

Request # _____

Date Received _____

Name: _____

**Deepwood Foundation
Grant Application for Programs Form II**

Applications must be complete to be considered. Incomplete applications will be returned without consideration. A complete application includes:

1. All questions on this form answered fully.
2. A copy of the statement detailing the cost, such as a vendor cost quote, a catalog page, a camp fee schedule, or a service fee schedule. For purchase requests, please supply 2-3 written vendor quotes.

Complete applications will be considered on these timeline;

1. Applications received in December, January, and February will be considered in March.
2. Applications received in March, April, and May will be considered in June.
3. Applications received in June, July and August will be considered in September.
4. Applications received In September, October and November will be considered in December.

169 Program applications require the Superintendents approval, (page 3). Applications not completed must be returned without consideration. Returned applications can be resubmitted once complete.

1) Type of funding request (check all that apply)

New program or service

Expansion/enhancement of current program or service

Existing program or service

Emergency request (please explain in project description item 3)

Date funds are needed _____

2) Applicant Information:

Organization: _____

Name of Person completing this form: _____

Relationship to Organization: _____

Address: _____

Phone #: (to contact the person making the application) _____

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3) Grant Request Information:

Purpose of grant (Describe in detail. Attach additional pages if necessary):

Amount of Grant Request: \$_____ (Please attach copies of 2 vender written quotes including shipping and handling cost when necessary)

What other sources are being used to fund this need?

Total cost: _____

Payment to date: _____ Source: _____

Remaining cost: _____

What other funds have been sought and what are the results?

Are you eligible for		Date requested	Approval
Medicaid	Y/N	_____	Y/N/Pending
FRS	Y/N	_____	Y/N/Pending
BVR	Y/N	_____	Y/N/Pending
Habilitation Funds	Y/N	_____	Y/N/Pending
Building Budget	Y/N	_____	Y/N/Pending

4) Has this applicant received a grant from the Deepwood Foundation in the past?

Yes / No

If yes: Reason for grant _____

Date _____

Amount _____

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5) Do we have your permission to share grant application information with other organizations, and/or individuals who may be willing to consider contributing to the funding that you have requested? Yes/No

6) If your grant is approved, may we share information about the type of need funded to be used in our Community Awareness Programs? Yes/No

We will not share names or other personally identifying information.

Supervisor/Manager (required when staff are submitting request)

Approval _____

Supervisor/Manager Name and date

Superintendent Approval

Name and Date

If you have any questions, please call (440) 350-5208

Mail or send the completed application to:

Rikke Coach
Deepwood Foundation
8121 Deepwood Blvd.
Mentor, Ohio 44060

For a better understanding we may ask for a brief presentation on the merits of your request

for office use only	
Application complete Prior grant	
___ Form Grant # _____	Purchase Order # _____
___ IRS Form	Amount _____
___ Cost quote	Purpose _____
Incomplete – returned on _____	