The Disability Foundation - Grants - 2025 Grant Application



The Disability Foundation, a supporting organization of The Dayton Foundation, is pleased to offer a Request for Proposal for FY 2025 seeking competitive grants for organizations that provide direct services to people living with disabilities.

Please note:

- Applications will only be considered from organizations serving people living with disabilities in the state
 of Ohio, with preference to southwest Ohio.
- An organization may only submit one grant request in a 12-month period for a maximum of \$10,000.
- The foundation reserves the right to not fund grants for an organization in successive years.
- The foundation encourages applications from organizations that have never applied, so past recipients should not expect to be awarded grants every year.

Grants will be awarded to vetted community-based nonprofits and 501(c)(3) charitable organizations governmental non-profit agencies, and academic institutions serving individuals living with disabilities that are focused on:

- Direct services to individuals living with disabilities
- Expansion of Services
- Purchase of equipment for accessibility
- Housing
- Remodeling to enhance accessibility
- Lasting Equipment
- Other needs directly related to services

Complete the Application.

- Incomplete or late applications will not be reviewed. Make sure you fully answer every question.
- Your answers are limited to the space provided. Please use an 11 point font, and do not alter the format of this application
- An electronic signature is required for Terms and Conditions on page 3. A scanned or digitized image of a handwritten signature or typed name is acceptable.

Required Documentation

- 1. IRS letter of determination 501(c)(3) [if applicable]. (if this is the first time the organization is applying)
- 2. IRS Form 990
- 3. A balance sheet and income statement covering your organization's most recently completed fiscal year
- 4. One-page Board List with Affiliations

Application Submission

- Please email the completed application in <u>Word format</u> to Greg Darling at gdarling@daytonfoundation.org.
- Please email the required documents in <u>PDF format</u> with the application to Greg Darling.
- You will receive an email confirmation when your application has been successfully submitted.
- If there are additional questions about your application, staff will contact you.
- Application must be received no later than <u>5 p.m. Friday February 21, 2025.</u>

Final Decision and Notification

Organizations will receive award decisions no later than April 30, 2025.

Final Narrative and Financial Report

- Final report will be due <u>January 31, 2026</u>, or when your project is complete.
- Please submit a paragraph explaining how the funds were used and a brief financial report to Greg Darling (gdarling@daytonfoundation.org.)
- Include Final Report

Final Report must include:

- 1) Purpose of Grant
- 2) Did you achieve your goals? Were there any challenges?
- 3) Actual # of people served by the grant?
- 4) What outcomes did you achieve? Were there any outcomes you didn't achieve? What tools did you use to gather the outcomes?
- 5) Include a Budget Reconciliation summary of the total actual income and expenses versus budget for the project.

We Are Here to Help

Business hours for The Disability Foundation are 8:30 a.m. to 5:00 p.m., Monday through Friday. During this time, staff is available by email or phone to help you. If you are new to The Disability Foundation's grant application process, or if you have any questions, you are encouraged to contact Greg Darling, Executive Director, at gdarling@daytonfoundation.org or (937) 225-9939 to find out if your organization is eligible to apply for a grant and/or for a preliminary discussion of your planned request/project idea.

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GENERAL INFOR	MATION (all fields required)				
Organization Name					
Federal Tax ID#					
Mailing Address					
City		State	Zip		
Organization Phone		•			
Website Address					
☐ Executive Director/	☐ President /☐ CEO's Name				
Executive Director/ Pre	esident/ CEO's Email Address				
	Organ	ization's Current Budg	et \$		
		Project/Program Budg	et \$		
	R	equested Grant Amou	nt \$		
Name of Contact for G	rant Application				
Contact Title					
Contact Phone					
Contact Email					
State the purpose of your proposal/request in no more than two sentences.					
What is the program ar	ea that best applies to this propos	sal (check one)?			
	individuals living with disabilitie	, , , , , , , , , , , , , , , , , , , ,			
Expansion of serv	ices				
Purchase of equip	ment for accessibility				
Remodeling to enhance accessibility					
Housing					
Lasting equipment					
Other:					
TERMS AND CON	DITIONS				
1) Application <u>must</u> be 2) I hereby attest that o constituents it serves in	submitted only as an e-mail atta- ur organization does not discrim	inate against employee		•	
Francisco Di de la la	:1/ CEO; E1				
Executive Director/ Pre	esident/ CEO's Electronic Signat	ure		Date	

PROJECT SUMMARY
Title of Project/Program:
Please summarize your proposal, briefly but with specific information including: • an overview of your request (the purpose, the problem to be addressed and the overall change expected), • how it will work/how the problem will be addressed, • who it will serve (including number of people and geographical area), • identify one measurable outcome you expect to achieve, • quantify the outcome you expect to achieve and how you will measure success, • the costs involved, and • a timetable for implementation of the project. Your project summary must not exceed 3,000 characters in length (spaces count as characters). Please use an 11 point font.

PROJECT/PROGRAM REQUEST BUDGET

(Items typical for operating a program)				
REVENUE (Sources)				
,				
Please break down how much is:	DUDGET			
Secured = money that is committed.	BUDGET			
Pending = Funding request has been submitted and				
awaiting a decision. In-Process= Funding request has not been submitted yet.				
In-1100ess 1 unuing request has not occu suomitted yet.				
Total Revenue	\$0.00			
EXPENSES				
Total Expenses	\$0.00			
REVENUE LESS EXPENSES	\$0.00			
If expenses exceed revenues, please explain how t	he difference will he offset			
An accompanying one-page narrative is welcome if additional explanation is warranted.				
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