



All fields are required unless otherwise noted.

Eligibility Check

Let's make sure you're in the right place. Start by answering these basic eligibility questions.

Have you reviewed the guidelines and eligibility sections on our website and does this request meet all of the requirements listed? [View eligibility guidelines](https://www.eyerhaeuser.com/company/values/citizenship/giving-fund/) (<https://www.eyerhaeuser.com/company/values/citizenship/giving-fund/>).

- Yes
- No

Is this project or program funding a political cause, candidate, or organization or campaign?

- Yes
- No

Our giving is limited to areas where we have a significant presence, including communities where we have operations and/or where we own or manage forestlands in the United States and Canada. If you have a question about whether your location qualifies as a Weyerhaeuser operating area, please contact givingfund@weyerhaeuser.com (<mailto:givingfund@weyerhaeuser.com>).

Please select the Weyerhaeuser community your organization or initiative serves below.

Country

State

Location

If Timberlands is selected, you will be prompted to select the eligible county next.

County

Select all that apply.

Start Over

✓ Saved

All fields are required unless otherwise noted.

Contact Information

Please confirm the contact details for the **primary contact** below. They will receive all emails regarding the status of this grant request.

First name

Last name

Title

Email

Phone number

Would you like to add a secondary contact to this application?

- Yes
 No

Please provide details for the **secondary contact** below.

First name

Last name

Title

Email

Phone number

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✓ Saved



Please fix the following errors before submitting.

- **Annual operating budget (USD) is required**

All fields are required unless otherwise noted.

Organization Details

Thanks! Now tell us about your organization and your request.

Manual Entry Instructions

Please fill in all the required fields below. Please note that if your application is approved, the payment will be directed to the organization detailed below.

Note: Since your organization is not yet registered within Benevity's Causes Portal, we will also require a copy of the 501(c)3 determination letter from the IRS, verifying the organization's tax-exempt status on the Additional Information page.

[Click here to search for your Organization.](#)

Enter the organization's registration number.

93-6002312

Please include letters, numbers, and dashes only. Ex: 123-456789

How is the organization classified?

A municipality or public institution

What is the name of the beneficiary organization?

Tillamook County

Organization Details 

Address

201 Laurel Ave

Address Line 2 (optional)

City

Tillamook

Province/State (optional)

Oregon

Postal/ZIP code (optional)

97141

Country

United States

Additional details (optional)

Payment should be directed to the Tillamook County Treasurer.
Awarded funds would be advised by the Tillamook County
Housing Commission.

If there is a different name, branch, chapter or department to which payment should be directed, please enter it here.

Please list the organization website.

<https://www.co.tillamook.or.us/bc-hc>

Organizational mission

To collaboratively advocate for attainable and equitable solutions that impact Tillamook County's greatest housing needs

Please provide a brief summary of your organization's mission and vision.

Year organization was founded

1853

Number of paid staff

258

Number of volunteers

15

Annual operating budget (USD)

\$18,000,784

Do any Weyerhaeuser employees currently volunteer with your organization?

- Yes
- No

Do any Weyerhaeuser employees currently serve on your board?

- Yes
- No

Please describe any board position(s) any Weyerhaeuser employee(s) hold. (200 word limit)

Ed Gallagher - Chair of the Tillamook County Housing Commission, is a former employee of Weyerhaeuser

185 words remaining.

Has this organization ever received a grant from the Weyerhaeuser Giving Fund?

- Yes
- No

Chief Executive (or equivalent)

Rachel Hagerty

Name of Organization Chief Executive or equivalent

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All fields are required unless otherwise noted.

Request Details

What is the name of the program or initiative?

Please provide a brief description of the program or initiative. (200 word limit)

142 words remaining.

Project Begin



Project End



Choose the Weyerhaeuser focus area your request aligns most strongly with.

To learn more about our giving focus areas, [view our community grantmaking framework](https://www.weyerhaeuser.com/application/files/3216/1194/7842/WY-Giving-Fund-Community-Grantmaking-Framework.pdf) (<https://www.weyerhaeuser.com/application/files/3216/1194/7842/WY-Giving-Fund-Community-Grantmaking-Framework.pdf>).

- Affordable Housing
- Education and Youth Development
- Environmental Stewardship
- Human Services
- Civic and Cultural Growth
- Workforce Development
- Diversity, Equity and Inclusion

How would our grant be used in relation to the focus area selected above? (200 word limit)

198 words remaining.

How does your project or program advance the equity and inclusion of underrepresented populations you serve? (optional)

198 words remaining.

In addition, if your organization has a policy or statement around DE&I related to your board, organization and/or employees, we would love to know.

Project/program budget (USD)

Amount Requested (USD)

Please use the below form to share an itemized budget of how the proposed Weyerhaeuser funds will be used.

Expense Description

Amount

+ Add another

Expense Total

Please make sure the total expense items equal the requested amount.

Do you have other funding source(s) related to this request?

- Yes
- No

Is there timing sensitives to funding this request? (200 word limit)

198 words remaining.

Is there an event associated with this request?

- Yes
- No

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All fields are required unless otherwise noted.

Attachments

IRS Form W-9

- No other form of documentation will be accepted.
- The most current W9 form version is required.
- Complete the current form version by entering organization name, address, entity type, tax id number, signature and current year date.
- Please note, the IRS Form W-9 is only required for US-Based charities.


Please attach a copy of your organizations's current W9.



Drop files here to upload

Link to current form version: <https://www.irs.gov/forms-pubs/about-form-w-9>
(<https://www.irs.gov/forms-pubs/about-form-w-9>)

Please attach any other relevant documents for this request.
(optional)



Drop files here to upload

E.g: Brochures or pictures relating to the request.

Start Over

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GRANT WORKSHEET

FY 2022/2023 BUDGET

Please check here if no salaries are funded by this grant. If the grant is funding all or part of an employees salary: COMPLETE PAGE 2 OF THIS WORKSHEET

Funding Source Code _____
For Accounting Department use only

County Fund & Dept Receiving Grant

Award Period:
Begin: _____

GRANT Common Name

GRANT Formal Name

Everyday name used within your department

Complete formal name given to grant by funding source

PLEASE ATTACH COPY OF GRANT AWARD

Source of Funds

Where did the funding come from?

Did the funds come directly to the county from the federal government?

Did the funds pass through the State of Oregon or another organization before arriving at the county?

Grant Number:

If Federal Grant: CFDA Number

If State Grant: Number assigned by state funding source

- Direct, federal government, dept of _____ CFDA: _____
- ARRA, federal "Stimulus" _____ CFDA: _____
- Indirect, federal government, dept of _____ CFDA: _____
and State of Oregon, dept/division of _____
- Indirect, federal government, dept of _____ CFDA: _____
and another entity or organization _____
- Direct, State of Oregon, dept/division of _____
- Indirect, State of Oregon, dept/division of _____
via another entity or organization _____
- Other _____

Total Amount of Award: \$ _____

Is this a new grant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Match Requirement Amount <input type="checkbox"/> Yes <input type="checkbox"/> No How Much: \$ _____		Is this a multiyear grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment Method: <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement		<input type="checkbox"/> Hard Dollar Match <input type="checkbox"/> In-Kind (IDENTIFY below)		IF Yes: Amount Applicable to Current Budget Year: \$ _____	
Reporting Cycle <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual		Grant Administrator: _____ Accounting Contact: _____			

GRANT PAYROLL WORKSHEET	FUND:	
FY 2022/2023 BUDGET	DEPARTMENT:	

Salary & Benefit Allocation Information

	TOTAL GRANT AMOUNT:	GRANT AMOUNT ALLOCATED FOR SALARY & BENEFITS:
Funding Source Code		

*To assist with payroll distribution setup:
If the grant is funding all or part of an employee's salary, please specify the desired allocation below:*

EMPLOYEE	POSITION	DEPARTMENT	ANNUAL SALARY AND BENEFITS	* % SALARY & BENEFITS FUNDED BY GRANT	% S&B CHARGED TO GRANT

*SALARY AND BENEFITS FUNDED BY GRANT (COLUMN E) IS ANNUAL SALARY & BENEFITS (COLUMN D) DIVIDED BY GRANT AMOUNT ALLOCATED FOR SALARY AND BENEFITS

GRANT PAYROLL WORKSHEET	FUND: 010/General	"EXAMPLE"
FY 2021/2022 BUDGET	DEPARTMENT: 01533/Sheriff	

Salary & Benefit Allocation Information

GRANT NAME: Marine	TOTAL GRANT AMOUNT:	GRANT AMOUNT ALLOCATED FOR SALARY & BENEFITS:
	\$227,000	\$202,000
Funding Source Code		

**To assist with payroll distribution setup:
If the grant is funding all or part of an employee's salary, please specify the desired allocation below:**

EMPLOYEE	POSITION	DEPARTMENT	ANNUAL SALARY AND BENEFITS	* % SALARY & BENEFITS FUNDED BY GRANT	% S&B CHARGED TO GRANT
John Smith	Marine Deputy	SO/Marine	96,000.00	48%	100%
Jim Jones	Marine Deputy	SO/Marine	88,000.00	44%	100%
June Johnson	Marine Deputy	SO/Marine	89,500.00	44%	100%

*SALARY AND BENEFITS FUNDED BY GRANT (COLUMN E) IS ANNUAL SALARY & BENEFITS (COLUMN D) DIVIDED BY GRANT AMOUNT ALLOCATED FOR SALARY AND BENEFITS

