

Vour Organization

# **Dancing with the Local Stars Food Program Donation Application**

Please refer to the **Donation Request Instructions** prior to filling out this form. **Download** this form, **fill in the blanks** on your computer, save the completed application and send it to WDCC with the other required documents. Incomplete applications may be denied. **Do not type beyond the size of each text box.** 

Every February WDCC presents the *Dancing with the Local Stars* event to raise funds for food-related programs of local tax exempt non-profits. Applications are accepted between January 1 and February 14 for major funding from this event. Donation checks are normally sent out in May. If your food-related program has an emergency need for funds during the rest of the year, you may use this application to request a <u>small emergency donation</u>. Emergency requests received by our Community Giving Committee by the first day of each month are reviewed that month.

Tour Organization						
Name of Organization						
			EIN:			
			Tax Exemp	ot Status:		
Street or Mailing Address, Including City, State, ZIP			F01 (a)	(2. 4. F. 6. or 102)		
otroot or maining reactoos, molacing only, otato, En			, ,	501 (c) (3, 4, 5, 6 or 19?)		
			Year that or	Year that organization was designated as a tax		
			exempt nor	exempt non-profit by IRS:		
		·				
Contact Person (Name and Title)						
Contact i erson (italie	; and me		Phone:			
Email:		Website	):			
Domittones Informat	tion if Donation is Awa	urd o d				
	fferent organization than a		Addross (If di	ifforent than above)		
Check Payable to (ii di	nerent organization than a	ibove)   waiting	Mailing Address (If different than above)			
EIN:	Tax Exempt designation					
	<b>501 (c)</b> (3,4,5.6					
Your Donation Requ	est					
The state of the s	ject or Event for which yo	ou are requesting	a donation:			
				Amount		
				Requested: \$		
				<u> </u>		
				Today's Date:		
WDCC Use Only: Date	Copy to		Confirmed	Copy to		
Receive	ed Committee	e Secretary	To Applicant	Copy to Review Board		
Community Civing	_ Approved De _ Approved De _ Approved De Fund	anied Dat	9	Amount		
Board:	De Approved De	enied Dat	e e	Amount Amount		
Membership:	_ Approved De	enied Dat	e	Amount		
Motion #	Fund	Not	ified	Check #		
2023 12-10 DWTLS Application	l					

# **WDCC Food Program Donation Request**

Tell Us About Your Non-Profit Organization						
Type of organization (church, all-volunteer, agency with paid staff or combination paid and volunteer staff); number of paid staff and volunteers for the entire organization; years in operation; mission/purpose of the organization; short description of programs or services provided other than the one for which funding is requested. What percentage of last year's expenses were spent on: 1) Program Costs; 2) Administrative Costs; 3) Fundraising Costs?  Do not exceed the size of text box. You may send additional information, such as your organization's impact statement, current newsletter, or annual report as a separate email attachment, or in the envelope with mailed-in applications.						

Email to: wdccgiving@yahoo.com
OR Mail to: WDCC – Community Giving; P.O. Box 1665; Muskegon MI 49443

### **WDCC Food Program Donation Request**

# **Tell Us About Your Donation Request** Purpose of Donation Request: Provide a clear and concise description of the program, project, or event for which funding is requested, its expected impact on the local area, how it operates, etc. For large projects, how much have vou raised so far? What other organizations are contributing to this program/project/event? Please provide the following information: o How many people/families did your food program benefit last fiscal year? o How many people/families do you estimate that your food program will benefit this fiscal year? o How much did you spend on food and food-related items last fiscal year? Do not include the retail value of food that you purchased from Feeding America, or of donated items. List the actual amount of money spent on food and food-related items last fiscal year. How much do you estimate you will spend on food and food-related items this fiscal year? Do not exceed the size of the text box.

Email to: wdccgiving@yahoo.com

OR Mail to: WDCC - Community Giving; P.O. Box 1665; Muskegon MI 49443

## **WDCC Food Program Donation Request**

<b>Time Frame</b> for Program, Project or Event – List the days/times that your food pantry is open, or that meals are served.				
Tell us if your food program is year round, or if it has a beginning and ending date. (List those dates.)				
Where (geographic location) do you intend to use the money if awarded?				
Has anyone from your organization participated in the <i>Dancing with the Local Stars</i> show, either this year or in				
previous years? Names?				
Has your organization helped promote or fundraise for this year's <i>Dancing with the Local Stars</i> event? How?				
Application Charlists				

### **Application Checklist:**

Have you included the following items as separate documents in your application package? Refer to our Donation Request Instructions on our website (womensdivision.org) for further details. Incomplete applications may be denied.

Document to Be Provided	Yes	No	Reason, if "No"
Required of ALL applicants: an Itemized Income and Expense Statement for the entire organization for the most recent fiscal year. (Exception: Governmental Units and Public Schools)			
For organizations that file an IRS Form 990: pages 1, 7, 9 and 10 of the most recently filed tax return			
Required of ALL applicants: <u>Itemized estimated budge</u> t of the program, project or event for which you are requesting this donation. Include expected income and expenses.			
<u>Last year's Itemized Income &amp; Expense Statement</u> for the food program, project or event if it is ongoing or recurring on a regular basis. Do not send us a copy of your checking account register.			
Estimate from supplier(s) if the request is for purchase of a specific item or items			
List of your organization's current board of directors or steering committee.			

### WE MUST RECEIVE YOUR DONATION REQUEST BY FEBRUARY 14

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OR Mail to: WDCC - Community Giving; P.O. Box 1665; Muskegon MI 49443 Page 4 of 4