

Request # \_\_\_\_\_

Date Received \_\_\_\_\_

**Deepwood Foundation  
Grant Application for Programs**

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.

**LCBDD Program applications require the Program Director's signature/approval and Superintendent's signature/approval (page 2). 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 Grant Request Information-Item 3)

2) Applicant Information:

Organization: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (to contact the person making the application) \_\_\_\_\_

3) Grant Request Information: Purpose of grant (Describe in detail. Attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Amount of Grant Request: \$ \_\_\_\_\_ (Please attach copies of 2 vendor written quotes including shipping and handling cost when necessary.)

5) What other sources are being used to fund this need? (i.e.: family funds, donations, grants)

\_\_\_\_\_

Total cost: \$ \_\_\_\_\_

Payment to date: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Remaining cost: \$ \_\_\_\_\_

6) Have the following funding sources been explored/utilized?

|                    |       | <u>Date requested</u> | <u>Approval</u> |
|--------------------|-------|-----------------------|-----------------|
| Medicaid           | 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  |

7) Is this program cost in your current operational budget? Y / N

8) Has this applicant received a grant from the Deepwood Foundation in the past? Y / N

If yes: Reason for grant \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

9) 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? Y / N

10) If your grant is approved, may we share information about the type of need funded to be used in our Community Awareness Programs? Y / N We will not share names or other personally identifying information.

**Program Director approval (required when staff are submitting request)**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Program Director Signature

**Superintendent Approval**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Superintendent Signature

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

The Deepwood Foundation does not endorse individual programs, therapies, treatments, schools or facilities, or the theories or practices of any one individual or entity. Families may receive funds to be used for assistance based on the needs of the child or adult family member. Inquiries and tax-deductible donations may be sent to the Deepwood Foundation, 8121 Deepwood Blvd., Mentor, Ohio 44060

To learn more about the Deepwood Foundation visit us at [deepwoodfoundation.org](http://deepwoodfoundation.org). or  
call (440) 350-5208. Return the completed application to:

Director  
Deepwood Foundation  
8121 Deepwood Blvd.  
Mentor, Ohio 44060

|   |                                 |
|---|---------------------------------|
| For office use only:  |                                 |
| Application complete Prior grant  |                                 |
| ___ Form Grant # _____  | Amount \$ _____ Cost quotes (2) |
| Purpose _____   |                                 |
| Incomplete-returned to applicant on _____ Corrected/completed and returned on _____ |                                 |