Maryland Developmental Disabilities Council

Small Grant: PROJECT

Application

Only use this application for Small Grant Projects. There is a different application if you are requesting a grant for a training in Maryland.

Date:

Name of person or organization:

Contact person and title, if an organization:

Address:

Email:

Phone:

---

1. What do you plan to do if awarded a small grant? Describe your project.

2. Why is your project needed?

3. What are you going to do? Describe the specific activities grant funds will be used for?

4. Who will benefit from the project? How many people?

5. What will change or improve because of your project?

6. How will you know you were successful? For example, will you collect information, complete surveys, and/or carry out other activities to evaluate this?

7. Who will work on your project?

8. What is the timeline for your project?

9. Will your project activities continue in any way after the Council grant ends? If so, what do you plan to do and how will you fund it?

10. Is there other important information that helps explain why your project should be funded? (optional)

Email this Application and the Small Grant Budget form to: info@md-council.org. The Council will send you an email when we get your application. If you have not received an email within 5 working days, contact the Council at 410-767-3670.