

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 www Web Address (if applicable) Applicant Organization/Name 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 * Note that body scanners and security cameras do not fit into this category. Do you currently have a contract with OYA? □ No ☐ Yes If yes, please list your Contract Administrator: 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)

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➤ Section Four: Proposal overview

Provide a	brief ov	verview o	of the i	oroposal.	including:
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- a description of the proposal, including information on how to sustain financial stability
- an overview of how the funds will be spent

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A. Describe	the problem or n	eed the propo	sal addresses	.	

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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.

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Applicant Organization/Name

FOR OYA USE ONLY					
		□ Yes □ No	\$		
Date Received	Date Reviewed	Approval Status	Amount Funded		
Notes/Comments					
140tc3/00mments					
DITURE APPROVAL					
Chief Financial Officer Na	me				