**Rolling Opportunities Engagement Form – WORKSHEET**

***We suggest using this fillable version of the form to draft your responses, then cut and paste those responses into the*** [***electronic form***](https://us.grantrequest.com/application.aspx?sid=6065&fid=35106)***.***

**Instructions**

*\*****Required before final submission.***

* ***Before completing the*** [***electronic form***](https://us.grantrequest.com/application.aspx?sid=6065&fid=35106)***, please review our*** [***Grantseekers***](https://dogwoodhealthtrust.org/grantmaking/grantseekers/) ***page to learn more about our grantmaking process, our strategic priorities, and our 2024 funding opportunities.***
* ***Please submit only one*** [***electronic form***](https://us.grantrequest.com/application.aspx?sid=6065&fid=35106) ***per organization.***
* ***When completing the*** [***electronic form***](https://us.grantrequest.com/application.aspx?sid=6065&fid=35106)***, please save your work periodically to ensure that you do not lose your responses. If saved successfully, you'll receive an email that includes your application responses.***
* ***If you have any questions or technical difficulties, contact our helpdesk at*** [***impactgrants@dht.org***](mailto:impactgrants@dht.org)***.***

**Contact Information**

\* First Name:

\* Title:

\* Last Name:

\* Office Phone:

\* E-mail:

**Organization Information**

\* Organization Name:

\* Organization Legal Name:

\* EIN or Tax ID Number:

\* Organization Address:

\* City:

\* State:

\* Country/Tribal Area:

\* Postal Code:

\* Year Organization Founded:

\* What is your organization’s annual operating budget? *Please enter your estimated 2024 annual budget. If you don’t have this information yet, enter your 2023 budget.*

In what geographic area(s) does your organization work *(select all that apply):*

Avery County

Buncombe County

Burke County

Cherokee County

Clay County

Graham County

Haywood County

Henderson County

Jackson County

Macon County

Madison County

McDowell County

Mitchell County

Polk County

Qualla Boundary

Rutherford County

Swain County

Transylvania Count

Yancey County

\* 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.

Yes

No

**Organization Mission, Vision, and Goals**

\* Please share your organization’s mission, vision, and values. *(1,500 words).*

\* What people and communities does your organization serve? *(1,500 words).*

\* How does your organization center equity in your work? *(1,500 words).*

\* What are your organization’s top priorities for 2024? *(1,500 words).*

**Funding Request Information**

\* Please tell us about the idea you’d like to discuss with a member of Dogwood’s Community Investment team. *(If you have multiple ideas, please limit your response to a maximum of* ***three*** *ideas/ projects.)*

\* What amount of funding are you seeking from Dogwood? *Enter the estimated amount for all ideas/projects.*

***For the following questions, please reference our 2024 Priorities located on our*** [***Grantseekers***](https://dogwoodhealthtrust.org/grantmaking/grantseekers/) ***page.***

\* Which priority best aligns with the idea(s) you desire to discuss with us?

Community Equity

Leverage Fund

Policy & Advocacy

\* At the end of 2024, what does meaningful progress look like for your organization with resources from Dogwood? *(1,500 words).*

**Certification and Next Steps**

**Certification**

**Please read the following and check the box below:**

* 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.

\* **By checking this box, I certify that I have read and agree with each of the statements above.**

**Next Steps**

***After submitting the electronic form, you should receive an automatic email confirming your submission. A member of our team will review your form, and if your request aligns closely with one or more of our 2024 grantmaking focus areas, your Community Investment team liaison will schedule a conversation to learn more about your organization and ideas.***

***In preparation for the conversation, please take some time to reflect on the following:***

* ***Your organization’s most significant accomplishment over the last year***
* ***The most significant challenges you’re expecting in the next year.***
* ***The role external collaborations will play in supporting your progress.***

***If you do not receive an automated email confirming your submission, contact our helpdesk at*** [***impactgrants@dht.org***](mailto:impactgrants@dht.org)***.***