



OREGON UROLOGY  
FOUNDATION

A 501 (c)(3) Foundation

# Grant Application

Applicant (Agency): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal tax ID number: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Contact E-mail address: \_\_\_\_\_

Grant Amount (Range 10k – 25k) being requested: \_\_\_\_\_

Population Description (If possible how many with urologic issues): \_\_\_\_\_

\_\_\_\_\_

Proposal Information (use additional pages if necessary): \_\_\_\_\_

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