to execute this program.

Please provide your proposed budget for this grant.

Please provide details about how you will measure progress or success for this grant.

Please describe your plan for sustainability of your initiatives after this grant award has been exhausted.

**Thank you for your interest in The Oregon Clinic Foundation! Please sign and date below, then submit this completed form via email to [foundation@orclinic.com](mailto:foundation@orclinic.com).**

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**Signature**

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**Title**

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**Date**