



989 BROADWAY  
SEASIDE, OR 97138  
(503) 738-5511

**GRANT DONATION REQUEST FORM**

NAME OF ORGANIZATION: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FEDERAL NON-PROFIT TAX ID#: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ DATE FUNDS NEEDED BY: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*REQUIRED ATTACHMENTS:**

- Please include a summarized copy of your Organization's annual budget for review.
- A statement indicating why the funds are needed
- A statement that indicates how the funds will specifically be used for the benefit of the City of Seaside.
- You may include one page with supporting metrics and analysis
- Each of the above documents may be no more than one page
- If you received funding in the last fiscal year, please provide an update on how those funds were used

**PLEASE SUBMIT YOUR REQUEST BEFORE 5:00 P.M. February 29<sup>TH</sup>, 2023.**

**A PUBLIC HEARING WILL BE HELD March 6<sup>TH</sup>, 2023 AT 3:00 P.M. AT CITY HALL**

**\*\*\*APPLICANTS ARE ENCOURAGED TO ATTEND\*\*\***

Requests can be mailed or delivered to:  
Re: Fiscal Year 24 Grant Donation Request  
City of Seaside  
989 Broadway  
Seaside, OR 97138

- OR -

Emailed: [zfleck@cityofseaside.us](mailto:zfleck@cityofseaside.us)  
"Subject: *Grant Donation Request*"