SMALL GRANT FUNDING APPLICATION

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| The South Carolina Developmental Disabilities Council has established a small grant fund to support organizations arranging conferences, trainings, and activities that complement the Council’s mission and priorities. Please read Small Grant Guidelines before submitting the application. Organizations who have not been awarded a small grant within in the last two years should contact SC DD Council’s director, Valarie Bishop, to discuss their application: 803-734-0215, valarie.bishop@admin.sc.gov. * Maximum award is $10,000.00.
* Funding is at the discretion of the Council’s Executive Director.
* If applying for conference funding, draft or final conference agenda must be attached to application.
* Application must include budget, narrative, and evaluation plan.
* Evaluation plan must include event satisfaction and follow up for outcomes.
* The Small Grant Funding application has no deadline but must be submitted at least 60 days before the start of funded activities.
* Small grants must include organized activities that address the Council’s State Plan. Individual purchases will not be considered.

This form is to be completed by the Director or a designated individual who is closely associated the conference and must be signed. Application must be received at least 60 days before the event. Should you require assistance completing this application, please contact Valarie Bishop, 803-734-0215, valarie.bishop@admin.sc.gov. |

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| Title |  |
| Requesting Organization |  |
| Federal ID Number |  | UEI Number |  |
| Contact Person |  |
| Mailing Address |  |
| City, State |  | ZIP |  |
| Phone |  | Email |  |
| Organization Type | *(Municipal, County, or State Government; private Not-for-Profit; or other—describe)*  |  |
| Event Date(s) |  | State Plan Priority  | Choose an item. |
| Amount Requested | $ | Activity | Choose an item. |
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| **BUDGET**Maximum request is $10,000.00. Please provide a detailed description of each line item.  |
| Categories | Grantor Funds | Line Item Description |
| Personnel | $ |  |
| Consultants and other contractors | $ |  |
| Travel | $ |  |
| Equipment | $ |  |
| Other | $ |  |
| *Match not required. Indirect cost is not permitted.* |  |
| **TOTAL** | $ |
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| **Budget Narrative**Describe how grant funds will be used. Describe the link between dollars leveraged to organized activities. |
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| **Small Grant Activities**Describe the activities that will be supported. Include evidence base, target population, and length of time. If small grant is supporting a conference or training, attach a draft or final agenda.  |
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| **Impact on Council’s Mission and State Plan Priority**Describe the activities’ intended impact on the Council’s mission and State Plan Priority. |
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| **Evaluation Plan**Describe the evaluation plan for satisfaction and outcomes.* *Please refer to the Small Grant Guidelines for specific information regarding the evaluation plan. Application will not be approved unless this section is complete.*
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**Submit application via mail or email to**

Valarie Bishop, Executive Director

South Carolina Developmental Disabilities Council

1205 Pendleton Street, Suite 372

Columbia, SC 29201

valarie.bishop@admin.sc.gov