



## **The Greater Dayton Brain Health Foundation Grant Guidelines**

The Greater Dayton Brain Health Foundation accepts grant requests for projects that will enhance the recovery and well-being of people experiencing mental, addiction, and/or dementia brain disorders. Grants are awarded to non-profit 501 (c)(3) organizations or other IRS-designated public charities, such as churches, schools, and government entities to help launch new projects not addressed by existing organizations or to support special efforts of already-established organizations in the Dayton Region. The size and number of grant awards vary each cycle and are directly related to the amount of money available each year. Grant awards are typically funded during the initial one to two years of operation. Grants are accepted on a rolling application deadline and are reviewed quarterly.

### **Eligibility**

- All recipients must be recognized as non-profit 501 (c)(3) organizations or other IRS-designated public charities, such as churches, schools, and government entities with a primary program focus on brain health issues such as mental, addiction, or dementia.
- Projects and activities must improve the brain health of individuals residing in counties adjacent to, and in, Montgomery County
- Demonstrate that it has or will have the financial resources and expertise to complete the project.

### **The Greater Dayton Brain Health Foundation is primarily interested in funding applications that:**

- Test or demonstrate new and innovative techniques or approaches for solving important brain health problems;
- Projects that are consistent with evidence-based practices and honor the rights and integrity of the intended recipients of services;
- Cannot be accomplished within the existing resource base;
- Provide a one-time funding source for a self-sufficient, longer term effort; or
- Encourage more efficient use of community resources and promote coordination, cooperation and sharing among organizations and the elimination of duplicate services.

### **The Greater Dayton Brain Health Foundation will not usually make grants that:**

- Establish or add to endowment funds;
- Provide primarily for travel;
- Provide funding to individuals;
- Support religious activities;
- Contribute to annual fund-raising drives, ceremonies, special or one-time events;
- Provide the principal financial support of an organization or activity;
- Provide general operating support to organizations or to reduce operating deficits.

**Successful Applicants will be expected to:**

- Include recognition of the GDBHF in press releases, newsletters, signs, and other printed material associated with the project.
- Within 90 days after completion of the grant project, provide a complete final report describing how the Greater Dayton Brain Health Foundation grant dollars were spent, how the success measurements have been addressed, and results of those measurements.

**Steps to Apply**

1. Ensure that your organization is eligible to apply for a grant.
2. Review the Foundation's grant guidelines to ensure the project fits with Foundation interests.
3. Contact the Greater Dayton Brain Health Foundation Manager to provide an overview of your funding request.
4. Submit the application.

Please Note: If your organization receives a grant award from The Greater Dayton Brain Health Foundation, you must submit a final report on how the grant was used and how it achieved the stated outcomes.

**Contact for More Information**

If you have questions about our grantmaking process, please contact Collen Oakes, Foundation Manager, at 937.443.0416 or [coakes@mcadamhs.org](mailto:coakes@mcadamhs.org).



## GRANT APPLICATION

Please complete the following. If you re-create this form as an electronic document, please ensure that all information requested is included. Sign and date your application at the bottom of this page. Please print or type.

\_\_\_\_\_  
Legal Name of Applicant Organization

\_\_\_\_\_  
Address of Applicant Organization

\_\_\_\_\_  
Chief Executive Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Contact Person Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Person Phone

\_\_\_\_\_  
Email Address

Is your organization recognized as tax exempt under Section 501(c) (3) of the Internal Revenue Code?      Yes \_\_\_\_\_      No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
Project Title

Amount Requested \_\_\_\_\_ Total Project Budget \_\_\_\_\_

Duration of Project \_\_\_\_\_ Proposed Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Project Summary:

Please summarize your proposal in the space provided. Include brief, but specific, information about the who, what, when, where, why, and how of your project.

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Signature of chief executive/authorized official (required)

\_\_\_\_\_  
Print name and title

**Fully answer the questions listed below in a two-page (maximum) project narrative.**

1. Briefly describe the mission of your organization and give a brief summary of your organization's history and current program/projects and activities.
2. Fully describe your proposal and how it will benefit individuals residing in counties adjacent to, and in, Montgomery County.
3. Be as clear, complete and concise as possible. Include the following:
  - Statement of purpose.
  - Local need for your project.
  - Identify potential local providers/partners whose services could be enhanced by the project.
  - Who will benefit and how does it enhance the brain health and well-being of the area citizens?
  - Measurable short-term and long-term outcome of this program/project and how outcomes will be measured.
  - Describe what will be different in the brain health community in 3-5 years as a result of this project.
  - Does a similar program/project exist? If so, explain why you are, or are not, cooperating or collaborating.
  - Evaluation, including criteria for the measurement of success.
  - Key personnel involved with this project and their qualifications.

Foundation funds must be used to leverage other resources. On a separate sheet, provide a comprehensive budget for your project, listing all sources of income and detailing all expenses. **(One page maximum.)** Please round all budget figures to the nearest \$100.

- Describe the dollar amount requested and the proposed timing of the needs.
- Other funds or gifts-in-kind that have been received or are under consideration for this project? Include source, amount, date committed, and conditions/purpose.
- If matching funds are anticipated, describe the source and certainty of those funds.
- If on-going funding is needed, describe the source for that on-going funding.

**Attach to this application form:**

1. A copy of your IRS Tax Determination Letter 501(c (3) status designation
2. List of your organization's current board of directors and officers
3. Any other documents that you believe will help establish your organization's credibility or help clarify your project, such as your most recent report to the community or annual report.
4. Upon request, your organization's current and/or upcoming year's budget (if different from your project budget) and your most recent monthly or quarterly financial statement.

**Submit Applications to:**

Greater Dayton Brain Health Foundation  
409 E. Monument Ave., Suite 102  
Dayton, OH 45402  
Or Email to: [coakes@mcadamhs.org](mailto:coakes@mcadamhs.org)

***About the Greater Dayton Brain Health Foundation***

*The Greater Dayton Brain Health Foundation operates to stimulate the creation of innovative and sustainable methods that effectively enhance the brain health and well-being of the area citizens.*

*The Greater Dayton Brain Health Foundation is a Fund Family of the Dayton Foundation.*