

Stepping Stones, Inc.
Grant Announcement
FY 2018-2019

Statement of Purpose

It shall be the role and mission of Stepping Stones, Inc. to promote the health, security, happiness and independence of persons with disabling conditions, particularly of Latah County and the surrounding area.

Eligibility Criteria

Applications that meet the following criteria will be considered:

- Whereas Stepping Stones, Inc. is located in Moscow, Idaho and whereas Stepping Stones, Inc, has a limited amount of available resources, it shall be Stepping Stones, Inc.'s policy to consider grants only to residents of Latah County, Idaho and Whitman County, Washington who are developmentally disabled or who are permanently physically disabled or to individuals or non-profit organizations who provide services or advocacy to such citizens.

Selection Criteria

Applications will be evaluated on a variety of criteria, including:

- How this project, if funded, would directly affect the quality of life of a person(s) with a disability
- The need demonstrated by the application
- How well the request fits with the mission and purpose of Stepping Stones, Inc., which is to "Promote the health, security, happiness and independence of persons with disabling conditions, particularly of Latah County and the surrounding area"
- The number of individuals served by the request
- The requesting organization's ability to implement the request
- Demonstrated effort to secure funding from other sources.

Reporting

All grant recipients, or a representative, will be required to make a short presentation to the Board of Directors of Stepping Stones updating it on how the grant money has been spent. The board meets every other month, at noon on Wednesdays. Presentation dates will be agreed upon after awarding of grants.

Grant Application Deadline: September 30, 2018

Application Instructions:

Thoroughly respond to all questions on the attached application form.

Page limit: 5 typed, double-spaced pages

Additional letters of support: limit of 10, need not be typewritten Submit 5 copies of completed application packet to:

(Note address change)

Stepping Stones, Inc.

P.O Box 8397

Moscow, ID 83843

Notification: Announcements of awards will be made at the Stepping Stones, Inc. annual meeting in November.

If you have a disability and need accommodation in completing an application, or have any questions, please direct inquiries to Vicki Jahns, Board Member, at 208-596-8280 or vickij@moscow.com. Forms can also be accessed at our website, steppingstonesmoscow.com.

STEPPING STONES, INC. – GRANT APPLICATION
FY 2018-2019

I. EXECUTIVE SUMMARY

- Date
- Name and **full street address** of person with a disability **or** organization
- Contact person and title **or** contact person and relationship to person with a developmental disability and contact information such as email, phone number
- **E-mail address, telephone, and fax number** of person submitting request
- Signature of person with a developmental disability and contact person (if not the same) **or** grant writer and executive director of organization requesting assistance.

I. REQUEST SUMMARY

- Purpose of funding request
- Number of individuals, geographic area, and target population benefiting from this proposal
- Dollar amount requested and total project budget (if it applies)
- Have you ever received a grant from Stepping Stones, Inc.? If so, when, and in what amount?
- What other sources of funding have you sought in an effort to fill this need?
- What is your source of income or funding?
- If this is a request for a piece of assistive technology, have you checked with your physician or therapist regarding the device? Please explain.
- If you do not get this funding, will your proposal happen?

I. NARRATIVE

Please be creative but concise. The narrative should not exceed 5 typed, double-spaced pages, using a 12-point font and one-inch margins.

A. Purpose of the Request: Goals and Outcomes

1. Describe the assistance **or** project you desire to be funded.
2. Describe how funding this request will benefit you **or** others with developmental disabilities.

A. Background Information

1. Provide a brief personal history and goals **or** a paragraph on your organization's history, mission, and goals.
2. Describe your current situation **or** program, activities, and accomplishments of organization.

A. Organizational Capacity

1. How will you implement this proposed request?

Submit 5 copies of completed application packet to:

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Moscow, ID 83843