



**FOUNDATION FUNDING REQUEST FORM**

**BACKGROUND INFORMATION**

Request date: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**Mission of the Organization:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount or item requested: \_\_\_\_\_ Timeline: \_\_\_\_\_

**Project description and proposed use of support: (Please use space provided below.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Funding Category: [check only one]**  
 General Operating;  Program;  Capital project;  Capacity Building/Technical Assistance;  
 Endowment;  Fundraising event;  Sponsorship

Please complete this initial request form and mail or fax it to the address below. The Tetherow Foundation meets quarterly to review requests. We will contact your organization if we are interested in receiving more information. For more information regarding the Tetherow Foundation’s funding priorities, please visit our website, [www.tetherow.com](http://www.tetherow.com). Please mail or fax your inquiry to: **Tetherow Foundation, 550 NW Franklin, Suite 108; Bend, OR 97701/Fax (541) 389-5947.**