



**NOTE: This Application is provided for your convenience (as a working copy).  
The actual Grant Application must be filled out online.**

Dralla Foundation only considers grant awards for non-profits with 501(c)3 status operating in the USA. All events/programs for which applications are submitted must meet the Dralla mission: providing an “unforgettable day” to people living with physical challenges and/or mobility impairments. Please confirm the following before proceeding to application form:

Is your organization tax-exempt under section 501(c)(3) of the Internal Revenue Code?

- YES
- NO

Will your event/program take place in the US?

- YES
- NO

Will your event/program serve children, teens and/or adults with physical challenges?

- It will primarily serve children       Percentage of children served
- It will primarily serve teens       Percentage of teens served
- It will primarily serve adults       Percentage of adults served
- Other

Please explain who your program will serve:

Will your event/program, for which you are requesting funding, offer the opportunity for participants to experience an unforgettable day?

- YES
- NO

Is your event/program likely to happen without the funding you are requesting from Dralla Foundation?

- Most likely will not happen without Dralla Foundation funding
- Most likely will happen without Dralla Foundation funding
- Unable to assess at this time whether our event/program will likely proceed or not without the requested Dralla funding

**GRANT APPLICATION**

Organization Name:
Organization Website:
Organization Social Media Addresses (Instagram, Facebook, LinkedIN, etc). If no social media presence type "none".

IRS Determination Letter (must be uploaded)
Tax ID Number (EIN):
Organization Full Address:
Contact Name:
Contact Title:
Contact Phone:
Contact Fax:
Contact Email:

Proposed Event Title (event title should reflect the specific nature of the program/event):

Event Date: \_\_\_\_\_

Is this event open to the public?

YES

NO

Should you receive an award, do we have permission to display event date/location details on our website?

YES

NO

Should you receive an award, do we have permission to promote your event on our social media channels?

YES

NO

Who is served by this program/event? (please select all of the choices that apply)

It will serve children & teens with physical challenges

\_\_\_\_\_ Percentage of children & teens expected to have physical disabilities/deficits?

It will serve adults with physical challenges

\_\_\_\_\_ Percentage of adults expected to have physical disabilities/deficits?

Other: \_\_\_\_\_

What percentage of your participants are expected to have BOTH cognitive and physical disabilities/deficits? \_\_\_\_\_

If none of the above 3 questions describe your participants, please tell us more:

---

---

What is the expected duration of the program/event for which funds are being requested?

- 1 day
- 2 – 6 days\*
- 1 week or more\*
- If your event is not a 1-day event, please provide duration specifics:

---

(duration specifics must be filled out if choosing 2-6 day or 1-week+ event duration)

Number of individuals in the targeted community currently seeking the services of THIS program/event: \_\_\_\_\_

Of those individuals, what percentage have cognitive disabilities/deficits?

Of those individuals, what percentage have physical disabilities/deficits?

Number of participants expected to be served through THIS program/event: \_\_\_\_\_

Product and/or services to be provided by THIS program/event:

Health/medical equipment

Social services and support

(please select all that apply)

What is the objective of your event? (please select all choices that apply)

Make it possible for participants to take part in an activity they would never otherwise be able to participate in

Teach participants a new activity they would never otherwise learn or be able to participate in

Other: \_\_\_\_\_

(briefly describe)

Concept originality (please select one):

New to the community being served

Existing concept to community being served

Number of organizations in the community serving the same need (please select one of the following):

None

One or more

For how many years has this organization been serving the needs of the physically challenged? \_\_\_\_\_

Has your organization been previously funded by Dralla?

YES

NO

If yes, list years the organization has received Dralla funding:

YEAR	Amount Funded
_____	_____

\_\_\_\_\_  
\_\_\_\_\_

What dollar amount are you requesting from Dralla? \_\_\_\_\_

What percentage of THIS program/event's budget does the amount requested represent? \_\_\_\_\_

What other resources and/or funding are you planning to utilize towards THIS program/event? For example, list all in-kind donations, volunteers, other grant applications, corporate sponsorships, etc. Be as detailed as possible.

---

---

---

---

---

---

---

---

---

---

Does the proposal contain proprietary or confidential information?

- NO. Unrestricted distribution authorized
- YES. Please restrict distribution and disclosure

Briefly describe the mission of your organization:

---

---

---

Specifically, how will this year's requested Dralla funds be utilized?

---

---

---

How have the participants been selected?

---

---

---

What is the fee charged to participants? \_\_\_\_\_

Why is your organization best suited to provide this program/event?

---

---

---

Please describe in detail how your program/event supports children, adults and families affected specifically by physical challenges.

---

---

---

---

---

The Dralla Foundation would like to give an opportunity for individuals with physical challenges to have an unforgettable day. How will your program/event enable participants to have an unforgettable day?

---

---

---

---

---

**Proposed Budget Summary**

What is the total program cost in salaries/wages? \_\_\_\_\_

What is the requested Dralla portion of salaries/wages? \_\_\_\_\_

What is the total program equipment cost? \_\_\_\_\_

What is the requested Dralla portion of the equipment cost? \_\_\_\_\_

What is the total program cost of administrative expenses? \_\_\_\_\_

What is the requested Dralla portion of the administrative expenses? \_\_\_\_\_

What is the total program cost of supplies & other expenses? \_\_\_\_\_

What is the requested Dralla portion of the supplies & other expenses? \_\_\_\_\_

What is the total program/event budget? \_\_\_\_\_

What is the requested Dralla portion of the program/event budget? \_\_\_\_\_

### **Required Attachments**

Please attach an itemized project expense report for your program/event that clearly specifies which line items are expected to be cash expenses and which items will be provided through in-kind contributions.

Please attach your most recent annual report. If it is longer than 5 pages, please email them to [info@dralla.org](mailto:info@dralla.org) or mail 5 copies within 5 days of application deadline to: Dralla Foundation, PO Box 63, Rockaway, NJ 07866-0063.

### **Optional Attachments**

Optional: Please provide any supplemental information you feel the Dralla Foundation needs which is not provided on the application form.

### **Terms and Conditions**

\_\_\_\_ As a condition of accepting an award, I hereby acknowledge that I will provide a completed Grant Report and will supply testimonials and photos/videos from the specific program/event Dralla Foundation is funding within one month of project completion.

\_\_\_\_ As a condition of accepting an award, the organization will display the Dralla banner at the program/event, which will be provided to us. The organization will also include the Dralla logo in any literature or marketing materials (printed, e-mail, website or social media) promoting the event. (Dralla Foundation's purpose in your use of our logo is to spread awareness of our grant program through the community so that we can continue to serve more organizations.)

\_\_\_\_ I attest that the information contained in this application is accurate and that I have the authority to solicit funds on behalf of this organization.