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| --- |
| **Organization Name:** |
| **Tax ID/FEIN #:** |
| **County:**  |
| **Address:** |
| **City, Zip:**  |
| **Name of Organizational Representative Completing this Application:** |
| **Brief Description of your Organization, Mission, and How you serve the Community:** |
| **Daytime Phone:** |
| **Email:** |
| **Specific Community Target Population and Total Number you Expect to Reach: (For Sister Fund only, include the name of the person receiving the service animal)** |
| **Overall Project Goal:***Describe the desired impact of the project on the target audience.***Project Plan:** *Summarize the overall plan and why it is important to the community.* |
| **Expected Outcomes:** *List the outcomes in terms of the following changes.***Knowledge –****Skills –****Behaviors –****Attitudes –** **Environmental Conditions –** |
| **Evaluations:** *Describe the methods used to determine that goals have been reached.* |
| **Projected Timeline:** *Outline the time period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, what will be accomplished each month and who is responsible for each task.*

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| **Month** | **Activity/Accomplishment** | **Who is Responsible?** |
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**List of Community Partners and Their Specific Roles in this Project:***Please include MOUs from partners expressing their support and understanding of their role.* |
| **Community Involvement:** *In addition to those listed above, how will the community in general be involved in the project?* |
| **FOR SISTER FUND ONLY: Name of referring physician and/or therapist:** |
| **Itemized Budget:**

|  |  |  |
| --- | --- | --- |
|  | **Proposed Budget Expenditures** | **Other Costs****(In Kind, donated from other sources)** |
| **Materials & Supplies:** |  |  |
| **Equipment:** |  |  |
| **Postage/Shipping:** |  |  |
| **Printing:** |  |  |
| **Food:** |  |  |
| **Other:** |  |  |
| **TOTAL PROJECT REQUEST** |  |  |

**Budget Justification:** *List each expenditure category and why each is necessary for the project.***Materials & Supplies –****Equipment –****Postage/Shipping –****Printing –****Food –****Other –** |

**By placing my name and date below, I agree to the following:**

* Complete all project activities between \_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_.
* Comply with best practices for financial management of funds and provide documentation of all expenditures.
* Notify Pleasants Community Foundation in writing if circumstances change which might affect your ability to carry out the project.
* A Final Project & Budget Report form will be sent to you before the end of the project period. This needs to be completed and submitted to the Foundation by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. At least five digital pictures must accompany the report.

**Your printed name and signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Print Name) (Signature)**

**Position or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**