

Community Service Project or Fund Raising Project Request

to benefit Dream House for Medically Fragile Children, Inc. EIN 58-2654766

P.O. Box 1564, Snellville, GA 30078-1564

info@dreamhouseforkids.org

770-717-7410/fax 770-923-0659

Please note: Dream House does not disclose donor information, nor participate in activities that would constitute a conflict of interest with our mission to empower families and communities to care for their medically fragile children at home. We rely on community support and encourage entrepreneurial activities that benefit the organization's ability to serve medically fragile children in communities throughout Georgia. All community-based service projects and/or community fund raising initiatives benefiting Dream House will be funded, organized, managed and staffed by the requesting organization or individual. Dream House reserves the right to approve any material (print, audio, video, internet, photos) promoting the project, carrying the Dream House name or logo, or that of its registered trademark programs and services. Dream House for Medically Fragile Children and Family for Keeps® are registered trademarks of Dream House for Medically Fragile Children, Inc., Snellville, Georgia, USA ©2002-2010.

Requested By	
Organization Name	
Request Date	
Contact Information <small>(name, phone, email)</small>	
Opportunity	
Purpose	
Project Timeframe <small>(initiation to wrap-up)</small>	
Scope <small>(project size, # of volunteers, geographic reach, etc.)</small>	
Target Audience <small>(who participates & why)</small>	
Key Supporters for Project <small>(host group, sponsors, volunteer base, marketing/publicity sources, etc)</small>	
Key Message	
Call to Action	
Funding Source(s)	
Expected Dream House Involvement	
Volunteer Staffing Needs	
External Resources Required <small>(permits, equipment, etc)</small>	
Frequency <small>(one time, monthly, quarterly, annually)</small>	
Expected Outcomes	
Expected Proceeds	

Expected Dream House Support:

- | | | | | |
|---------------------------------------|--------------------------------------|---|--|--|
| <input type="checkbox"/> EVENT | <input type="checkbox"/> PUBLICITY | <input type="checkbox"/> DONOR COMMUNICATION | <input type="checkbox"/> GIVEAWAYS | <input type="checkbox"/> FACILITY TOUR |
| <input type="checkbox"/> PRESENTATION | <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> MARKETING LITERATURE | <input type="checkbox"/> WEB SITE UPDATE | <input type="checkbox"/> OTHER |

FOR DREAM HOUSE USE ONLY

Date Received: _____

Project Status: _____

Priority Details <small>A =Critical B=Important C=Pending Resources</small>	
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First Contact with Requesting Party (date/next steps): _____

DH Staff Lead: _____ Approved by: _____ Date: _____