2024 Core Grants

Sherwood Trust

LOI Summary

Thank you for completing a Letter of Interest (LOI) for Sherwood Trust funding.
The following questions all have character limits. There are two optional places to include additional information with text entry and/or a file upload. If you have additional files to share, please email them to Sherwood Trust. If you have questions or need help, please let us know.

Organization Name*
Character Limit: 250

Amount requested from Sherwood Trust*
Character Limit: 20

Total Project Budget*
Character Limit: 20

In one sentence, what will be accomplished if this grant request if funded?*
Character Limit: 500

Organization profile

Useful information
For questions with a "C." in a yellow box, you can automatically upload these from your nonprofit's Guidetsar profile. To update your nonprofit's Guidestar profile visit: https://www.guidestar.org/ManageNonprofit. This only applies to existing nonprofits. For government agencies and fiscally sponsored groups, please answer the questions.

Organization type for tax purposes*
Choices
501(c)3
sponsored by a 501(c)3 - complete the separate fiscal sponsorship question below
government
other

Organization Type based on Guidestar/Candid profile category*
Choices
Arts and Culture
Education
Environment and Animals

Government
Health
Human Services
Public Societal Benefit
Religious
Unknown

If marked "other" or "unkown" for organization type, please explain organization type.
Character Limit: 500

Organization or Fiscal Sponsor Employer Identification Number (EIN)*
Character Limit: 250

Organization Website
Character Limit: 2000

Mission Statement
Character Limit: 1000

Contact person for this grant request*
Please write the full name, title, phone number and email address of the individual at your organization who is the primary contact for follow-up questions about this grant request.

Character Limit: 500

Alternate contact person for this grant request*
Please write the full name, title, phone number and email address of the individual at your organization who is the alternate contact for follow-up questions about this grant request.

Character Limit: 500

Is the organization operating or providing services?*
Choices
Yes
No

Year Founded
Character Limit: 250

What is the annual operating budget?*
Character Limit: 20

Geographic area served by organization*
Choices
College Place
Dayton
Milton-Freewater

Prescott
Walla Walla
Touchet
Waitsburg
Regional
Other

Request details

Grant Request Category*

Select the option that best fits the grant request. We understand that there is overlap between these categories.

- **Capacity** grants for nonprofit organizations can include expanding service or operations, or funding for specific innovations or projects that support resiliency and strengthen an organization's ability to fulfill its ongoing mission

- **Community** grants for qualifying neighborhood and community-based projects that generally include a public agency

- **Capital** grants for improvements to facilities or physical property

Choices
Capacity
Community
Capital

How does this grant request accomplish the organization's top priority this year?*

Character Limit: 1000

List any organizations you are working with to accomplish this priority.*

Character Limit: 1000

Who is the primary population imacted by this request?*

Is the population based on any of the following categories? Check all that apply. If this grant request is not intended to impact a specific population, please select "not impacting a specific population."

Choices
Ability
Age
Belief
Class
Ethnicity
Gender
Geography
Not impacting a specific population
Other

Race
Sexuality

Geographic area served by this request*
select one

Choices
College Place
Dayton
Milton-Freewater
Other
Prescott
Regional
Touchet
Waitsburg
Walla Walla

If you selected "other" in the impacted population, please describe the population.
Character Limit: 250

Estimate the total number of people directly benefitting from this grant request.*
A thoughtful estimate of how many folks will be most directly impacted is more important than a big number. Having a larger number does not necessarily equate to a more competitive request.

Character Limit: 6

What is the estimated timeframe for this grant request from start to finish?*
For example, is this for a project that is already underway or will the work start later this year if funding is granted this summer? When is it estimated that the goals in the grant request will be accomplished?

Character Limit: 1000

Thank you for sharing your feedback on how to improve the 2024 Sherwood Trust grant making. The more feedback we hear from you, the more we can improve grant making to best meet our communities' needs. You can share your feedback through this link.

OPTIONAL Additional space for more narrative and file uploads

Any additional information you would like us to know about this grant request can be included here.
Character Limit: 10000

Any additional files relevant to this grant request can be uploaded here.
If you need help uploading files, please contact Sherwood Trust.

File Size Limit: 3 MB

Can Sherwood Trust share your proposal with other funders?
Choices
Yes
No

Can Sherwood Trust share your proposal with other organizations?
Choices
Yes
No

If APPLICABLE Fiscal Sponsorship (only required for initiatives or organizations who are using a fiscal sponsor)

Fiscal Sponsor Organization Name
Character Limit: 100

Fiscal Organization Contact Information.
Please include the full name, title, phone number, email address, and physical mailing address of the contact person and organization

Character Limit: 1000

Ficsal Sponsorship Agreement / Memorandum of Understanding
Please upload a copy of the agreement between the fiscal sponsor and your group that specifies the organization is letting you use its tax ID number to receive and distribute grant funds. For examples, please contact Sherwood Trust.

File Size Limit: 3 MB