



Small Grant Opportunity: Engagement and Comfort during the COVID-19 Pandemic *Application*

Date:

Name of Community-Based Organization:

EIN of organization:

Contact Person and title:

Address:

Email:

Phone:

Website:

1. Provide a brief summary (not to exceed a few sentences) of items you intend to purchase with grant funds and the purpose of the purchases (socialization, anxiety reduction, decreased isolation).
2. Explain the need or gap in services and how the funds will help meet the need or address the gap in services.
3. How many people with I/DD will benefit from the items you intend to purchase?
4. Describe expected outcomes: *What will happen as a result of the grant purchases?* (ex. % of time spent engaged in activity, decrease in aggressive behavior, increase in adaptive behavior, and increase in reciprocal communication /meaningful engagement with peers)
5. How will you demonstrate that you achieved your outcomes: *How will you know you were successful?* (For example, how will you gather the data? Through surveys, direct observation, individuals' self- reports?)
6. Who will be responsible for managing the small grant for your organization?
7. Where and when do you intend to purchase the needed items? Can you commit to making needed purchases within 10 days of grant approval? *Note: receipts must be maintained and provided to The Arc Maryland upon request.*

Attachments:

1. Certificate of Good standing (if non-profit 510c3) or evidence of organizational tax return filed in 2018 for 2017 tax year.
2. Small Grant budget form. Please attach additional documentation to the budget form to detail anticipated expenses such as print outs from the internet.
3. Other documents you feel would support your proposal

NOTE: Please number your pages

Email the Application and the Small Grant Budget form to: grants@thearcmd.org

If you do not receive confirmation that your email was received, contact Kathy Swanson at kswanson@thearcmd.org

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: _____

This project was supported in part by grant number CFDA 93.630, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.