

Cycle 2 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 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 annual operating 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, Total project costs
- **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 - Select One - * 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?

* Please upload a copy of your organization's latest annual operating budget. If your organization doesn't have an annual operating budget, please upload a Word document with a brief statement (1-2 sentences) noting this.

Choose File No file chosen

Upload/Subir

* In a typical year, what percentage of your annual budget is comprised of 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).

Choose File No file chosen

Upload/Subir

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

Project Budget Information

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

* Please provide your best estimate of the total cost of this project.

* 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%. 

- Avery County %
- Buncombe County %
- Burke County %
- Cherokee County %
- Clay County %
- Graham County %

SAMPLE

- Haywood County %
- Henderson County %
- Jackson County %
- Macon County %
- Madison County %
- McDowell County %
- Mitchell County %
- Polk County %
- Qualla Boundary %
- Rutherford County %
- Swain County %
- Transylvania County %
- Yancey County %

If you'd like to provide any additional information related to your estimated request amount and/or total project budget, please do so below. (optional)

Word count 0 of 300

SAMPLE

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? [i](#)

- Select One -

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

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

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

Submit/Enviar