



PO Box 2510
698 Pacific Way
Gearhart, OR 97138
503.738.5501

GRANT DONATION REQUEST FORM 2025-2026

NAME OF ORGANIZATION: _____

DESCRIPTION OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

RETURN ADDRESS: _____

FEDERAL NON-PROFIT TAX ID#: _____

(if applies) OREGON DOJ#: _____

AMOUNT OF DONATION REQUESTED: \$250.00 \$500.00 Other \$ _____

REASON FUNDS ARE NEEDED: _____

DESCRIBE IF/HOW FUNDS WILL SPECIFICALLY BE USED IN GEARHART: _____

NOTE: Awards will not be dispersed to recipients until the City receives adequate Revenue Share Funds & a W9. The City is anticipating a reduction in funding in our State Revenue Share, which may impact grant award amounts.

SIGNATURE OF REQUESTOR: _____ DATE: _____

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

PLEASE SUBMIT YOUR REQUEST BEFORE 5:00 PM, APRIL 11, 2025.

A PUBLIC HEARING WILL BE HELD MAY 13, 2025 AT 6:00 PM.

APPLICANTS ARE ENCOURAGED TO ATTEND

Requests can be mailed or delivered to: - OR - Faxed to: (503)738-9385
City of Gearhart
698 Pacific Way PMB 2510 - OR - Emailed to: info@cityofgearhart.com
Gearhart, OR 97138 "Subject: Grant Donation Request"

For office use only:

Date Received: _____ Required Budget Attached: YES or NO

Date of Check: _____ Check#: _____ Amount Awarded: _____