



CITY OF GEARHART

698 Pacific Way
P.O. Box 2510
Gearhart, OR 97138
503.738.5501

GRANT DONATION REQUEST FORM

NAME OF ORGANIZATION: _____

DESCRIPTION OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

RETURN ADDRESS: _____

FEDERAL NON-PROFIT TAX ID# _____

AMOUNT OF DONATION REQUESTED: _____

DATE THE DONATION IS NEEDED BY: _____

REASON FUNDS ARE NEEDED: _____

SIGNATURE OF REQUESTOR: _____ DATE: _____

REQUIRED ATTACHMENT: *Please include a copy of your Organization's annual budget for review.*

**A PUBLIC HEARING WILL BE HELD ON APRIL 2ND, 2020 AT 5:00 P.M. AT
GEARHART CITY HALL. ***APPLICANTS ARE ENCOURAGED TO ATTEND*****

PLEASE SUBMIT YOUR REQUEST BEFORE 5:00 P.M. ON MARCH 26TH, 2020.

Requests can be mailed or delivered to:
City of Gearhart
698 Pacific Way PMB 2510
Gearhart, OR 97138

- OR -
- OR -

Faxed to: 503-738-9385
Emailed to: info@cityofgearhart.com
"Subject: Grant Donation Request"

For office use only:

Date Received: _____

Required Budget Attached: YES or NO

Date of Check: _____

Check#: _____

Amount Awarded: _____