



Pink Arrow Project Community Initiatives Grant

The Mission of this grant is to provide funding for community-wide programs or events that promote cancer prevention, treatment or other education or support through innovative learning and inspiring initiatives. The emphasis of programs or events should be focused on the importance of cancer prevention through maintaining health and wellness.

This opportunity is a result of the overwhelming success of the Pink Arrow Project which exceeded the expectations of all who were involved. The Pink Arrow Project has empowered Lowell Community Wellness since 2008, to use a portion of the proceeds to inspire and educate the Greater Lowell Community in programs or events that promote cancer prevention, education and support.

The requests will be reviewed three times per year. Please submit applications by October 31, March 31, and July 30. A 45- to 60 day time frame is required to process all applications and will guarantee a review by the Grant Committee.

Whenever possible, please consider local vendors first to purchase supplies.

To be considered for grant funding, please complete the following application. Grants cannot be awarded for more than the budgeted amount and cannot be modified following final recommendation. A carefully itemized project budget must be returned with the completed application. Send the completed application to:

Lowell Community Wellness
P.O. Box 246
Lowell, MI 49331

* Within two months of project or event completion, a written report is required to be submitted to Lowell Community Wellness.



Lowell Community Wellness

Inspiring and educating the Greater Lowell Community to attain a healthier lifestyle

Pink Arrow Project Community Initiatives Grant

Providing funding for innovative learning and enhancing programs for community-wide programming or events that promote cancer prevention, treatments or other education or support.

Today's Date: _____ Date project is to begin: _____

Applicant's Name (If more than one applicant, list the primary contact first.)

Phone

E-mail Address

Project Title

Amount of Grant Request

Number of those impacted

Ages of participants impacted

Project Completion Date

Signature of Applicant

1. Clearly define the project and how it will promote cancer prevention, treatment or other education or support to the Greater Lowell Community.

5. How will the effectiveness of the project be measured or demonstrated?

6. How will this program be marketed or advertised? Is there an additional source of funding?

7. Attach a detailed itemized budget for the project. Grants cannot be awarded for more than the budgeted amount and cannot be modified following final recommendation.

* Within two months of project or event completion, a written report is required to be submitted to Lowell Community Wellness at the same address as for Grant Applications (above).



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Pink Arrow Project Community Initiatives Grant Final Report

Within two months of project or event completion, a written report is required to be submitted to Lowell Community Wellness.

Awarded Grant Final Evaluation for _____ (program or event title)

Group or Individual Awarded Grant

Date of Program

Phone

Email Address

1. Describe the program or event:

2. How many people participated in this program or event?

3. Was the amount of funding granted adequate for the program or event? If not, what changes would you make for future funding?

4. How was this program marketed or advertised?

5. What is the lasting impact of this program?

6. Describe the results of your measured effectiveness. Include ways that this program could be improved, changes you would make for future programs or new and innovative ideas that will be added to this program.
