



**Maryland Developmental  
Disabilities Council**

EMPOWERMENT • OPPORTUNITY • INCLUSION

**Small Grant  
Application**

Date:

Name of Individual or Organization:

Contact Person and title, if an organization:

Address:

Email:

Phone:

1. Provide a brief summary of the grant request (not to exceed a few sentences).
2. Explain the need for what you propose to do.
3. Describe the specific activities grant funds will support: *What are you going to do?*
4. Describe expected outcomes: *What will happen as a result of the grant activities?*
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: Please number your pages**

Email the Application and the Small Grant Budget form to: [bmiller@md-council.org](mailto:bmiller@md-council.org) . If you do not receive confirmation that your email was received within five working days, contact Brian Miller at 410-767-3669.