



Community Grant Application

Contact Information						
Full Legal Organization Name:						
Mailing Address:						
City:		State:		Zip:		Phone #:
Website:						
Contact Person:			Job Title:			
Phone #:				Email:		

Are you a 501c3 organization? Yes No

Tax Identification Number: _____

How did you hear about the Dake Foundation's Community Grant program? _____

1. ORGANIZATION'S MISSION

Mission Statement: _____

2. FUNDING REQUEST OVERVIEW

Please check all that apply:

- Program Support
- Adaptive or Accessible Equipment
- Facility Accessibility Improvements
- Staff Training for Inclusion
- Sensory-Friendly Enhancements
- Inclusive Recreation / Experience Funding
- Pilot / New Initiative
- Other: _____

Total cost of project:		% of budget already funded:	
Is this part of a larger project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe the larger initiative and what portion this grant would support:			



Total amount requested from the Dake Foundation:		
List other funding sources and amounts:		
Have you applied to the Dake Foundation for Children in prior years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the year(s) and outcome	

3. Project description

Brief description of project proposal:	
What is currently lacking in your program or community that this grant would address? <i>(list barriers that exist today for children with disabilities to participate in your programming)</i>	
What specific activities or improvements will be implemented if funded?	
What will grant funds be used for specifically?	
If awarded, what immediate impact will this grant have? (what will children and families gain right away?)	
How will this project move forward if full funding is not awarded?	
Who will be served by this project? <i>(include ages, abilities, diagnoses, geographic area, and any other identifying factors)</i>	
How many children with disabilities do you anticipate will be served each year, if funded?	



<p>How will this grant create lasting benefits beyond the funding period? <i>(examples: permanent upgrades, reusable equipment, annual inclusive programming, long-term access improvements)</i></p>	
<p>PROGRAM REQUESTS: What are your plans for sustainability? Include future funding plans, partnerships, staffing support, or organizational commitment.</p> <p>EQUIPMENT REQUESTS: What are your plans for maintenance?</p>	

<p>Projected start/completion dates:</p>	
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<p>How does this align with the Dake Foundation's mission: to provide opportunities for children with disabilities to enjoy more independence, inclusion, and fun?</p>	
<p>How will this project improve ACCESS for children with disabilities?</p> <hr/> <p>How will this project increase INCLUSION and participation?</p> <hr/> <p>How will this project increase FUN, joy, and meaningful experiences?</p>	



If funded, how will you acknowledge the Dake Foundation's support?
(check all that apply)

- Social media recognition
- Website or newsletter mention
- Program/event signage
- Thank-you letter from participants
- Annual report recognition
- Other: _____

Please include with your application the following documents:

- IRS letter of determination
- Most recent tax return (990 or other applicable tax form)
- Project narrative including detailed scope of the project, full project budget, specifics on how funding will be applied, impact numbers, and organizational history and governance.
- Annual operating budget

Completed applications and supporting documents may be scanned and emailed to:

dakefoundationforkids@gmail.com

Or may be mailed to:

P.O. Box 3575
Saratoga Springs, NY 12866