

STEPPING STONES, INC. – GRANT APPLICATION  
FY 2019-2020

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 persons 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:

Stepping Stones, Inc.  
P.O. Box 8397  
Moscow, ID 83843