

**STATE OF OREGON
INDIVIDUAL DEVELOPMENT ACCOUNT (IDA)
2008 FIDUCIARY ORGANIZATION APPLICATION & RENEWAL FOR ADULT AND YOUTH IDAS**

SECTION I: COVERSHEET (use the separate Coversheet form provided for your application)

NOTE: *To be eligible to become a fiduciary organization, an applicant must be a non-profit, fund raising organization that is exempt from taxation under section 501(c)(3) of the Internal Revenue Code as amended and in effect on January 1, 1999, or a federally recognized Indian tribe or band located primarily in Oregon.*

Applicant Organization:

New Application Renewing Application

Mailing Address:

City:

Zip:

IDA Key Contact Person:

E-mail Address:

Phone Number:

Fax Number:

IRS Employer ID Number:

Geographic Area Served (list counties)

Population Targeted (be specific)

2009 Funding Request:

Most recent OR IDA Award:

Amount of other funds

Supporting your IDA Program:

Sources:

Number of accounts you will open in 2009:

2008 Goal: # of these Accounts opened to date:

Participants on Wait List:

2009 Goal and Carryover from all previous years:

Number of years serving as Fiduciary Organization:

Number of graduates to date:

This application must be signed by the individual(s) having legal authority to bind the organization to the commitments herein. The undersigned certifies that the information provided within this application is complete, and accurately describes the proposal. For purposes of review and evaluation, the undersigned authorizes release of this information to the review committee.

Executive Director Signature

Print Name

Date

Board Chair Signature

Print Name

Date