Dogwood health trust

Exit/Salida

| 1 Organization Information | 2 Request Information | 3 Capacity, Measurement | 4 Governance, Demographics | 5 Certification | 6 Attachments | 7 Review My Application/Revisar mi solicitud |

Organization Information

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

* Required before final submission

Please have the following items readily available to complete this application:

- Most recent organization audit or desk review
- Most recent organization annual operating budget
- Form 990 (or Form 1023 if you don't have a 990)

Important Notes

1. If you are a fiscal sponsor, applying on behalf of a community group or organization requiring sponsorship, all organization and financial information (including attached financial documents) must reflect the sponsor's organization/financial status. All other information should be completed by the sponsored organization.

2. You may find it helpful to use the word processing software of your choice to draft your responses and then copy and paste those answers into the application. When completing the online application, please save your work periodically to ensure that you do not lose your responses. You will receive an email confirmation after successfully saving your application.

3. Some of the information in this application may be populated from a previous engagement with Dogwood. Please confirm or update the information where applicable.

ORGANIZATION DETAILS

* Organization Name

[   ]

* Organization Legal Name

[   ]

* EIN or Tax ID number

[   ]

* Type of Organization
select one

[- Select One -   ▼]

* Address

[   ]

* City   ***** State   ***** County/Tribal Area   ***** Postal Code
[   ]   [   ]   [- Select One - ▼]   [   ]

Website URL

[   ]

* 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 County ☐ Yancey County

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FISCAL SPONSORSHIP

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

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

[▼]

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

* Organization Annual Budget

[   ]

* What date does your fiscal year end?

[   ] 📅

* How many days of operating expenses could your organization support with its existing cash reserves?
Calculated using this formula: (Sum of all available cash based on bank balances and available credit to draw from) divided by (average monthly operating expenses) times (number of operating days in a month).

[- Select One - ▼]

In a typical year, summarize the percentage of your annual budget composed of the following:
Round to the nearest whole number. Do not include the percentage (%) symbol. If a category is not applicable, please enter 0.

* Grants from Private/Community Foundations   ***** Contributions/Donations from Individuals

* Government/Public Resources	*** Fee-for-Service Activities**	*** Other Funding Sources**

ATTACHMENTS: Organization Financial Documents

Please upload all of the following. If you do not have one of these documents, please type a brief statement (1-2 sentences) on a Word document and upload the statement in lieu of the requested document.

* Latest organization audit or desk review
Upload your most recent audit or desk review. If you don't have an audit or desk review, upload a 1-2 sentence statement on a Word document.

Choose File | No file chosen

Upload/Subir

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

Choose File | No file chosen

Upload/Subir

* Organization Annual Operating Budget
Upload your most recent annual operating budget, preferably your 2024 budget.

Choose File | No file chosen

Upload/Subir

ORGANIZATION PRIMARY CONTACT

Fill in the fields below with the contact information for your organization's primary contact. This is typically the organization CEO or Executive Director, or whoever is in the position to make decisions for the organization.

Prefix

* First Name   *** Last Name**

* Title

* E-mail

* Mailing Address

* City   *** State**   *** Postal Code**

REQUEST PRIMARY CONTACT

Fill in the fields below with the contact information for your point of contact on this request specifically.

Same as Organization Primary Contact
☐

Prefix   *** First Name**   *** Last Name**

* Title

* E-mail

* Office Address

* City   *** State**   *** Postal Code**

Request Information

REQUEST INFORMATION

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

* On which of Dogwood's primary substantive areas do you work on policy advancements?
(check all that apply or if none apply, check "other")

☐ Community Equity
☐ Economic Opportunity
☐ Education
☐ Health & Wellness
☐ Housing
☐ Other (Policy & Advocacy)

* Total Amount Requested
The range for this funding opportunity is 50k-250k.

[   ]

Identify policy and advocacy areas to which your organization has contributed to progress at the state or local level in the past five years. For each identified policy progress area:
* • What were the essential components to the success of these efforts? *(for example, research, communications, political leadership, engaging diverse audiences, etc.)*
  • What was your organization's contribution to the success of these efforts?

[   ]

Word count of 1500

In Dogwood's primary substantive area(s),
* • What are your organization's policy and advocacy goals for the next two years?*(Please be specific as possible.)*
  • Why are these policy goals important from an equity perspective?

[   ]

Word count 0 of 1500

* Please describe the window(s) of opportunity your organization sees to advance its goals in the next two years.

[   ]

Word count 0 of 1500

* What are your key strategies for advancing your policy and advocacy goals?

[   ]

Word count 0 of 1500

Capacity, Measurement

ORGANIZATIONAL CAPACITY

What are the organization's capabilities for advancing your policy and advocacy goals:

* <u>Partnerships</u>
Identify your key state and local partners and their role in your policy and advocacy efforts.

[   ]

Word count of 1500

* <u>Communications</u>
Describe your organization's communications capacity in conveying messages to key, diverse audiences.

[   ]

Word count of 1500

* <u>Community Engagement</u>
Describe how your organization engages with communities and those most affected by policy changes. Do you do this directly and/or in partnership?

[   ]

Word count of 1500

* <u>Equity</u>
How does your organization support the policy needs of historically and systemically underserved and under-resourced individuals and/or families?

[   ]

Word count 0 of 1500

We know that any organization's work has its speedbumps and barriers. Hearing your honest assessment of what these barriers are will help us better support your work.

* What do you see as the most significant barriers to your organization's success in the next two years? How do you anticipate managing these challenges?

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MEASUREMENT

Our intent here is to learn more about how a general operating support grant would support your organization's ability to become even more effective in its work. Key activities and more specific indicators could relate to your organization's financial health, governance, program delivery, communications, strategic planning, or other aspects of your organization's health and capacity. These activities and indicators do not need to be tied directly to how you may use your potential Dogwood Health Trust grant funds. General operating support allows organizations to allocate resources where they are needed most, without being restricted by specific project requirements or timelines.

* Please share two to three key (new or existing) activities that this general operating support grant will allow your organization to continue and/or commence.

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* How will you know if you are making progress in your policy and advocacy work in the next two years? What will be your markers of success?

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Governance, Demographics

GOVERNANCE

The following questions are optional for municipal, quasi-governmental, and those who are not governed by a board. If applicable, please answer with your organization's board of directors in mind.

* How is your board reflective of the communities/constituencies you serve?
If this question does not apply to your organization, enter N/A.

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* Please describe your board's governance structure. In your response, share details regarding how board members are selected (appointed, self-perpetuating, other approach) and the term limits (if any) of board members.
If this question does not apply to your organization, enter N/A.

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* How many individuals currently serve on your governing board?
Enter total number in whole numbers (e.g. 5). If this question does not apply to your organization, enter 0.

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DEMOGRAPHICS

The following questions will ask about the demographic characteristics of your organization's executive leadership team. You have the option of completing all, some, or none of the questions. Each question has a "Prefer not to say" option.

INSTRUCTIONS: Answer each of the following questions with your executive leadership team in mind. (e.g. your most senior decision-makers, such as CEO, Executive Director, etc)

* Please select the options that represent how members of your executive leadership team describe themselves:
Please check all that apply
☐ Man
☐ Non-binary or gender non-confirming
☐ Woman
☐ Prefer to self-identify
☐ Prefer not to say

If you selected "Prefer to self-identify," please describe: *(optional)*
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* How would you describe the race and/or ethnicity of your executive leadership team?
Please check all that apply
☐ African American or Black
☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Latina, Latino, Latinx or Hispanic
☐ Middle Eastern or North African
☐ Multiracial and/or Multi-ethnic
☐ Pacific Islander or Native Hawaiian
☐ White
☐ Race and/or ethnicity not included above
☐ Prefer not to say

If you selected "Race and/or ethnicity not included above", please describe: *(optional)*
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* Does one or more members of your executive leadership team identify as a person of color?

[▾]

* Does one or more members of your executive leadership team have a disability?
[▾]

* Does one or more members of your executive leadership team identify as a member of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) 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.

☐

Attachments

[Save & Finish Later/Guardar & Finalizar Más Tarde] [Submit/Enviar]