



**Maryland Developmental
Disabilities Council**

EMPOWERMENT • OPPORTUNITY • INCLUSION

**Small Grant
Application**

Date:

Name of Individual or Organization:

Federal ID Number:

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. Who will work on the grant activities?
6. Provide a timeline for the grant activities.
7. What is the total cost of your grant?
8. How much are you requesting from the Council?
9. Amount and source(s) of your match? *See footnote for requirements.*
10. How will Council funds be used?
11. 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?)
12. If you receive a Council grant and it proves successful, what activities would you do afterwards to continue or expand this work? How would you fund this?

If you receive a Council grant and it proves successful, what would you do afterwards to continue or expand your project or activities? How would you fund this?

If you receive a Council grant and it proves successful, would you continue or expand your project or activities? If so, what would you do and how would you fund it?

***NOTE:** No more than 75% of the total cost of the grant may be paid for with Council funds (10% if activities are solely in Baltimore City or Somerset County). The other 25% (10% in Baltimore City and Somerset County) is considered a match that must be provided by the grantee. The match may be "cash" (grant-related costs paid by the grantee with non-federal funding) or "in-kind" (for example, donated meeting space, donated supplies and equipment, volunteer time). If you list an in-kind match, provide the value of what is contributed. MD Volunteer time is valued at \$27.50/hour.*

Email the Application and the Small Grant Proposed Budget Form to: 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.