



Project Application Form

Thanks for your interest in working on a DFB project! Once your group has identified a project in which you are interested, we'd like you to use this form to tell us about it (and to help organize your own thoughts on the project). As always, don't hesitate to call us with any questions.

It will be necessary to engage in conversations with the potential recipient organization in order to obtain the information needed to propose this project. Please be clear with the potential partner that these initial discussions are no guarantee of funding, and are subject to DFB's review and voting process.

Once you've completed this form, please email it to addie@dropsfillbuckets.org and we will start the review process. You will be contacted with any questions that need to be addressed before you present this project for voting.

- 1) **Name and contact information of the member of your DFB Chapter that will serve as the "point" person on the project (email and phone):**

- 2) **Details about recipient organization**
 - a. **Name of recipient organization:**
 - b. **Is the recipient organization a US non-profit, or international NGO? (Please indicate which status is applicable.):**
 - c. **Recipient organization's Tax ID number:**
 - d. **Recipient organization's website:**
 - e. **Recipient organization's mailing address:**
 - f. **Location of recipient organization's program operations:**
 - g. **Executive Director name and contact information (email and phone):**
 - h. **Mission of recipient organization:**
 - i. **Number of years recipient organization has been in operation:**
 - j. **Size of recipient organization's annual operating budget:**
 - k. **Is recipient organization undergoing any major leadership changes? (Not necessarily a deterrent to funding, just informational.)**
 - l. **Is the recipient organization under financial duress, or are any of its essential programs threatened by budget cuts? (Not necessarily a deterrent to funding, just informational.)**

- 3) **Contact information of at recipient organization (name, contact information, and title of person responsible for implementing project and allocating funds):**

- 4) **Project Description (an explanation of the work to be conducted):**

- 5) **Amount to be raised:**

- a. **Specific allocation of funds (please give a detailed explanation of how the money is to be spent, and on what)**
- 6) **Community to be served (where is it, who lives there, issues to be covered):**
- 7) **Overall timeframe for project implementation:**
- 8) **Sustainability: Is money budgeted to ensure sustainability? If not, is the recipient aware that they are responsible for financing maintenance?**
- 9) **Expected outcomes: What will happen as a result of this project? What are the intended results?**
- 10) **Is the recipient organization agreeable to including DFB logos among its donor recognition materials (website, newsletters, etc.). Is the organization willing to partner with us to promote fundraising for the project (invite members to an event, promote it online, etc.)?**

Please sign this document below. By signing, you are making a commitment to Drops Fill Buckets that:

- 1) **The Drops Fill Buckets name will not be used to raise money for any purpose outside of that which is detailed above. Any money raised under the Drops Fill Buckets name that is not directly contributed to this agreed upon project is in violation of this covenant and will be subject to full remedy by law.**
- 2) **Drops Fill Buckets is a 501(c)3 non-profit corporation. All money raised by this organization goes directly to project work that benefits local and national communities in need. At no time will anyone working on a Drops Fill Buckets project raise money for personal gain. Doing so will also make you subject to legal remedies on behalf of Drops Fill Buckets.**

Name: _____

Signature: _____

Date: _____