



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 a page with supporting metrics and analysis
- ☐ Each of the above documents may be no more than one page

PLEASE SUBMIT YOUR REQUEST BEFORE 5:00 P.M. APRIL 12TH, 2023.

A PUBLIC HEARING WILL BE HELD April 19TH, 2023 AT 6:00 P.M.

*****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
"Subject: *Grant Donation Request*"