

**Delta Dental of Wisconsin
Charitable Giving Request Form**



Name of Organization _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

Lead Contact Person _____ Title _____

Program Title _____

Total Cost of Program \$ _____ Amount Requested \$ _____

Are you seeking other sponsors? Yes No

Please list: _____

If yes, indicate amount \$ _____

Date funds are needed: _____ Period of time program will cover: _____

Please attach the following information:

- a. A brief summary of your organization (history, mission and services provided: 200 words or less).
- b. Need & Significance:
 - 1) Explain the need for and significance of the project (300 words allowed).
 - 2) Outline the following to be used in the development and implementation of the project (600 words):
 - Strategy
 - Demographics
 - Project detail,
 - Methodology
 - Timeline
 - 3) List the organizations you are collaborating with on this project and describe how the collaboration will take place (150 words).
 - 4) Describe how program will be sustained and what the plan for funding is (150 words).
 - 5) Total project budget, noting operating versus capital expenses. Please identify anticipated use of Delta Dental funds.
 - 6) Describe the expected outcomes or results, and the indicators of those outcomes (300 words).
 - 7) Describe the evaluation process and how the results will be measured (300 words).
 - 8) Briefly describe the staff qualifications, especially the project manager.