

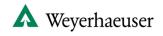
Eligibility Check

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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

<u>guidelines</u>	y <u></u>
(https://www.weyerhaeuser.com/company/values/citizenship/giving-fund	d/
○ No	
Is this project or program funding a political cause, candidate, or organization or campaign?	
○ Yes	
No 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).	
below.	
Country	
Country United States	
-	
United States	
United States State	
United States State Oregon	
United States State Oregon Location	
United States State Oregon Location Oregon Timberlands (multiple counties) If Timberlands is selected, you will be prompted to select the eligible	
United States State Oregon Location Oregon Timberlands (multiple counties) If Timberlands is selected, you will be prompted to select the eligible county next.	
United States State Oregon Location Oregon Timberlands (multiple counties) If Timberlands is selected, you will be prompted to select the eligible county next. County	

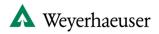


Contact Information

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

First name	
Thomas	
Last name	
Fiorelli	
Title	
Housing (Coordinator
Email	
tfiorell@c	o.tillamook.or.us
Phone nun	ber
541-525-7	203
Yes	
	ike to add a secondary contact to this application?
○ No	
Please provi	de details for the secondary contact below.
First name	
Rachel	
Last name	
Hagerty	
Title	
Chief of S	taff
Email	
rhagerty@	Qco.tillamook.or.us
	······································
Phone num	
Phone num	nber
503-842-3	hber 5404
	nber

Actions ~





A 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 taxexempt 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

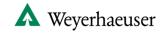
Organization Details ②
Address
201 Laurel Ave
Address Line 2 (optional)
City
Tillamook
Province/State (optional)
Oregon
Postel/ZID and (autional)
Postal/ZIP code (optional) 97141
Country
United States
Additional details (optional)
, , ,
Payment should be directed to the Tillamook County Treasurer. Awarded 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
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
•
○ Yes

○ No

	Housing
Commission, is a former employee of Weyerh	aeuser
	,
	185 words remainir
Has this organization ever received a grant Giving Fund?	from the Weyerhaeuser
○ Yes	
No	
No	
No Chief Executive (or equivalent) Rachel Hagerty	

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Request Details

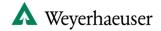
Tillamook County Housing Fu	nd		
Please provide a brief descri _l word limit)	otion	of the program or initiative. (20	0
The purpose of the Tillamook provide assistance for the desingle family and multifamily,	/elopn	nent of new housing units,	▲
		142 words ren	naining
Project Begin	$\overline{}$	Project End	
01-01-2023	Ħ	12-31-2023	▦
with. To learn more about our giving grantmaking framework (https://www.weyerhaeuser.con	focus n/appli	cation/files/3216/1194/7842/WY-	ily
Giving-Fund-Community-Grant	<u>makin</u>	g <u>-Framework.pdf)</u> .	
Affordable Housing			
 Education and Youth Devel 		nt	
 Environmental Stewardship)		
○ Human Services			
Civic and Cultural Growth			
○ Workforce Development			
O Diversity, Equity and Inclus	ion		
How would our grant be used above? (200 word limit)	l in re	lation to the focus area selecte	d
Funding Request			
		198 words ren	naining
How does your project or pro of underrepresented populati		advance the equity and inclus ou serve? (optional)	ion
Funding Request			
		198 words ren policy or statement around DE& d/or employees, we would love t	
know.			
know. Project/program budget (USE))		

\$750,000

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	
\$0	
Please make sure the total expense iter	ns equal the requested amount.
Do you have other funding source	e(s) related to this request?
○ Yes	
No	
Is there timing sensitives to fundi	ng this request? (200 word limit)
Funding Request	
	198 words remaining
Is there an event associated with	this request?
○ Yes	
No	
Start Over Previous Next	
✓ Saved	





Attachments

IRS Form W-9

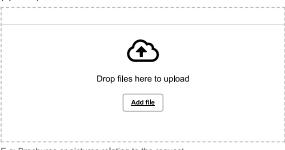
- No other form of documentation will be accepted.
- The most current W9 form version is required.
- Complete the current form version by entering organization name, address, entity type, tax id number, signature and current year date.
- Please note, the IRS Form W-9 is only required for US-Based charities.

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



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)



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



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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 Departs	
County Fund & Dept Receiving Grant		Award Period: Begin:
GRANT Common Name	GRANT Formal Name	1
Everyday name used within your department PLEASE A	Complete formal name given to grant by funding source]
Source of Funds Where did the funding come from? Did the funds come directly to the county from the federal government of the funds pass through the State of Oregon or another organization.		Grant Number: If Federal Grant: CFDA Number If State Grant: Number assigned by state funding source
Direct, federal government, dept of ARRA, federal "Stimulus"		CFDA: CFDA:
Indirect, federal government, dept of and State of Oregon, dept/division of		CFDA:
Indirect, federal government, dept of and another entity or organization Direct, State of Oregon, dept/division of		CFDA:
Indirect, State of Oregon, dept/division of via another entity or organization		
Other Other		
	Total Amount of Award	: \$
Is this a new grant?	Match Requirement Amount	Is this a multiyear grant?
Yes No	Yes No How Much:	Yes No
Payment Method: Advance Reimbursement	\$ Hard Dollar Match In-Kind (IDENTIFY below)	IF Yes: Amount Applicable to Current Budget Year:
Reporting Cycle		\$
Monthly Quarterly	Grant Administrator	
Semi-Annual Annual	Accounting Contact	:

				7	
GRANT PAYROLL \	WORKSHEET	FUND:			
		DEPARTMENT:	DEPARTMENT:		
Salary & Benefit Allocat	ion Information				
		TOTAL GRANT AMOL	JNT: GRANT AMOUNT ALLO	CATED FOR SALARY 8	& BENEFITS:
Funding Source Code					
To assist with payroll d If the grant is funding	istribution setup: all or part of an employee	's salary, please specify th	ne desired allocation below:		
				* % SALARY	% S&B
EMPLOYEE	POSITION	DEPARTMENT	ANNUAL SALARY AND BENEFITS	& BENEFITS FUNDED BY GRANT	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 Salary & Benefit Allocation Information	DEPARTMENT: 01533/She	iff	
GRANT NAME: Marine	TOTAL GRANT AMOUNT \$227,00		CATED FOR SALARY & BENEFITS: \$202,00
Funding Source Code		•	. ,
To assist with payroll distribution setup:			

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