## IBR Small Grant, Low Barrier Application



Organization Information			
Organization:			
Address:			
Street Address		Suite	
City	State	ZIP Code	
Phone: Email:			
Contract Contact: Tit	le:		
Lead Staff: Tit	le:		
Which Tier are you applying for? (check one) ☐ Tier 1	□Tier 2 □1	Tier 3	
Have you or your organization attended any meetings or events ho	sted by IBR?	YES NO	
Do you have an office located in or serve communities within Multn	omah or Clark Co	ounty? YES NO	
Has your organization been incorporated as a 501c3 for at least a year by one that is?	ear or fiscally spo	onsored YES NO	
If yes, what is the date of incorporation? (indicate month/year)			
If you are fiscally sponsored, please indicate which 501c3 you are af	filiated with:		
Which of the following modes of engagement does your organization email listservs social media: (please indicate which)	on actively use? newsletter other: (please in	indicate)	
Is your organization willing to invite IBR staff to other events your o hosting? Such as town halls, monthly member meetings, podcasts,	•	eady YES NO	
Does your organization have experience with community organizing	g?	YES NO	
Does your organization implement leadership or advocacy progran	ns?	YES NO	
Does your organization serve at least one equity priority community	y?	YES NO	
If yes, which:			
Disclaimer and Signat			
I certify that my answers are true and complete to the best of my kno awarded a grant, I and the organization understand that there will be services in exchange for funds awarded.		•	ling
Signature:Grant Contact		_ Date:	
		Date:	
Signature:	_	-	