

Eligibility Assessment

1. Is your organization a Section 501(c)3 tax-exempt organization that is classified as a public charity under Section 509(a) 1 or 2?

Yes ☐ No ☐

If NO, your organization/project is ineligible for our funding. Please reach out to foundation@tpcllp.com with questions.

2. To ensure greater impact in our communities and adherence to IRS standards for private foundations, we will not consider grant requests for:

- Contributions to or memberships in fraternal organizations, service clubs, labor organizations, merchant associations, chamber memberships or programs
- Section 501(c)(4) or (6) organizations or 509(a)(3) supporting organizations
- Private foundations or “pass through” organizations
- Endowments, debt retirement, deficit reduction, memorial campaigns, fundraising events or sponsorships
- Programs operated by religious organizations for religious purposes
- Political organizations or organizations designed primarily to lobby or advance legislation or political philosophies
- Individuals, including those seeking scholarships or fellowship assistance
- Travel and related expenses including student trips and tours
- Hospital systems and their affiliate clinics or provider groups. (Note: we will consider applications from stand-alone 501(c)3 community clinics.)
- Private or public schools and universities (however, 501(c)3-run educational programs will be considered)
- Athletic teams, school bands and choirs, etc., including equipment and uniforms
- Organizations that discriminate or otherwise violate The Portland Clinic Foundation's equity and non-discrimination statements
- Any cause from which The Portland Clinic or an employee or their family or business partners would benefit financially, professionally, educationally, or otherwise (eg. sponsorship requests, extracurricular clubs, professional memberships, corporate awards, etc.)
- Any other activities or organizations for which support would violate IRS regulations governing private foundations

Do any of the above restrictions apply to your organization, program, or grant request?

Yes ☐ No ☐

If YES, your organization/project is ineligible for our funding. Please reach out to foundation@tpcllp.com with questions.

3. The Portland Clinic Foundation seeks to use its resources to improve community wellness. Advancing community wellness means:

- Addressing the social and cultural needs that impact community wellness
- Addressing the environmental and economic needs that impact community wellness
- Addressing the intellectual and spiritual (quality of life) needs that impact community wellness

- Addressing inequities in provision of any of these needs

Does your organization fit one or more of these categories?

Yes ☐ No ☐

If NO, your organization/project is ineligible for our funding. Please reach out to foundation@tpcllp.com with questions.

4. Does your organization comply with The Portland Clinic Foundation's non-discrimination policy that ensures the organization does not discriminate based on race, ethnicity, color, sex, religion, age, national origin, ancestry, citizenship, sexual orientation, gender identity and/or expression, disability, marital status, genetic information, veteran status, or other factors protected by law?

Yes ☐ No ☐

If NO, your organization/project is ineligible for our funding. Please reach out to foundation@tpcllp.com with questions.

5. The Portland Clinic Foundation funds organizations and programs in Portland's tri-counties: Washington, Multnomah, and Clackamas. Is your organization located in one of these counties?

Yes ☐ No ☐

If NO, your organization/project is ineligible for our funding. Please reach out to foundation@tpcllp.com with questions.

6. In which counties do you provide services/programming? Check all that apply.

- ☐ Washington County
- ☐ Multnomah County
- ☐ Clackamas County
- ☐ Other counties

If you meet all of The Portland Clinic Foundation's grants Eligibility Criteria, please continue to Page 3.

Grant Account Information

Grant Contact First/Last Name	
Job Title/Role w/Organization	
Telephone Number	
Email Address (if exists)	
Organization Name	
Organization Street Address	
City ST ZIP Code	
Organization Phone	
Organization Website (if exists)	
Organization Email Address (if exists)	
Federal Employee Identification Number (FEIN)	
Tax ID. Enter the nine digit US Tax ID of the 501(c)3 nonprofit organization for which you are applying	
Number of full-time staff	
Number of part-time staff	
Number of volunteers	
Year your organization was established	
How would you categorize your organization's work? (eg. Environmental, arts/cultural, education, social justice, etc.)	
How did you learn about The Portland Clinic Foundation's Grant Program?	

Grant Application

Please note: we want to make this application easy for our applicants. Our maximum word-counts are high to allow you to paste in other materials without

spending too much time editing them down. But please DON'T feel like you have to write to the maximum word count: shorter is great!

1. Please describe your organization's mission or purpose (150 words):

2. Explain the needs your organization addresses. In doing so, acknowledge similar existing projects or organizations, and explain how your organization/project differs from, collaborates with, and/or responds to these other organizations/projects. (600 words maximum)

3. Tell us about your programs, initiatives, and/or services. How do you fulfill your mission? (500 words maximum)

4. What populations do you serve (race, age, ethnicity, language, gender, etc.)? What geographic areas/communities do you serve (for example, Tigard, Beaverton, Multnomah Village, East County, etc.)? (300 words)

5. What are you most proud of about your work? (Relate this however you're comfortable: by a story, by numbers, by testimonial.) (600 words)

6. What is the dollar amount of the grant that you are requesting from The Portland Clinic Foundation? *Our grants range from \$500 to \$5,000. We will be granting a total of \$20,000.*

\$

7. If awarded a grant, how specifically will your organization use the grant funds? (150 words) *Our grants can be used for general operating support, capacity building, project/programs, capital improvements, etc. There are some things our grants can't be used for: please review eligibility requirements (see: Eligibility Assessment on page 1-3 above).*

8. Please input the following:

Net assets from the last full fiscal year: _____

Total revenue from the last full fiscal year: _____

Total expenses from the last full fiscal year: _____

If you have any questions about what these mean, please reach out: kanderson@tpcllp.com

9. What other funds support your program, project, or organization? (Please list 3-5 of your most significant funding sources or in-kind partnerships, along with dollar amounts if easily available.) (150 words)

10. The Portland Clinic Foundation believes in true partnership with our grantees and other members of the nonprofit community. Where possible (within our own limited capacity), we can offer our time and skills as well as our grants. If we can help you or your collaborators in ways beyond our grantmaking (for example, by volunteering or recruiting volunteers, by promoting an event, etc.), please let us know here...or reach out to us any time. (This question will have no impact upon the success of your grant application and is optional.) (200 words)

Agreement

By writing/typing my name below, I confirm that the facts set forth in this application are true and complete, and that the Chief Executive Officer or Executive Director of my organization has explicitly approved the submission of this application:

Name	
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Date	
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To Submit This Application

To complete your application, we need you to send us this completed application form along with the following documents:

- Your organization's 990
- List of board of directors and their primary affiliations
- Your most recent year's budget summary
- Any supporting material you'd like considered (optional—one item maximum)

If you lack any of these documents, please reach out to us – we may be able to waive these requirements.

Please either email the application and the required documents to:
kanderson@tpcllp.com

Or mail them to:

Kris Anderson
The Portland Clinic Foundation
1221 SW Yamhill, Suite 400
Portland, OR 97205

All applications must be **received in full by May 1st, 2017 at 12pm (noon).**