|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization: |  |  |  |  |  |  |
| Tax ID Number (EIN): |  |  | Website: |  |  |  |
| Address: |  |  |  |  |  |  |
| City: |  |  | State: |  | Zip: |  |
| Contact: |  |  |  |  | Title: |  |
| Phone: |  |  | Fax: |  | E-mail: |  |

\*Is applicant a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code? *(please select)* YES NO

Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_ Please check here to acknowledge that you are aware all awards will be considered for events that fall between the dates of June 1, 2022 and May 31, 2023.

Is this event open to the public?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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

\_\_\_\_\_ Yes

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

\_\_\_\_\_ Yes

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

\_\_\_\_\_ Children and teens with physical challenges

\_\_\_\_\_ Adults with physical challenges

\_\_\_\_\_Other *(please describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the types of physical challenges your organization serves? *(please select one of the following choices)*:

\_\_\_\_\_ Mobility impairment

\_\_\_\_\_ Mobility and cognitive impairment combination

\_\_\_\_\_ Other *(please describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_ Day(s)

\_\_\_\_\_ Week(s)

\_\_\_\_\_ Ongoing

1. Total population of those in the targeted community currently **seeking** the services of THIS program/event:

\_\_\_\_\_ individuals

1. Number of individuals expected to be **served** through THIS program/event:

\_\_\_\_\_ individuals

1. Product and/or services to be provided by THIS program/event *(please select the choices that apply)*:

\_\_\_\_\_ Health/medical **Equipment**

\_\_\_\_\_ Social **Services and Support**

1. What is the objective of your event? *(please select one of the following choices)*:

\_\_\_\_\_ 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 *(please describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Concept Originality *(please select one of the following choices)*:

\_\_\_\_\_ New to community to be served

\_\_\_\_\_ Existing to community to be served

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

\_\_\_\_\_ None

\_\_\_\_\_ One or more

1. For how many years has this organization been serving the needs of the physically challenged?

\_\_\_\_\_ years

1. Has your organization been previously funded by Dralla? *(please select)* YES NO

YEAR Amount Funded

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

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

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

1. Amount requested from Dralla: $\_\_\_\_\_\_\_\_
2. Percentage of THIS program/event’s budget being requested from Dralla \_\_\_\_\_%
3. 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. Please be as detailed as possible.
4. Proprietary/Confidential Information:

\_\_\_\_\_ NO – Proposal does not contain proprietary information, unrestricted distribution authorized

\_\_\_\_\_ YES – Proposal contains proprietary information, restrict distribution and disclosure

1. Briefly state the mission of your organization:
2. Specifically, how will this year’s requested Dralla funds be utilized?
3. How have the participants been selected?
4. What is the fee charged to participants?
5. Why is your organization best suited to provide this program/event?
6. Please describe in detail how your program/event supports children, adults and families affected *specifically* by **physical** challenges?
7. Dralla Foundation would like to give an opportunity for individuals with physical challenges to have an unforgettable day. How will your program/event enable others to have an unforgettable day?

**Attachments**:

**\*Attachment A: In addition to completing the BUDGET SUMMARY provided at the end of this application, 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 also attach your most recent annual report (If it is longer than 5 pages, please mail 5 copies to us within 5 days of application deadline).** **Competition for funding is high, so please complete the attached budget sheet to the best of your ability. It factors greatly into your consideration for funding. (Applications will not be accepted without both of these requirements)**

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

\*ATTACHMENT A: PROPOSED BUDGET SUMMARY

Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | TOTAL PROGRAM COST | REQUESTED DRALLA PORTION |
| Salaries/wages |  |  |
| Equipment costs |  |  |
| Administrative expenses |  |  |
| Supplies and other expenses |  |  |
|  |  |  |
| Total program/event budget |  |  |

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 completion of project.

\_\_\_\_\_ As a condition of accepting an award, I will display the Dralla sign at our program/event, which will be provided to us. I 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.