

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.



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 m	nore than one ap	pplicant, 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 Da	 ate	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.

2. Describe how the project is innovative or unique.
3. Describe the potential impact of the project, both in terms of the number of participants served and the impact on the Greater Lowell Community.
4. Will the project have a lasting impact on the Greater Lowell Community and participants beyond this project? If so How?
5. How will the effectiveness of the project be measured or demonstrated?

6. How will this program be marketed or advertised? funding?	Is there an additional source of
 Attach a detailed itemized budget for the project. more than the budgeted amount and cannot be mod recommendation. 	
* Within two months of project or event completion, submitted to Lowell Community Wellness at the sam (above).	



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)		
Gr	oup or Individual Awarded Grant	Date of Program			
 Pr	none	Email Address			
1.	Describe the program or event:				
2.	How many people participated in this p	program or event?			
3.	Was the amount of funding granted ad changes would you make for future fur		or event?	If not, what	

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.