



Dancing with the Local Stars Food Program Donation Request Form

Name of Organization: _____ EIN _____

Address: _____ Phone: _____

City, State, ZIP _____

Contact Person's Name & Title: _____

Email: _____ Non-Profit Tax-Exempt Designation: 501 (c) _____

Website: _____ Today's Date: _____ Amount Requested: \$ _____

Each February the *Women's Division* Chamber of Commerce presents the *Dancing with the Local Stars* event to raise funds for local non-profit food-related programs such as food pantries, food banks and meal programs intended for those in need in our local West Michigan communities. Donation checks are normally sent out in May. **Use this form as the cover sheet for your written request for a donation.**

Money raised by *Dancing with the Local Stars* is donated only to food-related programs of local non-profit organizations. Your request must be for a food-related program that meets a significant need in the West Michigan communities of Muskegon, South Oceana and North Ottawa counties.

Your request document should contain the following information:

1. Give us a brief description of what your organization does, its goals, its programs and what they accomplished. How many people and what geographic area do you serve? Provide a list of administrators and board members.
2. Describe the project for which you are requesting funds. Be specific. Explain the need, the projected outcome and the budget for your food or meal-related project.
3. Provide a copy of your organization's profit & loss statement from the previous fiscal year. What percentage of income goes to administrative costs?
4. From what other sources have you requested money for this program?
5. Indicate how *Women's Division* Chamber of Commerce will be recognized as a donor to your organization.

WE MUST RECEIVE YOUR DONATION REQUEST BY FEBRUARY 14, 2019

If your non-profit food-related program has an emergency need for funds after the above deadline, you may use this form as the cover sheet for your written request for a small emergency donation. Your request will go through WDCC's normal approval process. Requests received by Ways & Means by the second Wednesday of each month are reviewed that month. You will be notified of the decision in writing.

Mail to: WDCC – Ways & Means - DWTLs; P.O. Box 1665; Muskegon, MI 49443

OR email to: wdccwaysandmeans@yahoo.com

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WDCC Use Only:	Date _____ Received	Date Confirmed _____ to Applicant	Copy _____ to Committee Co-chair
Ways & Means:	___ Approved	___ Denied	Date _____ Amt. _____
Board:	___ Approved	___ Denied	Date _____ Amt. _____
Membership:	___ Approved	___ Denied	Date _____ Amt. _____
Motion #:	_____	Date Notified _____	Check #: _____