

2018 CDPHP® Workforce Team Challenge

Charity of Choice Application



Only electronic applications will be accepted.
The deadline to apply is Friday, January 26, 2018.
Selections will be made by Thursday, February 1, 2018.

Note: Your organization is ineligible to apply for Charity of Choice status if it has been a recipient of funding within the last five years.

Please make sure you do the following before submitting your application:

- Read about Eligibility and Requirements for Charity of Choice applicants at www.cdphpwtc.com/coc
- Complete all sections of the application and send it as an attachment, along with your 501(c)(3) federal tax exemption letter of determination, to WTCcharity@yahoo.com.
- Include a website address that provides details on your organization.
- Check the spelling and grammar in your application.

Section 1: Organization Information

Organization: _____

Street Address: _____

City: _____ State _____ Zip _____

Contact person/title: _____

Phone: _____

Email: _____

Website: _____

Organization's annual budget: _____

Proposed program/project title: _____

Funding needed for proposed program/project: \$ _____

Section 2: Organization Description

A) Select the category that most closely aligns with your organization's mission:

Youth/Education

Fitness/Wellness

Seniors

Community Support (general)

Disease Awareness/Disability Services

B) Briefly describe your organization's programs and services and the population they benefit. Be sure to highlight any specific accomplishments, best practices, or characteristics that distinguish your organization. (200 words or less)

Section 3: Description of the Proposed Project/Program and Justification for Funding

A) Briefly describe the program/project for which you are seeking funds, the need or problem to be addressed by the proposed program/project, and the projected time table for implementation. Include an itemized budget for the program/project.

B) What are the potential barriers to the success of this project/program, and how do you plan to address them?

C) Who will be involved in implementing the proposed project/program (e.g., board members, volunteers, community or nonprofit partners, etc.)?

D) Using measurable terms, how will you evaluate the success of this project/program? Please be specific.

E) What direct impact/benefit will the proposed program/project have on the population you serve?

Section 4: Supplemental Information

A) Do you have other sources of funding in place for this project/program? If so, please describe.

No Yes

B) Has your organization previously received funding support from the CDPHP Workforce Team Challenge or the Hudson-Mohawk Road Runners Club? If so, please provide specifics (e.g., dates, amounts, projects or programs funded).


No Yes

C) If your project/program is selected, how will your organization recognize CDPHP and the Hudson Mohawk Roadrunners Club for their support of your program?

Please feel free to include in a separate attachment any additional information that would help us better understand your organization's mission or the specific program or project for which the funds would be used.

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 **SUBMIT APPLICATION**

If clicking the submit button does not launch your e-mail and attach your application, simply save the completed document to your computer and send it as an attachment to WTCcharity@yahoo.com. Do not forget to also attach a copy of your 501(c)(3) federal tax exemption letter of determination.