

SALEM ASSOCIATION OF REALTORS® COMMUNITY FUND, INC.

1860 Hawthorne Ave NE Suite 60

Salem, OR 97301

TEL: 503.540.0081

FAX: 503.480-0241

Email: info@salemrealtors.com

GRANT APPLICATION

GENERAL INFORMATION & GUIDELINES

The Salem Association of REALTORS® Community Fund is a charitable organization that makes grants available from earnings and donations by REALTORS®, industry affiliates, and friends for the welfare and prosperity of the community at large. The Board of Directors has the responsibility of disbursing funds to qualified organizations.

ELIGIBILITY

All nonprofit organizations that provide housing assistance or serve youth and that operate within the jurisdictional boundaries of the Salem Association of REALTORS® are eligible to apply.

EVALUATION

Applications will be evaluated on the following:

1. The need for the expenditure in the community
2. The impact on the recipient, as well as the number of people who will be served.
3. The location of the community served. (Projects must be locally based)
4. The uniqueness of the program or project.
5. The impact of the request on the organization requesting it.
6. The soundness of the organization and its financial management.
7. Accuracy and completeness of the application.
8. Level of volunteer support and organization.

APPLICATION FORM

Each Board Member will need a copy of your grant application, and all attachments for review, therefore you will need to submit 15 copies of your grant application materials.

The application form must be completed and sent with the following:

1. A list of the applicant organization's Board of Directors and Executive Staff.
2. The names of three people or agencies that may be contacted as references.
3. Annual budget with year-to-date financial statements
4. A copy of the IRS tax-exempt determination letter.

APPLICATION DEADLINE

The Community Fund Board of Directors meets quarterly (March, June, September, and December) to evaluate applications. Applications must be received by February 15, May 15, August 15, and November 15 in order to be considered at the quarterly meeting.

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Organization Name: _____

Name of Contact Person _____ Title _____

Address _____

Phone _____ Fax _____

E-mail _____ Amount Requested \$ _____

How long has your organization been in existence?

Describe the purpose of your organization

What is the purpose of your request?

Who or what will benefit from this program

What percentage does the recipient actually receive?

Why is this request important to your organization?

What percentage of your budget is funded by:

_____ Federal Government _____ State Government _____ City

_____ Corporations _____ County _____ Endowment

_____ Foundations _____ Private Donations _____ United Way

_____ Other (please explain)

What percentage of the organization's funds is allocated to administrative costs?

In what geographic area will the grant funds be allocated?

Is this part of a matching fund program? If yes, please explain.

Submitted by: _____ Date _____

Name & Title _____

Please attach a cover letter to your application signed by the executive director or other responsible party.