

**Okanogan Family Faire Grant Application & Guidelines** Date \_\_\_\_\_

This information and application are for OFF grants only.

Application, and your prior year grant report form if applicable, must be received by Feb 15th to be considered.

Please complete the following application and mail **10 copies** to: OFF Grant Committee, PO Box 761, Tonasket, WA 98855 or deliver to Tonasket Natural Foods Co-op. **Send only one (1) copy of your last grant report and receipts.** Grants will be allocated as soon after April 1<sup>st</sup> as possible, after approval by the OFF Board. Applicants must be in accordance with the OFF mission statement. Any individual or private business is not eligible. Contact OFF for separate scholarship information for further education or training.

**OFF Mission Statement: The Okanogan Family Faire is a non-profit organization registered in the state of Washington, Okanogan County. The purpose of this charitable corporation is to provide community events which support public education on a broad range of traditional, rural, economic, and spiritual values that reflect respect for the diversity of all people, wildlife, and the earth.**

PRINT:

Name of Applicant: \_\_\_\_\_ Contact Person (for organization or group): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_ Name to be written on check: \_\_\_\_\_

**TO APPLY, submit ten (10) stapled packets** containing the following in this order: \_\_\_\_\_

This application - Page 1 \_\_\_\_\_ \*Purpose for grant - Page 2 \_\_\_\_\_ Relevant attachments...

Amount Requested \$ \_\_\_\_\_

If full funding is not available, would partial funding be of benefit to your project? Yes? \_\_\_\_\_ No? \_\_\_\_\_

\*On separate paper in 500 words or less, write the purpose and plan for your grant request. Include how this grant will benefit the community and names of others who will be involved in administering these funds.

Select the category that you feel best fits your application:

- Mutual Benefit- For the benefit of a specific group (i.e. club or study group)
- Public Benefit- Services or events benefiting the public
- Arts and Education
- Non-Profit

What has been your past association with OFF?

- Volunteer at faire or work parties
- Have attended faire
- No previous association with OFF
- Volunteer in community

Please explain -- use separate paper if necessary

Have you received a grant from OFF or the Barter Faire in the past? Yes? \_\_\_\_\_ No? \_\_\_\_\_

If yes, Was a final report returned to OFF? \_\_\_\_\_

**If funded, you will receive a final report or progress form with your award letter and check, and are required to provide documentation in the form of invoices, bills, or receipts as to how you spent the money by February 15<sup>th</sup> of the following year.** \*\*If you received a grant last year, please submit only one copy of a detailed report on how you spent the funds (with copies of receipts). A report for a grant received is required.