

Intellectual Developmental Disabilities Advisory Community Grant Application - Forsyth County

Application Form and Guidelines

I/DD Community Grants are open to community groups/agencies who provide programs and services to those who have I/DD and live in Davie, Forsyth, Rockingham, Davidson and Stokes counties. Applications and support materials must be received by 5 p.m. one week prior to the scheduled meeting. Grants submitted will be finalized for vote at the prep meeting the Friday prior to the meeting. Grant applications can be emailed to advisorygrants@cardinalinnovations.org.

- IDD Advisory Community Grant awards per application will not exceed \$1,000.00 and must be used within 12 months of the award. The Grant limit for any organization is \$3,000.00 per fiscal year.
- IDD Advisory Grants are not available for individuals.
- A single agency may apply and **may be awarded for more than one program**.
- No specific programs will be funded more than once in a given year.
- Out of county grants must have participation from Forsyth County.
- Applicants will be notified within two weeks of the meeting if grant funding was approved.
- Merits of grant are evaluated by the attached rubric. (page 4)
- Those that receive grants are asked to submit a report following their program. (Form provided page 5)

Submit Completed Applications to:

Cardinal Innovations Healthcare - advisorygrants@cardinalinnovations.org

Application Requirements

Follow all instructions on application. Incomplete applications will not be considered for funding.

Contact Name & Reference Details

Name: _____ Position in the Organization: _____

Name of Organization: _____

Address of Organization: _____

Phone: _____ Email: _____

Organization/Charity Details

Is the organization part of a larger organization, if so which:

Counties where funds will be used or from where participants will come:

Aims of organization:

Name of activity/project for which you want a grant & what the grant will be used for:

What are the specific benefits of the activity/project?

How will you monitor & evaluate it?

Activity/Project Financial Details

What is the total amount you would like? _____

Breakdown of costs for the cost of activity/project.

How the grant funds will be used?

What other sources of funds will be used for this project? What results have you had from other applications?

Source	Amount	Result: yes/no/pending

Grant Applications Conditions

I hereby state that the information listed above is accurate. I agree that the details shown may be kept and used as a reference by the I/DD and MH/SUD Advisory Committees.

Signed: _____ Date: _____

Date grant was emailed: _____

Applicant Checklist

- 501c3 Federal tax-exempt status letter if applicable
- W9 with EIN or Social Security Number
- Completed application and required signature
- Brochure/flyer (if available)
- Any additional supplemental materials you want reviewed in consideration for your application

FOR ADVISORY COMMITTEES USE ONLY

Name of Project: _____

Date received: _____ Date reviewed: _____

Date received by appropriate advisory committee: _____

Determination and Additional Notes:

Application Checklist

- 501c3 Federal tax-exempt status letter if applicable
- W9 with EIN or Social Security Number
- Completed application and required signature
- Brochure/flyer
- Any additional supplemental materials

Rubric for Evaluating Program Worthiness

The following criteria will be used to evaluate the proposed project.

Committee members will assign a score 1-5 for the following (1= does not meet criteria; 5= exceeds criteria).

Score (1-5)	Criteria
	The proposed project adheres to the core values of the IDD and MH/SUD Advisory Committees as outlined in our mission statement.
	The proposed project will serve a large & underserved segment of the intellectual/developmental, mental health, substance use disorder or allied community.
	The proposed project serves an unmet or previously unaddressed need within the intellectual/developmental disability, mental health, substance use disorder or allied community.
	The organization has a clear plan for promoting the proposed activity/event.
	The organization has had a proven track record with similar events in the past. We can confidently assume the organization will host the activity as proposed.
	The proposed budget is reasonable & realistic. The organization will be able to execute all goals within the proposed budget.
	The program has a way of monitoring and evaluating the program.
	Any additional information we should consider?

I/DD & MH/SUD Recipient Project Reporting Form

Advisory Community Grant recipients should use this form to report on results of the Programs or activity for which community grant funds were given within one year of receiving the grant.

Grant Recipient: _____ Date: _____

Grant Project: _____

Was this an ongoing or one-time program? _____

Number of participants supported by the project: _____

Describe the event/program and its impact:

What did you or others learn that was new or unexpected?

How did participants or the community benefit from this program?

Please provide any additional information you would find helpful.

Yes No Is there any reason the above information cannot be shared with CI or the broader community?

Yes No Would you be willing to share this report verbally or as a program at some point in the future?

Grant recipients are also welcome to schedule a visit to the IDD or MH/SUD Advisory's monthly meetings to provide an additional verbal report on the benefit of the grant.