



Lowell Community Wellness

**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. Grant funds are limited to \$500 per request. 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

## **Pink Arrow Project Community Initiatives Grant Application**

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.

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2. Describe how the project is innovative or unique.

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**Pink Arrow Project**

Community Initiatives Grant Application

- 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.

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- 4. Will the project have a lasting impact on the Greater Lowell Community and participants beyond this project? If so How?

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

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

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- 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).*



Lowell Community Wellness

**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:

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

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

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**Pink Arrow Project**

Community Initiatives Grant Final Report

4. How was this program marketed or advertised?

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5. What is the lasting impact of this program?

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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.

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