

THE DISABILITY FOUNDATION 2019 GRANT PROPOSAL CHECKLIST

Review this Checklist as the first step in preparing your Proposal and once again before submitting your Proposal to make sure it is complete.

___ Submit on or before **5 p.m., Friday, February 28, 2019**

___ One original and four copies of the proposal are submitted, if sent through the mail or hand delivered; proposal may also be e-mailed. Proposal Includes:

___ 1-Applicant Information: Narrative describing organization's purpose, experience with target population, accomplishments and history **relevant to proposed project.**

___ 2-Need statement: Describe the **NEED** to be addressed by the project and other available funding. Indicate why THE DISABILITY FOUNDATION support is being requested.

___ 3-Project goals and Benefits: State the purpose of the project (Goals) and measureable objectives associated with each goal. Briefly tell how the goals are related to THE DISABILITY FOUNDATION's priorities.

___ 4-Project plan: Describe your implementation plan: provide the timeline and the persons responsible for each activity.

___ 5-Evaluation plan: Describe your evaluation plan: timeline for collecting data for each measureable objective; method to be used for gathering data for each measureable objective; list persons responsible for gathering data for each measureable objective.

___ 6-Budget: Provide a line item budget for proposal including other funding sources supporting the project that shows THE DISABILITY FOUNDATION's share. Provide a narrative justification below the **detailed** budget.

___ Documentation of 501(c)(3) eligibility status

___ Letters of support from **any collaborating** organizations; **do not include general letters of support**

___ Cover sheet is complete, including:

___ Organization name, address and where located; if a collaborative project, list the organization serving as the fiscal agent.

___ Contact person with both phone number and e-mail information

___ **Signature** of person authorized within organization to sign such grants

___ Title of Project is clearly legible

___ **The Disability Foundation funding priorities** are identified

___ Population being served is checked; matches body of grant language

___ Amount requested; matches budget submitted

**The Disability Foundation
2019 Grant Application
Cover Sheet**

Application Deadline: Friday, Friday 28, 2019

Organization _____

Address _____

County _____

Contact Person _____ Phone _____

E-mail _____

Title of Project _____

THE DISABILITY FOUNDATION Priority	___1) Expansion of Services	___ 2)Purchase of Equipment for Handicapped Accessible Transportation	___3)Remodeling/greater access or software to provide efficiency of service	___4) Housing
5) Lasting Equipment	6) Education	7)Recreation		

Grant will support the needs of (check all applicable):

___ only Adults with disabilities

___ both Adults and Children with disabilities

___ only Children with disabilities

___ Other, specify _____

Amount Requested: _____

Name of Organization's Authorizing Agent _____

Signature of Authorizing Agent _____

Date _____

The Disability Foundation 2019 Grant Application Template

Attach to cover sheet (Please note the weighted point system for each section)

Restate Title of Project _____

Section 1: Information about the Applicant (10 Points)
A – Organization’s Purpose (related to proposed project):
B – Experience and accomplishments with population grant will serve:
C - History relevant to proposed project:
Section 2: Statement of Need (10 Points)
A – Briefly describe need to be addressed and population to be served (should match cover page):
B – Discuss the availability of other funding:
C – Discuss why you are asking THE DISABILITY FOUNDATION for support:
Section 3: Project Goals and Expected Benefits (15 Points)
A – Describe purpose (goal/s) of project: [For example: Our goal is to provide 40 parents of children with disabilities car seats.]
B – Identify measureable objectives associated with each goal: [For example: Obj: 1 - From our “requests for car seat data base”, we will identify parents of children with disabilities and provide the number car seats for which we are funded. Obj: 2 – We will maintain records of the ages and specific disability of the children using the car seats for the purpose of establishing a “need for service” baseline.]

Section 4: Project Implementation Plan (25 Points)			
Steps/Phases of Activities	Beginning Date	Ending Date	Persons Responsible

Section 5: Evaluation Plan (25 Points)				
Steps for gathering data	*Method for gathering data	Beginning Date	Ending Date	Persons Responsible
*Description of data gathering method:				

Section 6: Budget (15 Points)		
Project Expenses	THE DISABILITY FOUNDATION Portion	Other Support
Total		
Budget Narrative:		

Required Attachments.

- An IRS letter of tax exempt status
- Letters of support from any collaborating agencies for projects involving other agencies

Submission Instructions:

The deadline for proposal submittal is 5 PM on **February 28, 2019**. You may submit your proposal by email, by hand delivery, or by regular mail. If by hand or regular mail, please submit five copies of the proposal by the deadline. Please fasten proposals with binders or butterfly clips rather than staples.

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Dayton, Ohio 45423

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Phone: (937) 222-3390 or 225-9939