**Dogwood Health Trust Pre-Application**

**Organization & Contact**

***Organization Information***

1. Organization Name
2. Tax ID (optional)

While not required, providing your tax ID now will allow Dogwood to confirm your organization's tax status and be better prepared to discuss funding opportunities.

1. Organization Type: Choose the type/tax status that best describes your organization.

|  |  |
| --- | --- |
|  | **Organization Type** |
|  | 501c3 Nonprofit  |
|  | Private Business |
|  | Religious Organization |
|  | Quasi-Government Entity  |
|  | Government Entity |
|  | Tribal Entity |
|  | Community Group with a fiscal sponsor |

*Note: Churches that do NOT have their own 501c3 tax exempt status with the IRS should choose "Religious Organization" from the above list. This includes churches which are covered by group tax exemptions by a parent church or religious organization. Churches who have their own 501c3 tax exempt status with the IRS should choose "501c3 Nonprofit."*

*COGs should choose "Quasi-Government Organization."*

1. Year of Incorporation
2. Mission Statement
3. Where is your organization located? If you have multiple offices, please select the county/area where your main office is headquartered.

|  |  |
| --- | --- |
|  | **County/Area** |
|  | Avery |
|  | Buncombe |
|  | Burke |
|  | Cherokee |
|  | Clay |
|  | Qualla Boundary |
|  | Graham |
|  | Haywood |
|  | Henderson |
|  | Jackson |
|  | Macon |
|  | Madison |
|  | McDowell |
|  | Mitchell |
|  | Polk |
|  | Rutherford |
|  | Swain |
|  | Transylvania |
|  | Yancey |
|  | Other |

1. What are the primary geographies where your organization's work takes place? Select all that apply.

|  |  |
| --- | --- |
|  | **County/Area** |
|  | Avery |
|  | Buncombe |
|  | Burke |
|  | Cherokee |
|  | Clay |
|  | Qualla Boundary |
|  | Graham |
|  | Haywood |
|  | Henderson |
|  | Jackson |
|  | Macon |
|  | Madison |
|  | McDowell |
|  | Mitchell |
|  | Polk |
|  | Rutherford |
|  | Swain |
|  | Transylvania |
|  | Yancey |

1. Populations Served (select all that apply)

|  |  |
| --- | --- |
|  | **Populations Served** |
|  | Communities of Color |
|  | Developmentally Disabled |
|  | Disaster Victims |
|  | Economically Challenged |
|  | General Population |
|  | Immigrants |
|  | LGBTQIA+ |
|  | Physically Challenged |
|  | Refugees |
|  | Veterans |

1. If you serve Communities of Color, please let us know which specific communities you work with.
2. Website: Please enter your website URL if you have one. You can also put in a social media URL if you do not have a website.

***Your Contact Information***

1. First Name
2. Last Name
3. Office Phone
4. E-mail

***Diversity, Equity and Inclusion (OPTIONAL)***

Dogwood Health Trust is committed to diversity, equity, and inclusion. In alignment with this commitment, we invite you to share some information about your organization's board, executive leadership, and staff.

*Board of Directors*

1. Please enter the number of board members who identify as each of the following.

|  |  |
| --- | --- |
|  | Asian |
|  | American Indian/Alaska Native |
|  | Black/African American |
|  | White |
|  | Another race (not listed above) |
|  | Hispanic or Latino/a |
|  | Women |
|  | LGBTQIA+ |
|  | Having a Disability |
|  | Veterans |

1. Please share any additional information about your board diversity that you wish.

*Executive Leadership (President, CEO, Executive Director, etc.)*

1. Please select which of the following groups describe your organization's executive leadership. Select all that apply.

|  |  |
| --- | --- |
|  | Asian |
|  | American Indian/Alaska Native |
|  | Black/African American |
|  | White |
|  | Another race (not listed above) |
|  | Hispanic or Latino/a |
|  | Women |
|  | LGBTQIA+ |
|  | Having a Disability |
|  | Veterans |

1. Please share any additional information about your executive leadership diversity that you wish.

**Request**

1. Provide a brief title for your request.
2. Briefly describe the opportunity or issue for which you seek support.
3. Please provide your best estimate of the funding amount for this request. If you are unsure at this point, you may enter "0" for now.
4. The Dogwood Health Trust currently seeks partnerships with organizations working in one of our Strategic Priorities. In what strategic priority does your organization or collaboration seek a partnership? (If your project fits in multiple strategic priorities, select the one that best fits)

|  |  |
| --- | --- |
|  | **Strategic Priority** |
|  | Education |
|  | Health & Wellness |
|  | Housing |
|  | Jobs & Economic Development |
|  | Racial Equity |
|  | Substance Use Disorder |

1. Which of the below specific program areas best describes this project?
2. Will this project involve offering clinical or medical services to the community?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. What would you like to share about the inequities which may contribute to the issues you are working on? (You could include data, stories, or both)
2. Who are your potential funders for this request? (optional)
Please include any information about other grants that you are exploring, donations, and other means of support you are pursuing for this request.
3. If you have already talked with one of our team members about this project, please enter that team member's name below.