



Oregon Council of Fly Fishers International (ORCFFI)

ORCFFI CLUB or Non-Profit Org GRANT REQUEST

Date _____

Grant Request Project Name _____

Name of FFI Club Sponsoring this Grant _____

IRS Tax ID#: _____ (50c3) Yes _____ No _____

Name or Group or Club Requesting Funds _____

Club Address _____ City _____ State OR Zip _____

IRS Tax ID#: _____ (50c3) Yes _____ No _____

Project Leaders (two people that can be contacted for additional information)

First & Last name _____ First & Last name _____

Address _____ Address _____

City _____ State OR Zip _____ City _____ State OR Zip _____

Phone # _____ Phone # _____

Email _____ Email _____

Project Description (attachments as needed)

Project Location _____

Project Description _____

Project Timeline _____

How will the funds be used? _____

Extent of involvement of FFI Members, Clubs, Council, Local Community: (attachments as needed)

Estimated Total Cost of the Project Amount \$ _____

Funds from other Sources Name _____ Amount \$ _____

Funds from FFI National Request _____ Amount \$ _____

Funds from FFI Clubs _____ Amount \$ _____

Funds Requested from Oregon Council _____ Amount \$ _____

Date Funds from ORCFFI Needed _____

FFI Club Approval (Club President or Grant Chair) Signed _____

Submitted by: _____ Date: _____ Title: _____

Council Approval: President _____ Date: _____

Council Grant Committee Chair Approval: _____ Date: _____

Funding sent to: (to be completed by Council President or treasurer check one)

Directly to club _____ Directly to Recipient _____ To council for Disbursement _____

Email Request to Council President Sherry Steele steelefly@msn.com 541-420-5532