



OREGON YOUTH AUTHORITY

Financial Grant Application for Youth Treatment and Care Needs

State of Oregon
OREGON YOUTH AUTHORITY

▶ Section One: Applicant Contact Information

OYA Financial Grants are available for local governments, nonprofit organizations, and individuals only. All other organization types are not eligible for grant funding at this time.

Type of applicant — select only one:

County Foster Home Residential Treatment Individual Nonprofit

Applicant Organization/Name ^{www} Web Address (if applicable)

Name of Organization Contact Email Address

Address Phone #

Name of Primary Contact for Grant Email Address

Phone # Entity Tax ID #

▶ Section Two: Funding Category and Current Contract Status

Select the category applicable to this request.

- Start-up costs and capacity building for a new treatment or service delivery program
- Culturally responsive and/or trauma-informed programs/program efforts
- Emergency health and safety needs

Do you currently have a contract with OYA?

- Yes No

If no, are you pending in the contracting process with OYA? Please explain:

Have you applied or been approved for an OYA Financial Grant before?

Yes No

If yes, please provide grant amount and summary of prior grant approved items:

▶ Section Three: Amount requested, and date funds are needed

OYA recently established application requirements that ask applicants requesting \$50,000 or more to provide the most recent audited financial statements. If a copy of the organization's financial statements is not available, a recent profit and loss report (within the past 60 days) for the organization with an explanation of why audited financial statements are not available.

Please provide any quotes or receipts for requested items upfront with this application if available. This helps expedite the application process.

\$

Amount of Funds Requested

Date Funds are Needed (mm/dd/yyyy)

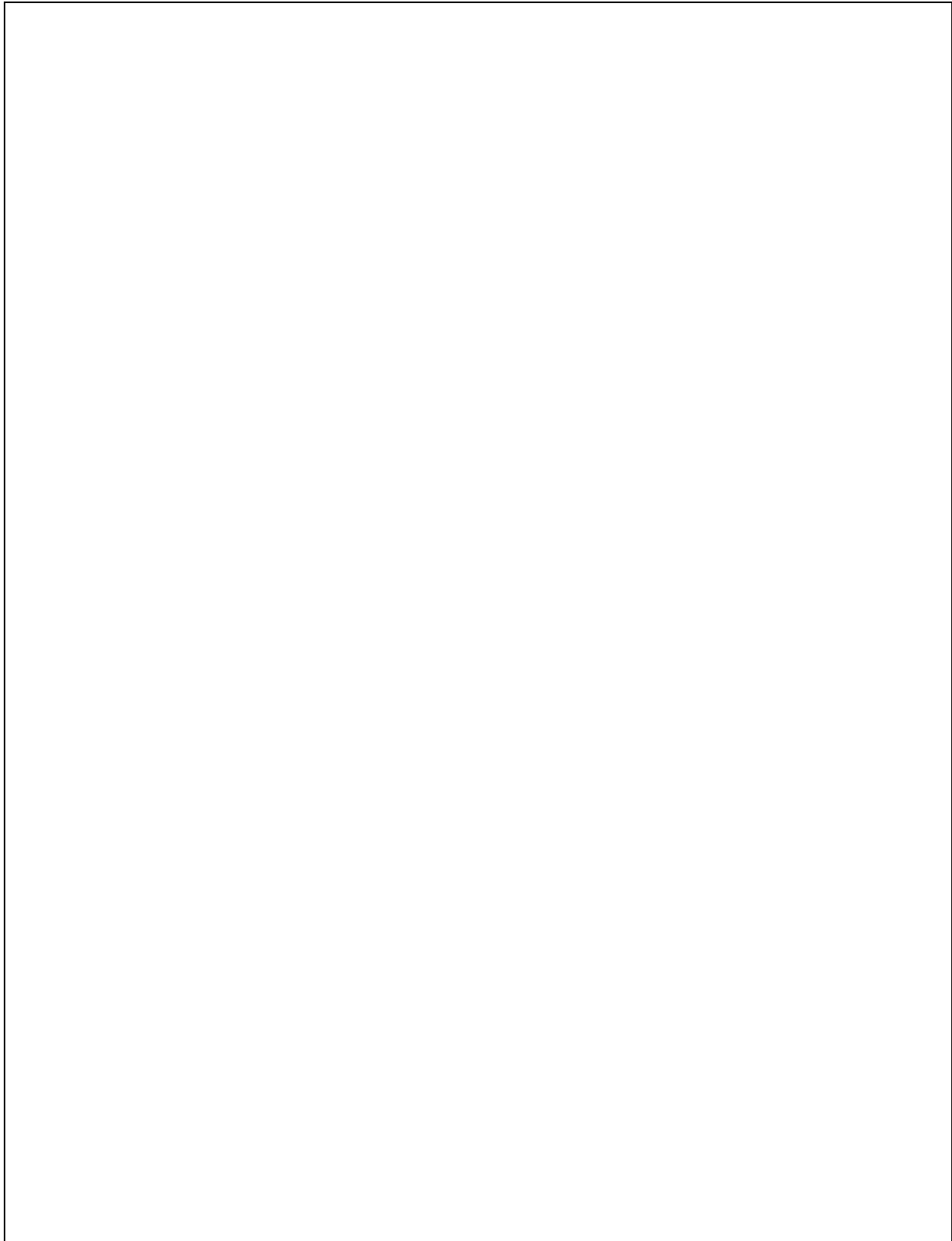
▶ Section Four: Proposal overview

Provide a brief overview of the proposal, including:

- a description of the proposal, including information on how to sustain financial stability
- an overview of how the funds will be spent
- a timeline of the project

▶ Section Five: Proposal details

A. Describe the problem or need the proposal addresses.



- B. Describe the proposal's spending plan (include line items with amounts and timeframes).
Feel free to include as a supplemental spreadsheet with application submission.

C. If this is not a one-time cost, how will you sustain your future planning?

D. List key staff involved and how they will contribute to this project.

Staff	Role/Contribution

▶ Section Six: Supplemental information

Documentation in support of the request may include supporting documents essential to the review committee.

Be prepared to submit your organization’s financial or other project documents upon request.

▶ Section Seven: Submission information

Send this completed application form and any supplemental documents (in pdf format) to:
OYAGrantSubmissions@oya.oregon.gov

OYA will notify the contact of OYA’s expected review date within 10 business days of receiving the application.

If approved, the funds will be granted within two months of the application date and the contact will be notified of reporting and spending requirements.

Applicant Organization/Name

FOR OYA USE ONLY

Date Received	Date Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No Approval Status	\$ Amount Funded
---------------	---------------	-----------------------------------------------------------------------------	---------------------

Notes/Comments

EXPENDITURE APPROVAL

Chief Financial Officer Name

Signature / Date