



Grant Application

Please complete the following. If you re-create this form as an electronic document, please ensure that all information requested is included. Sign and date your application at the bottom of this page. Please print or type.

Legal Name of Applicant Organization

Address of Applicant Organization (Street, City, State, Zip)

Chief Executive Name

Phone

Email Address

Contact Person Name

Title

Contact Person Phone

Email Address

Is your organization recognized as tax exempt under Section 501(c) (3) of the Internal Revenue Code?

Yes

No

If no, please explain: _____

Project Title

Amount Requested

Total Project Budget

Duration of Project

Proposed Start Date

End Date

Project Summary: Please summarize your proposal in the space provided. Include brief, but specific, information about the who, what, when, where, why, and how of your project.

Date (required)

Signature of chief executive/authorized official (required)

Print name and title

Fully answer the questions listed below in a two-page (maximum) project narrative.

1. Briefly describe the mission of your organization and give a brief summary of your organization's history and current program/projects and activities.
2. Fully describe your proposal and how it will benefit individuals residing in counties adjacent to, and in, Montgomery County.
3. Be as clear, complete and concise as possible. Include the following:
 - » Statement of purpose.
 - » Local need for your project.
 - » Identify potential local providers/partners whose services could be enhanced by the project.
 - » Who will benefit and how does it enhance the brain health and well-being of the area citizens?
 - » Measurable short-term and long-term outcome of this program/project and how outcomes will be measured.
 - » Describe what will be different in the brain health community in 3-5 years as a result of this project.
 - » Does a similar program/project exist? If so, explain why you are, or are not, cooperating or collaborating.
 - » Evaluation, including criteria for the measurement of success.
 - » Key personnel involved with this project and their qualifications.

Foundation funds must be used to leverage other resources. On a separate sheet, provide a comprehensive budget for your project, listing all sources of income and detailing all expenses. (One page maximum.) Please round all budget figures to the nearest \$100.

- » Describe the dollar amount requested and the proposed timing of the needs.
- » Other funds or gifts-in-kind that have been received or are under consideration for this project? Include source, amount, date committed, and conditions/purpose.
- » If matching funds are anticipated, describe the source and certainty of those funds.
- » If on-going funding is needed, describe the source for that on-going funding.

Attach to this application form:

1. A copy of your IRS Tax Determination Letter 501(c (3) status designation
2. List of your organization's current board of directors and officers
3. Any other documents that you believe will help establish your organization's credibility or help clarify your project, such as your most recent report to the community or annual report.
4. Upon request, your organization's current and/or upcoming year's budget (if different from your project budget) and your most recent monthly or quarterly financial statement.

Submit Application to:

Greater Dayton Brain Health Foundation
409 E. Monument Ave., Suite 102
Dayton, OH 45402
Or email to: selder@mcadamhs.org

About the Greater Dayton Brain Health Foundation

The Greater Dayton Brain Health Foundation operates to stimulate the creation of innovative and sustainable methods that effectively enhance the brain health and well-being of the area citizens. The Greater Dayton Brain Health Foundation is a Fund Family of the Dayton Foundation.