

**Grant Application – Request Overview**

1. Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Website \_\_\_\_\_

2. Primary Contact Person/Position \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

3. Program/Project Name: \_\_\_\_\_

4. Total Program Budget: \_\_\_\_\_ Amt Requested: \_\_\_\_\_ % of Total \_\_\_\_\_

5. Type of Grant Requested: *Check appropriate category*

- Program/Project Support                      Pilot/Demonstration
- Capital Support: Construction              Renovation              Equipment
- Other              Explain: \_\_\_\_\_
- Multi-year:      Duration \_\_\_\_\_ years              Request per year: \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board Chairperson

I. **Cover Letter:** In one page or less, the cover letter should introduce the issue, challenge and/or opportunity to be addressed and the program/project for which funding is requested. This is an opportunity to communicate how the proposed program will get the job done and why it will be successful. It sets the stage for excitement about the project, creates a sense of urgency (why now?) and importance for tackling the issue.

II. **Proposal Narrative: In 3 pages or less, please respond to the following:**

1. **Program/Project Summary:** Briefly describe the proposal and explain why grant funds are needed. What issue, opportunity and/or need will be addressed?
2. **Target Population:** Who are the intended beneficiaries? Provide basic demographics. What are the specific characteristics and attributes that make them appropriate participants for the program? How many will be served; geographic area; and time frame for program implementation.
3. **Intended Outcomes:** Briefly describe the short and long term outcomes expected. What measured changes do you expect will result from this program/project? Summarize methods you will use to measure progress? (Also complete a Program Logic Model/Theory of Change, under section IV).
4. **Service Delivery Strategy:** What is the strategy or approach used in the program to produce the intended outcomes? What evidence is there to support the effectiveness of the program? What are some of the particular strengths or factors associated with the service delivery strategy that contribute to its effectiveness?
5. **Collaboration** – Please explain if/how the program will grow and strengthen the field by collaborating with existing players in the field and/or with partners beyond disability service providers, in the interest of community inclusion and self-direction for people with intellectual and developmental disabilities (I/DD).
6. **Please indicate if/how the program/project will address the following:**
  - Broadens the range of choices and options for individuals with I/DD.
  - Provides individuals with flexibility to choose the mix of supports, services and schedule.
  - Promotes integration of people with I/DD and services in the community.
  - Encourages active involvement of people with I/DD and their families/caregivers in the community.

- Involves people with I/DD and their families in the design and implementation of program and services.
- Gives voice to self-advocates and grows/trains leaders within your organization and the community.

**7. Use of Grant:** 1) Provide a brief summary of how the grant will be used; specify primary expenditure items covered by grant; 2) List the other sources of funds available for this program/project (pending and secured); 3) Indicate the likely sources of funds to sustain of the program beyond the grant period. (Also complete Program Budget Form, Section V)

**8. Representative Success Story:** Briefly provide one example of a “success” story that reflects the purpose and intent of the program. Identify how it captures the significant elements and intent of the program.

### **III. Theory of Change / Program Logic Model:**

Provide a theory of change (logic model) for the proposed program, using a format that best presents or portrays the following elements. Attach as separate chart or form.

- **Inputs** – the resources specifically required for this program.
- **Activities/Strategies** – the strategy or approach used; and the major activities that are included.
- **Outputs** – the direct products of those activities, including the projected number served, and the frequency and duration of the primary services. This will also reflect what will be tracked and monitored over the course of the program.
- **Outcomes** – the changes or benefits as a result of participation in the program’s activities. Indicate the sequence of changes showing growth and development over the course of the program’s implementation, including initial, intermediate, and longer-term outcomes.
- **Performance Measurement Plan** – the outcomes that will be measured, and the corresponding indicators, data sources and methods, and frequency of measurement. (Select up to 3 of the most meaningful outcomes and indicate why these are the most important and valuable to measure).

### **IV. Program or Project Budget Form - See Attachment**

### **V. Other Required Materials to complete application submission:**

- Most recently completed audited financial statements
- Copy of 501 (c) (3) nonprofit determination letter
- Most recent organization Annual Report

- Current list of Board of Directors

**IV. PROGRAM OR PROJECT BUDGET SHEET**

A. Complete the following program budget for which funds are requested. For multi-year requests, please customize this form by adding columns for each program year. For capital project requests, skip to Section C and follow instructions.

**SUPPORT/REVENUE**

	<b>Total Anticipated Support/Revenue</b>
<b>1. REQUESTED GRANT</b>	
2. Fundraising events	
3. Gifts/bequests	
4. Miscellaneous contributions	
5. Foundation/corporate grant support	
6. United Way	
7. Grants/contracts: govt. agencies	
8. Program service fees	
9. Membership dues	
10. Investment income/transactions	
11. Sales: services, products, crafts	
12. Miscellaneous revenue	
<b>13. Subtotal Direct Support/Revenue</b>	
14. Proration: General & Management Income	
<b>15. Total Support/Revenue</b>	

**EXPENSES**

	<b>Total Expenses</b>	<b>Expenses Covered By Requested Grant</b>
16. Salaries of provider staff		
17. Fringe benefits		
18. Professional fees (contract, consultant)		
19. Supplies (consumable)		
20. Printing and postage		
21. Occupancy		
22. Phone and fax		
23. Travel and meetings		
24. Training		
25. Evaluation		
26. Equipment purchases		
27. Miscellaneous expenses		
<b>28. Subtotal Direct Expenses</b>		
29. Proration: General & Management Expenses		
<b>30. Total Expenses</b>		

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<b>31. Surplus (Deficit)</b>	
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**B. If there are elements of the budget that need an explanation, please do so below.**

**C. If the grant request is for a capital project, please submit a separate, detailed capital expense budget and complete the following capital budget summary:**

- **Total Capital Project Expense:** \_\_\_\_\_
- **Funds Raised to Date:** \_\_\_\_\_ **% of Total** \_\_\_\_\_
- **Balance Needed:** \_\_\_\_\_
- **Amount of Request:** \_\_\_\_\_