

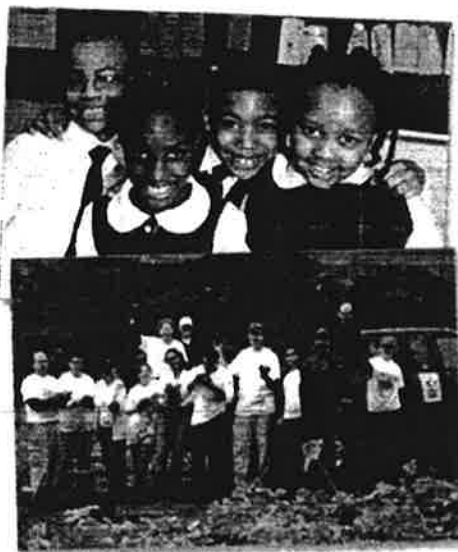


FOCUS & GUIDELINES



Grants

- [What we fund](#)
- [How much & How long](#)
- [How to apply](#)
- [Applicant's responsibilities](#)
- [When to apply](#)



WHAT WE FUND

We will fund only 501(c)(3) not for profit programs that operate in the United States that fall within the areas of:

- Community Education Programs
- Arts-In-Education Programs
- Agricultural and Environmental Programs

HOW MUCH AND HOW LONG

We make grants covering a one year period. In some instances, grant renewals are considered but are never automatic. The applicant for a renewal grant must submit a new proposal each year, along with a report of the activities of the preceding year. Grants are never awarded for more than three consecutive years.

Grant sizes range from a few hundred dollars to our maximum of \$10,000. Please make your application realistic. Do not inflate your request anticipating that you will get less than you requested. While we sometimes offer a smaller grant, it is also possible that we would not fund a request if we were unable to meet your stated needs.

HOW TO APPLY

An application should be made in a brief written proposal to Executive Director Leslie Ramme. We are more concerned with substance than with form so you may follow any format you wish, but please insure that the following information is included:

- History of your organization (we strongly recommend that the organization or program be in existence for at least one year)
- Program Statement – the problem you are attempting to address
- Objectives – the goals of your program
- Method – how you plan to reach your objective
- Evaluation – how will you know how effectively you have addressed the problems?
- Future funding – if the work is ongoing, how will it be funded in the future?
- Tax Exempt Status – grants are only made to 501 (c)(3) organization and no grants are made to individuals. A copy of this determination must be included with your application

- Budget – a budget for the program requiring funding and if this is part of a larger organization then we will need the budget for the entire organization. If your organization revenues exceed \$150,000 then we will need a certified audit of the financial statements



[The HCF accepts the New York/New Jersey area common application form](#)

▲ TOP

APPLICANT'S RESPONSIBILITIES

It must be understood at the time of the application that if you are awarded a grant, we will request a short report on how the grant money was used within six (6) months after the grant is awarded.

WHEN TO APPLY

The Foundation Board meets three times a year on an as needed basis. To insure a timely consideration of your proposal, the sooner the request is received; the better your chances are for meeting the next Board review.

Please feel free to contact the Foundation office if you have any questions at all about the process.

Harry Chapin Foundation
16 Gerard Street
Huntington, New York 11743

Phone (631) 423-7558
Fax (631) 423-7596
Email harrychapinfound@aol.com

▲ TOP

[\(tracked_opps\)](#) |
 [Funding \(/funding_main\)](#) |
 [Profiles \(/profiles/main\)](#) |
 [Papers Invited \(/papers_invited/main\)](#)

Funding Search

[Funding Search Results \(/funding/results\)](#) |
 [Funding Opp Detail \(/funding_opps/177307\)](#) |
 [Funding Search Results \(/funding/results\)](#) |
 [Funding Opp Detail](#)

People With Disabilities Foundation Pilot Grant Program

Opp ID: 177307 | Program or Curriculum Development or Provision | Last edited on 06 Nov 2017

Full Details

Website <http://www.pwdf.org/grant-faqs/> (<http://www.pwdf.org/grant-faqs/>)

Sponsor People With Disabilities Foundation ([/funding/results?sponsorid=93002&sponsorParentId=93002](#))

Amount **Upper \$12,500 usd** **Lower \$5,000 usd**
 It is anticipated that this pilot program will award smaller grants in the range of \$5,000 to \$12,500, with a goal of future program expansion.

Applicant Type Nonprofit

Citizenship or Residency Unrestricted

Activity location United States

Abstract PWDF is continuing the development of its pilot grant program to help other agencies in their work to integrate people with psychiatric and/or developmental disabilities into the whole of society. Grants may be used for a specific program, project, or general operating expenses if related to a specific program or project, in furtherance of providing advocacy, education, vocational, or other areas of particular interest, including full scale legal representation where there currently is a void for this population.

[« less](#)

Eligibility Applicant organization must be an IRS approved 501(c)(3) nonprofit organization or must provide a very clear statement of service, impact and need for the grant;

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See more opps like this ([/funding/more_like/177307](#))
 Send feedback (mailto:fundingopps_submit@cos.com)

subject=Feedback%20on%20Pivot%20Opp%20%28177307%29%2C%20%27People%20With%20Disabilities%20Foundation%20Pilot%2I

Potential Collaborators

34 from inside your institution ([/related/faculty_matches?inside_org_filter=true&oid=177307&ot=funding_opp&rt=person](#))

500+ from outside institutions ([/related/faculty_matches?oid=177307&ot=funding_opp&outside_org_filter=true&rt=person](#))

Funding Contact Person

April Banerjee, Executive Director
ED@pwdf.org
 (mailto:ED@pwdf.org)

- The organization must have been in operations a minimum of 3 years and provide documentation of same in the grant process.
- Mission and program must be to benefit people with psychiatric and/or developmental disabilities;
- Organization's program currently must have direct contact with this population, either through advocacy, education, which may include destigmatization programs, or other relevant services;
- A maximum of 25% of the organization's expenses may be attributed to administrative expenses as documented on most recent IRS Form 990;
- For the pilot program, organization must be based in the United States.

[« less](#)

Keywords

[People with Disabilities \(/funding/results?](#)

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[Developmental Disabilities \(/funding/results?](#)

[fq_location%5B%5D=338&fq_location%5B%5D=6&keywordExplode=on&keywo](#)

Upcoming Deadlines

Date	What's Due	Notes
06 Nov 2018 Anticipated	Letter of Intent Sponsor deadline - required	PWDF intends to notify applicants of the results of the LOI process by email in early December 2017. « less

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Mini-Grant Application Guidelines

The Mississippi Council on Developmental Disabilities (MSCDD) promotes advocacy, systems change, and capacity building activities to empower people with developmental disabilities (DD) to achieve their maximum potential for self-determination, integration, and inclusion into their communities. **Advocacy** is the pursuit of influencing policymakers or governmental entities on issues that directly affect the lives of people with DD. **Systems change** focuses on improving or restructuring the policies or processes of government or agencies to better the lives of people with DD. **Capacity building** is the process of equipping individuals with DD with the information, knowledge, skills, or training that enables them to live and perform effectively. To address the needs of people with DD and their families, MSCDD is following a state plan available at <http://www.msccdd.org/5-year-state-plan/> to offer this opportunity.

Opportunity:

MSCDD is accepting Mini-Grant Applications for new, innovative projects. Projects may be short-term such as a few days or may occur over several months depending on the time necessary to complete the project. The opportunity is dependent upon the availability of funds for short-term projects.

Grant activities must support **advocacy, systems change, and/or capacity building** for at least **one** of the following DD Act Areas of Emphasis.

- **Child Care** – Activities that support children with DD and families in child care services and programs whether before-school, after-school and out-of-school.
- **Community Supports (Formal/Informal)** – Activities that support individuals with DD accessing services available or offered in a community, including formal and informal community supports affecting their quality of life.
- **Education and Early Intervention** – Activities that maximize educational and student life supports for people with DD and their families over the life span.
- **Employment** – Activities that support employment in the community.
- **Health** – Activities that promote health and wellness of individuals with DD.
- **Housing** – Activities that support people with DD living in their community.
- **Quality Assurance** – Activities that focus on self-advocacy, leadership development, interagency improvements in quality of services, or making communities safe from abuse or neglect and accessible for individuals with DD.
- **Recreation** – Activities that support inclusive recreation, leisure, or community events.
- **Transportation** – Activities that support accessible community transportation.

Funding Amount/ Match Requirements/Indirect Costs Cap:

Maximum amount of award is \$10,000. Applicants can only receive one award per Area of Emphasis per year.

Mini-grant applications will be accepted throughout the year and must be submitted at least 60 days before requested project start date.

The minimum **match** is calculated as ***MSCDD Funds Requested x .33*** for all projects except those operating in poverty areas. Poverty counties are listed on Cover Page. The minimum match amount for poverty areas is calculated as *MSCDD funds requested x.105.* Match can be cash or in-kind contributions, but no federal funds allowed.

If applicable, there is an **8% cap on indirect (F&A) costs** set by Mississippi DMH.

Grant funding is for reimbursable paid expenses. No payments are made in advance.

Eligibility and Required Proof:

Applications will be accepted from **non-profit organizations, public agencies, and for-profit organizations** approved by and operating within the State of Mississippi. Legal status documentation and employee dishonesty insurance proof are required as part of the grant application. State agencies are exempt from the insurance requirement. Current grantees are not eligible, unless submitting under a different Area of Emphasis from the current project. (NOTE: A current W-9 Form may be required if approved.)

Selection:

Applications that have the potential for replication and benefit a larger number of people with DD are preferred. Personnel costs of 25% or less are preferred.

Applications may NOT be considered that:

- 1. do not fully complete the application and budget forms as provided**
- 2. are for continuation or current expenses of an existing program**
- 3. are for equipment purchases, capital campaigns, fundraisers, or construction**
- 4. impact only one person**

The Area of Emphasis Committee(s) and Executive Committee will review each Mini-Grant Application for the funding decision. If applicable, past Council grant performance will be considered. Decisions should occur within three (3) weeks. A letter will be mailed and/or e-mailed with the decision.

Monitoring/Council Funding Acknowledgement:

Grantees must adhere to MSCDD and DMH policies regarding funds used and reported. **A report is required at the end of the project (or monthly if the project length is more than one month) to ensure that proposed activities were implemented before reimbursements are made. The report will include, if applicable, the project outcomes, evaluation/satisfaction survey results, documentation such as sign-in sheets, project promotional materials, and any publications developed.** Each grantee will receive details after approval. Reports are sent to MSCDD and cash requests to DMH Audit/Grants Management. MSCDD and DMH Audit/Grants Management staff members review cash requests to ensure compliance with approved budgets and standards.

NOTE: If approved, project promotional efforts such as event announcements, flyers, brochures, websites, and others should state the project is **“Funded (or partially funded) by the Mississippi Council on Developmental Disabilities.”**

Required Format/Procedures:

- The Mini-Grant Application must be typed using 12 pt. font (Arial or Times New Roman preferred), line spacing of 1.5 or 2.0 is preferred (may use single space on tables only) on 8 ½” by 11” paper with a 1-inch margin. Please number all pages. Completed applications should be **12 pages or less**: 1 page for cover page; 5 pages for project narrative; 3 pages of required budget forms; 1 page for budget narrative; 1 page for proof of legal status; and 1 page for proof of employee dishonesty insurance.
- Please e-mail all applications to christy.ashley@dmh.ms.gov.
- An e-mail verifying application submission received will be sent to each applicant.
- Applications not funded will not be returned.
- Applications not following the required format will not be considered for funding.

Questions/Alternate Formats:

If you have questions regarding the Mini-Grant Application, please e-mail Christy Ashley at christy.ashley@dmh.ms.gov.

To request alternate formats of the Mini-Grant Application, send via e-mail to christy.ashley@dmh.ms.gov.

Nothing in the request for, submission of, or acknowledged receipt of any application shall be considered as a guarantee of or an implication of a guarantee of funding. MSCDD reserves the right to reject any proposals submitted under this announcement.

Cover Page



MINI-GRANT APPLICATION

Date:

Organization/Agency:

Complete Mailing Address:

Project Contact:

Phone:

E-mail:

Finance/Budget Contact (if different):

Phone:

E-mail:

Title of Project:

Begin Date:

End Date:

Amount Requested (up to \$10,000) from MSCDD:

Minimum Match for Most Counties (Amount Requested x .33):

Minimum Match for Poverty Counties (Amount Requested x .105):

Poverty Counties: Bolivar, Claiborne, Coahoma, Holmes, Humphreys, Issaquena, Jefferson, Leflore, Quitman, Sharkey, Sunflower, Washington, Wilkinson, and Yazoo

Authorized Signature:

Title:

Phone:

E-mail:

The maximum number of written pages is five (5) for the following section.

Organizational Description

(Please describe your organization in terms of what populations are served and services provided.)

Project Narrative

- A. Brief Summary of Project - State overall purpose in two or three sentences. Please specify the main Developmental Disabilities Act Area of Emphasis.**

- B. Project Description - Provide details of project design and implementation. Clearly describe the need for the project, how this is not a duplication of existing services, target group(s), locations, collaborating individuals or organizations, and major goal(s). Objectives, activities with proposed completion dates, staff responsible, and expected results will be provided in the Planning Table in Section C.**

- C. Goals - Please list objectives and activities for each goal with expected completion dates and staff responsible using the Planning Table. Objectives and expected results should be stated in measurable, quantifiable terms if possible. Examples: How many people with DD, family members, and others will participate in activities? How many will increase advocacy skills? How many become more active leaders in their communities? How many policies or practices will be created or improved? How many organizations will collaborate on the project?**

PLANNING TABLE
(Modify and duplicate as needed)

Goal:			
Objective:			
Activities	Expected Completion Date	Staff Responsible	Expected Results for People with DD, Family Members, and Others

- D. Expected overall outcomes or benefits of the project for people with developmental disabilities, families, and others**

- E. Plans for project evaluation (i.e., data collection, participant completion rates, satisfaction/other surveys, or materials developed)**

- F. Describe how the project may continue after Council funding ends.**

- G. Budget - Please complete the following budget forms: DMH-100-1, 100-2, and 100-3. Preferred personnel cost is 25% or less. Detailed Budget Narrative required (See H).**

**MISSISSIPPI COUNCIL ON DEVELOPMENTAL DISABILITIES
DSA: DEPARTMENT OF MENTAL HEALTH
PROPOSED BUDGET**

Service Provider Number:	Assigned by MSCDD
Service Period:	Assigned by MSCDD
Service Provider/ Organization Name:	

PROPOSED BUDGET FOR FISCAL YEAR:

Beginning:	Assigned by MSCDD
Ending:	Assigned by MSCDD

FUNDING SOURCE			
CATEGORY OF EXPENSE	FEDERAL (MSCDD)	LOCAL (MATCH)	TOTAL
I. PERSONNEL			
II. TRAVEL			
III. CONTRACTUAL SERVICES			
IV. COMMODITIES			
V. EQUIPMENT			
SUBTOTAL I – V			
VI. INDIRECT COST			
TOTAL I - VI			

Completed by:	
Title:	
Date:	
Telephone:	

**MISSISSIPPI COUNCIL ON DEVELOPMENTAL DISABILITIES
DSA: DEPARTMENT OF MENTAL HEALTH
PROPOSED BUDGET
CATEGORY OF EXPENSE – PERSONNEL**

(NOTE: For personnel, 25% or less of MSCDD funds requested is preferred. A larger % requires justification of need in personnel expenses on the budget narrative section H.)

POSITION	% OF TIME	MONTHLY SALARY	MONTHLY FRINGE	TOTAL SALARY PLUS FRINGE	FUNDING SOURCE	
					FEDERAL (MSCDD)	LOCAL (MATCH)
SUBTOTAL MONTHLY COST						
TOTAL YEARLY COST						

**MISSISSIPPI COUNCIL ON DEVELOPMENTAL DISABILITIES
DSA: DEPARTMENT OF MENTAL HEALTH
PROPOSED BUDGET
CATEGORY OF EXPENSE I – V**

	FUNDING SOURCE		
	FEDERAL (MSCDD)	LOCAL (MATCH)	TOTAL
I – TOTAL PERSONNEL			
II – TOTAL TRAVEL			
III – CONTRACTUAL SERVICES			
Telephone			
Utilities			
Postage			
Building Rent			
Equipment Rent			
Repair/Maintenance			
Insurance			
Dues/Subscriptions			
Professional Fees			
Professional Fees, Other			
Other, Specify:			
TOTAL CONTRACTUAL SERVICES			
IV – COMMODITIES			
Food			
Office Supplies			
Program Supplies			
Other, Specify:			
TOTAL COMMODITIES			
V – EQUIPMENT			
Office Equipment			
Program Equipment			
Furniture			
Other; Specify:			
TOTAL EQUIPMENT			
TOTALS I-V			

H: Budget Narrative - Please provide a detailed description for each line item as well as match. (1 page)

I. Legal Status Documentation (1 page)

J. Proof of Employee Dishonesty Insurance [State agencies exempt] (1 page)