



# PORTLAND SISTERS OF PERPETUAL INDULGENCE

The Order of Benevolent Bliss, Inc.

Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Day or Evening \_\_\_\_\_  
E-mail: \_\_\_\_\_ Webpage: \_\_\_\_\_  
Name of Project the Grant Money will benefit: \_\_\_\_\_

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**Amount Requested:** \$ \_\_\_\_\_ **Total Project Budget:** \_\_\_\_\_

Please attach a copy of your Internal **Revenue Service letter of determination of 501(c)3 status** or arrangements with a fiscal agent and their 501(c)3 status. We will not release funds until we have proof of the 501(c)3 status.

Please show the specific need for a grant, i.e.: startup costs, equipment not covered by normal operating budget, program incentives, direct service costs, and scholarships. Ineligible requests include: Capital Campaign, funding for salaries, general operating expenses, individual's projects or travel expenses.

Project Focus (check all that apply):

Gay and Bi Men \_\_\_\_\_ GLBTQ Youth \_\_\_\_\_ Lesbian and Bi Women \_\_\_\_\_  
Queer Empowerment \_\_\_\_\_ Transgendered Concerns \_\_\_\_\_ Sexual Health \_\_\_\_\_  
Other \_\_\_\_\_ (Please Explain)

Region of Focus:

Multnomah Co. \_\_\_\_\_ Washington Co. \_\_\_\_\_ Clackamas Co. \_\_\_\_\_ Clark Co. \_\_\_\_\_  
Other (within the state of Oregon or SW Washington) \_\_\_\_\_

Please attach a project budget and narrative, highlighting specific items this request will fund. We'd like it in your words how this money can be best utilized to serve the needs of our communities. Show us what you can do!

1. What will the funds be used for?
2. Who is being helped?
3. Why is it important?
4. Why is your organization qualified to conduct this program?
5. If your group has a budget over \$100,000 and/or paid staff, please explain why this funding is being requested.

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To the best of my knowledge, all information in this application and attached pages is true and correct.

Please type or print Name of undersigned: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Submit to: The Portland Sisters of Perpetual Indulgence

The Order of Benevolent Bliss, Inc  
c/o Grants Committee  
5331 SW Macadam Ave  
Suite 258-420  
Portland, OR 97239