

Completed Community Donor-Advised Grant Applications should include the following:

- This completed Community Donor-Advised Grant Application including the local Community Foundation's assigned grant application number noted below.
- A one-page attachment of the applicant's current board members. This should include at minimum each individual's full legal name followed by his/her city and state.
- Financial Information inclusive of 1) audited financial statements, 2) first page of recent IRS 990, 3) current operating budget, and 4) recent year-to-date financial statement.
- Any letters of endorsement.
- Any documentation substantiating expenses (bids, quotes, etc.).

Grant Application # provided by local Community Foundation:					
Which local Community Foundation is your application submitted through? (mark with X)					
	Bay Area Community Foundation	Midland Area Community Foundation	Saginaw Community Foundation		
Арр	olicant's E.I.N. #:				
Leg	al name of organization applying:				
		(This should be the same name as the on	e on the IRS tax determination letter)		
Υοι	ır organization's common name (if di	fferent than above):			
Chi	ef Executive Officer (name & title):				
Add	lress:	City, State, ZIP Code:			
Pho	one:	Email:			
We	bsite:				
Cor	ntact person for this application (nam	e & title):			
Add	Address: City, State, ZIP Code:				
Pho	one:	Email:			
Yea	r organization was established:				
Org	anization's Mission Statement:				
Org	anization Type (mark with X):	_ Community & Economic Development	Human Rights		
		_ Culture & Arts	Other		
	_	Disaster, Preparedness & Relief	Poverty Relief or Alleviation		
		Education	Public Safety		
	_	Environment	Research & Science		
		Health & Human Services	Sports & Athletics		



PROGRAM/PROJECT REQUEST INFORMATION

Your Organization's common name:				
Program/Project title:				
Project start date:	Pro	ject end date:		
Amount requested :	Tot	al project cost:		
Number served through program/project:				
Ages served through program/project:	AII	Infant, Ages 0-5	Young Children, Ages 6-12	Teens, Ages 13-18
	Young Adult, Ages 19-21	Adult, Ages 22-64	Seniors, Age 64 and older	
Target Population Served: Women		People with D	isabilities _	Veterans
Underrep	resented minorities	i.e. African-America	an, Hispanic, Asian, Native	American, etc.)
LGBT		Other		
Statement of Need (Paragraph; 2,000 characte Detail the need for this program/project. How		mmunity benefit fro	m this program/project?	
Answer here:				



<u>Program/Project Details</u> (Paragraph; 2,000 character maximum)

Please provide a description of the program/project. Explain who, what, where, w	
Pidasa nrovina a nascrintion of the nrogram/nroject. Evolain who what where w	When Why and how
i icase provide a description of the program, project, explain wrio, wriat, writin, w	viicii, vviiy alia liovv.

Answer here:
Expected Goals (Paragraph; 2,000 character maximum)
Please describe the expected goals of your project.
Answer here:
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Measurement & Evaluation (Paragraph; 2,000 character maximum)
Describe measurable objectives and the evaluation plan. How will success be defined?
Answer here:



Tangible Benefits

Detail each	tangible	benefit and	provide a	monetary value.

Answer here:		
	,	
<u>Volunteers</u>		
Are there opportunities for Dow volunteers to participate in this project? (mark with X)	Yes	No
Environmental Impact		
Does this request have any environmental components, including preservation of nature,		
environmental education, or providing a natural resource (such as clean drinking water)?	37	
(mark with X)	Yes	No



PROGRAM/PROJECT BUDGET

- 1) Provide a detailed budget for this program/project in the tables below. Include all expenses and all revenue sources. Add additional rows if necessary.
- 2) Total revenue <u>must</u> equal total expense to show how you plan on funding the project.*
- 3) Answer the Budget Questions on the following page regarding funding and sustainability.

REVENUES FOR PROGRAM/PROJECT:

		STATUS: CO	NFIRMED OR
Funding Source	AMOUNT	PENDING	
The Dow Chemical Company Foundation			[]
Community Donor-Advised Funds Requested	\$	Confirmed	X Pending
Organizational Funds Committed	\$	Confirmed	Pending
	\$	Confirmed	Pending
Total Program/Project Revenue*	\$		

EXPENSES FOR PROGRAM/PROJECT:

ITEM (MATERIALS, SUPPLIES, EQUIPMENT, ETC.)	ESTIMATED COSTS
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Program/Project Expense*:	\$



BUDGET QUESTIONS

Describe the amount and source of any internal funds dedicated to this project.
Have you secured or do you plan on securing additional funds to support this program/project? Who have you contacted
or plan on contacting?
(Paragraph; 2,000 character maximum)
Answer here:
Pertaining to Sustainability/Long-Term Strategy, what are the long term strategies for funding this program/project?
How will you sustain the program/project after the conclusion of the Dow grant?
(Paragraph; 2,000 character maximum)
Answer here:
How would this program/project be impacted if awarded partial grant funding?
How would this program/project be impacted if not awarded any grant funding from the Community Donor-Advised
grant?
(Paragraph; 2,000 character maximum)
Answer here: