



1 Cycle 1 Pre-Application

2 Review My Application/Revisar mi solicitud

### Cycle 1 Pre-Application

Printer Friendly Version/Version para imprimir | E-mail Draft/Borrador de correo electronico

\* Required before final submission

Before completing the form below, please review our [Grantmaking page](#) to learn more about our our grantmaking process, our strategic priorities, and our 2023 funding opportunities.

The following items may be needed to complete this application:

- **Organization Information:** Employer Identification Number (EIN#), Mission Statement
- **Financial Information:** Organization Budget, Form 990 (or Form 1023 if you don't have a 990), Fiscal sponsor information (if applicable)
- **Project Details:** Brief summary of your project and the community need, Project request amount
- **Strategic Alignment:** Brief summary of how your project aligns with Dogwood's strategic priorities

When completing this application, please save your work periodically to ensure that you do not lose your responses.

#### Your Contact Information

\* First Name  \* Last Name

\* Title

\* Office Phone

\* E-mail

#### Organization Information

\* Organization Name

\* Organization Legal Name  \* EIN or Tax ID number

\* Organization Address

\* City  \* State  \* County/Tribal Area  \* Postal Code

\* Year Founded

\* What is your organization's mission statement?

\* What populations does your organization serve? (select all that apply)

- Communities of Color
- Developmentally Disabled
- Disaster Victims
- Domestic/Interpersonal Violence Survivors
- Economically Challenged
- General Population
- Homeless
- Immigrants
- LGBTQIA
- Physically Challenged
- Refugees
- Uninsured
- Veterans
- Other (please specify)

Please specify other communities served (255 characters max)

SAMPLE

#### Fiscal Sponsorship

\* Are you applying as a fiscal sponsor on behalf of a community group or organization requiring sponsorship?

NOTE: The organizational information above should be submitted for the Fiscal Sponsor, and NOT the sponsored organization. Please reach out to your Community Investment Lead if you have questions.

If you are acting as a fiscal sponsor, what is the name of the organization or group for whom you are acting as sponsor?

#### Organization Financial Information

\* What is your organization's annual operating budget?

\* In a typical year, what percentage of your annual budget is grants from private philanthropy? ⓘ

If you don't typically receive grant funding from private philanthropy, please enter 0.

\* Please upload your organization's latest Form 990 (Return of Organization Exempt From Income Tax) . If your organization has not filed a 990, then please upload a copy of your organization's Form 1023 (Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code).

No file chosen

#### Project Details

\* Project Start Date

\* Project End Date

\* Project Title

Please create a short title for your request. For example, "Org Name Operating Support" or "XYZ Program."

\* Please describe the need in your community. Why is it important?

Word count 0 of 300

\* How will your work address this need?

Word count 0 of 300

\* Please tell us why your organization is suited to lead this work.

Word count 0 of 300

SAMPLE

#### Project Budget Information

\* Please provide your best estimate of the funding amount for this request.

\* If awarded this grant at the full request, how much of your annual budget would be comprised of Dogwood funding support?

\* Please provide an estimate of how much of this project's funding will benefit each geographic area. These percent allocations are just estimates. Values must be whole percentages (e.g., instead of 8.6%, enter 9%). The total of all percentages for this category must be 100%. ⓘ

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Avery County      | <input type="text" value="0"/> % |
| <input type="checkbox"/> Buncombe County   | <input type="text" value="0"/> % |
| <input type="checkbox"/> Burke County      | <input type="text" value="0"/> % |
| <input type="checkbox"/> Cherokee County   | <input type="text" value="0"/> % |
| <input type="checkbox"/> Clay County       | <input type="text" value="0"/> % |
| <input type="checkbox"/> Graham County     | <input type="text" value="0"/> % |
| <input type="checkbox"/> Haywood County    | <input type="text" value="0"/> % |
| <input type="checkbox"/> Henderson County  | <input type="text" value="0"/> % |
| <input type="checkbox"/> Jackson County    | <input type="text" value="0"/> % |
| <input type="checkbox"/> Macon County      | <input type="text" value="0"/> % |
| <input type="checkbox"/> Madison County    | <input type="text" value="0"/> % |
| <input type="checkbox"/> McDowell County   | <input type="text" value="0"/> % |
| <input type="checkbox"/> Mitchell County   | <input type="text" value="0"/> % |
| <input type="checkbox"/> Polk County       | <input type="text" value="0"/> % |
| <input type="checkbox"/> Qualla Boundary   | <input type="text" value="0"/> % |
| <input type="checkbox"/> Rutherford County | <input type="text" value="0"/> % |

- Swain County  %
- Transylvania County  %
- Yancey County  %

Dogwood Strategic Alignment

\* Which strategic priority does this project most closely align with?

- Select One -

\* Which of the below *specific* program areas best describes this project?

- Select One -

\* Please tell us how this project aligns with the strategic/program priorities you selected above.

**SAMPLE**

Word count 0 of 300

Select "Yes" if ONE OR MORE of the following statements is true:

- \*
  - Your organization offers clinical or medical services to the community.
  - This project involves offering clinical or medical services to the community.

**CERTIFICATION**

By checking the box below, I certify that:

- \*
  - This organization does not directly or indirectly assist in, sponsor, promote, or provide support for (i) acts of terrorism or to support organizations or persons listed as terrorists on lists maintained by the United States government, the United Nations, the European Union, and other entities; (ii) acts defined as hate crimes or ethnic intimidation under applicable federal or state laws.
  - This organization complies with all applicable federal, state and local civil right laws and does not discriminate against a person on the basis of that individual's race, religion, creed, color, sex, sexual orientation, gender identity or expression, marital status, pregnancy, age, ethnic/national original, citizenship status, veteran status, political affiliation, disability, genetic information, or ancestry. This organization does not directly or indirectly assist in, sponsor, promote, or provide support to any organization that discriminates against any person on the basis of the above referenced protected characteristics.
  - 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.

Save & Finish Later/Guardar & Finalizar Más Tarde

Review & Submit/Revisar & Enviar