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. To apply for a grant, please complete this form and submit it via email to foundation@orclinic.com. If you have any questions about this application or The Oregon Clinic Foundation, please email 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	March 2026
05/01/2026	July 2026
09/04/2025	November 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.

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.

_____

Signature

_____

Title

_____

Date