



Application for Funding Assistance

Bridgeway Community Foundation Board of Directors

Non-Profit Organization Details

Name: _____ Address: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____ Non-Profit Tax ID: _____

Funding Request Details

Date of Application: _____ Amount Requested: \$ _____

Proposed Use: _____

Please explain how you will measure success and what analytic tools you will use to create reports:

How is your plan and project consistent with the Bridgeway Community Foundation's mission and intention?

Part of Larger Project? ☐ Yes ☐ No If yes, explain:

Timeline for Use: _____

Other Funding Source: _____ Amount: \$ _____

FOR INTERNAL USE ONLY _____

Board Review & Approval

Review Date: _____ Board Decision: ☐ Approved ☐ Denied ☐ Tabled

Conditions: _____

Signatures

Chairperson: _____ Date: _____

Secretary: _____ Date: _____

Please submit completed form to: Tim Murphy, Director | tmurphy@bridgewaycommunityfoundation.org
Or, you may mail your submission to: 250 Church St SE, Suite 202 Salem, OR 97301