***This document is for preparation only, and will not be accepted as a submitted application. You must submit an application through the link on our website.***

Please note, we can only accept one request per organization, per grant cycle. We consider all entities operating under a single tax identification number to be one organization. However, we will allow an exception for governmental and quasi-governmental agencies (such as community action agencies or Councils of Government) that provide a wide array of direct services. There is also an exception for organizations acting as a fiscal sponsor for another group or individual.

\*Please enter your organization’s Tax ID:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization and Contacts**

**Organization Information**

\*Organization Name

Organization’s Legal Name (If different than above)

\*Address

\*City

\*State

\*County/Tribal Area

\*Postal Code

Website

\*Mission/Purpose Statement *(Word count max: 300)*

\*Please select which area most represents the main purpose of your organization:

* ACES
* Addiction/Substance Use Disorder
* Aging/Seniors
* Arts
* Community Engagement
* Criminal Justice/Law Enforcement
* Dental
* Early Childhood
* Education
* EMS
* Faith
* Family and Children’s Services
* Financial Security/Living Wage
* Food Insecurity
* Foster Care
* Government Administration
* Healthcare Access
* Healthcare
* Higher Education
* Housing/Homelessness
* Infrastructure
* Insurance
* Interpersonal Violence
* K-12
* Legal
* LGBTQIA+
* Literacy
* Mental Health
* Physical Therapy
* Poverty
* Public Safety
* Racial Equity
* Recreation
* Re-entry
* Supportive Services/Crisis Assistance
* Technology
* Transportation
* Veterans Services
* Workforce Development
* Other

\*Which of the following best applies to you?

* 501c3 Nonprofit
* Private Business
* Religious Organization
* Quasi-Government Entity
* Government Entity
* Tribal Entity
* Community Group or Individual with a Fiscal Sponsor

\*What is your organization’s total annual budget?

\*Are you applying with a fiscal sponsor?

If you are a community group or individual without 501c3 or governmental status, which organization is acting as your fiscal sponsor, and what is their Tax ID number?

**Organization Primary Contact**

Prefix

\*First Name

\*Last Name

Suffix

\*Title

\*Office Phone

Extension

Mobile Phone

\*Email

\*Mailing Address

\*City

\*State

\*Postal Code

**Primary Contact for this Request**

Same as Organization Primary Contact?

Prefix

\*First Name

\*Last Name

Suffix

\*Title

\*Office Phone

Extension

Mobile Phone

\*Email

\*Mailing Address

\*City

\*State

\*Postal Code

**Request Information**

**SECTION ONE: Please describe how you would use this funding.**

\*Short Description

 *Please create a short description for your request. For example, “Org Name Operating Support” or “XYZ Program”*

\*Detailed Description

*Tell us information about how the money will be used* *(Word count max: 300)*

\*Request Amount (Please note, this amount cannot exceed $25,000)

**SECTION TWO: Your answers to these questions will help inform Dogwood Health Trust’s knowledge about your organization and the region’s nonprofit sector.**

\*Which diverse communities does your organization serve in Western North Carolina?

*While we are particularly interested in racial diversity for this grant, we also welcome descriptions of all forms of diversity. Examples of diversity include race, ethnicity, level of education, gender identity, age, immigration status, sexual orientation, the job they have, the neighborhood they live in, veteran status, socioeconomic status, or whether or not they have a disability. (Word count max: 300)*

\*Which counties will be served by this grant? (Check all that apply)

* Avery County
* Buncombe County
* Burke County
* Cherokee County
* Clay County
* Eastern Band of the Cherokee Indians
* Graham County
* Haywood County
* Henderson County
* Jackson County
* Macon County
* Madison County
* McDowell County
* Mitchell County
* Polk County
* Rutherford County
* Swain County
* Transylvania County
* Yancey County

\* Does your organization have a paid executive director?

\* How many full time paid staff does your organization have?

\* How many part time paid staff does your organization have?

\*What are the racial demographics of your organization? Please include board, staff, and volunteer information. *(Word count max: 300)*

**SECTION THREE: Please verify the following before you submit your application.**

\*By checking the box below, I certify that:

* This organization does not promote or engage in criminal acts of violence, terrorism, hate crimes, the destruction of any state, or discrimination based on race, national origin, religion, military and veteran status, disability, sex, age, gender identity or sexual orientation, or support of any entity that engages in these activities.
* Any funds received for this proposal will be used for the stated charitable purpose, and in accordance with the grant terms and conditions enclosed in the grant agreement letter.
* The Trust may publicize this project or program in all publications, including web-based communications, should the proposal be funded.

**Attachments**

Upload attachments

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

IRS Determination Letter

\*W9