

**FOUNDATION FOR DEVELOPMENTAL DISABILITIES**

Grant Request Form

*The Foundation for Developmental Disabilities (Foundation) was established in 1986 to raise and distribute funds to benefit people with developmental disabilities in San Diego and Imperial Counties when funds are not available from public or private resources. The Foundation is a nonprofit corporation and works to enhance the quality of life for persons with developmental disabilities, support community integration, and increase community awareness about the needs of persons with developmental disabilities.*

Annually, the Board of Directors of the Foundation determines the level of support for community programs to assist persons with developmental disabilities and their families. Grant requests must be submitted by the close of business on the following dates of the month prior to the scheduled Foundation Board Meeting – **October 4, April 3, June 26**. ***Proposals must be submitted by nonprofit agencies and not individuals. The applicant must have experience in providing services to persons with developmental disabilities.*** Program grants focus on the areas of self-advocacy, family support, employment, and housing.

Please make sure to answer **ALL** the sections on the form. Incomplete submissions will be returned without approval. Any submissions received after the due dates will be held and considered at the subsequent Board Meeting.

**APPLICANT ELIGIBILITY**

**SECTION I: Program Information**

Name of Program/Event:

**Amount Requested**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Event Description/Objectives: (Include how FDD funds would contribute to program/event)

Date of Program/Event: Location of Program/Event:

Target Audience: Expected Number of Attendees:

Please list any guest speakers or hosts for program/event (if applicable)

**SECTION II: Requestor Information**

Primary Contact Name/Title:

Primary Contact Phone/Fax/Email:

Mailing Address:

|  |
| --- |
| Website: |
|  |

***\*Next, provide answers to the questions, in narrative form on the following page \****

San Diego-Imperial Counties Developmental Services Foundation

6050 Santo Road, #145 | San Diego | California | 92124 | 858.256.2222 | www.foundationfordd.org

**Grant Request Form *Narrative Questions***

**SECTION III. Supporting Information**: ***Please provide answers to the following questions, in narrative form. Responses should be formatted using exactly the same headings, in the same order. Please use additional sheets if needed to answer the questions.***

1. **What is the purpose of your organization? (Include the organization mission statement if applicable)**
2. **Briefly describe your project.**

*Also address the following items (as applicable):*

1. What is the community need or problem addressed by the program/event?
2. What are the objectives of the program/event?
3. What is the area served (e.g., number of youth/adults, ethnic groups, geographic area)?
4. What is the program timeline?
5. How will the program be evaluated?
6. What will be the results of this program/event when completed?

**3. Financial Information**

1. How will grant funds be used? (Narrative description, including any plans for raising other funds.)
2. Project Budget: Attach line-item project budget showing how Foundation funds will be utilized.
3. Plans for On-Going Funding

**List Prior Funding Received from the Foundation:**

**YEAR AMOUNT PROJECT**

**Required Submissions (in addition to Grant Request Form):**

* List of Board of Directors or Event Committee members if applicable
* A detailed program/event budget including a current operating budget, a listing of income, expenditures, and

other funding sources. Please include budget information from the previous year if applicable.

* Any letters of appreciation or participant testimonials.

**SECTION IV. Signatures**

I certify that the above information is correct

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date



**Recommended Action: (For Internal Use Only)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Approve for funding for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied for the following reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET FOR GRANT PROJECT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category**  **Start-Up Expenses** | **Total Budget** | **Use of FDD Funds** | **Other Sources**  **(Include amount and name of source)** |
| 1. Salaries & Wages 2. Fringe Benefits   c. Consultant/Contract  Services/Speakers |  |  |  |
| **Total Personnel Budget** |  |  |  |
| d. Office/Facility  Rent/Cleaning Fees  e. Utilities – All (Electric, Gas, Phones, etc.)  f. Equipment – Office  g. Equipment – Program Related  h. Printing   1. Travel/Conferences   j. Other (specify) |  |  |  |
| **Total Non-Personnel Budget** |  |  |  |
| **Total Grant Budget** |  |  |  |

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date