

Metropolitan Medical Foundation of Oregon
Mini-Grant Application

Name:

Date:

Organization:

Address:

Phone Number:

E-mail:

(1) Total proposal budget:

Amount requested from MMFO:

Who and how many will be served by this project:

(2) Describe the purpose and duration of the project for which you are seeking funds:

Metropolitan Medical Foundation of Oregon Mini-Grant Application

Caring about the community

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(3) Applicants receiving grant awards agree to complete a project summary card upon conclusion of the project.

Applicant Signature_____

Mail the completed application to:

Mini Grant Program
Metropolitan Medical Foundation of Oregon
4380 SW Macadam Avenue, Suite 215
Portland, Oregon 97239

You may also fax a signed application to 503-222-3164.

Application Deadlines:

March 31, June 30, September 30 and December 31.

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