

Where will you conduct the grant activities?

Ho will facilitate the activity and what are their qualifications?

4. Describe expected outcomes: What will happen as a result of the grant activities? (provide at least 3 specific outcomes you will achieve (ex. # of first responders trained))

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## Ethan Saylor Alliance Small Grants to Facilitate Positive Community Interactions among People with Intellectual and Developmental Disabilities and First Responders Application Due by 5 pm. March 13<sup>th</sup>, 2019

Due by 5 pm, March 13 <sup>th</sup> , 2019  Date:
Name of Community-Based Organization:
EIN of organization:
Contact Person and title:
Address:
Email:
Phone:
Website:
1. Title of your proposed project to be funded by the grant:
2. Provide a brief summary of the grant request (not to exceed a few sentences).
3. Explain the need you for what you propose to do.
3. Describe the specific activities the grant funds will support: What are you going to do?

- 5. How will you demonstrate that you achieved your outcomes: How will you know you were successful? (For example, will you collect data, complete surveys, and document changes?)
- 6. Who will work on the grant activities?
- 7. Provide a timeline for the activities. Note: All activities must be completed by June 30, 2019 and final reports are all due by July 15, 2019.

## Attachments:

- 1. Certificate of Good standing (if non-profit 501(c)3) or evidence of organizational tax return filed in 2018 for 2017 tax year.
- 2. DUNS number or BBB Identifier information. If you don't have this information, please contact Kathy Swanson for guidance.
- 3. Resumes or CVs for those who will be in charge of the activity.
- 4. Resume of CFO or other financial professional/firm who will be responsible for processing grant funds received.
- 5. Letters of reference/support from at least 2 sources.
- 6. Ethan Saylor Alliance Small Grant budget form. Please attach additional documentation to the budget form to detail expenses.
- 7. Other documents to support your proposal (may include training materials, communications between the applicant and first responder organizations, flyers, or other documents depending on the nature of the activity).

## **NOTE:** Please number your pages

Email the Application and the Small Grant Budget form to: <a href="mailto:grants@thearcmd.org">grants@thearcmd.org</a>. If you do not receive confirmation that your email was received, contact Kathy Swanson at 410-571-9320.

I certify that the information I have provided with this application is true to the best of my knowledge and

acknowledge that any omissions or incorrect information will be	grounds for disqualification of the proposal.
Printed Name of Organizational Leader:	
Signature of Organizational Leader:	Date:
Printed Name of Contact Person for this proposal (if different):	
Signature of Contact Person:	Date: