**2024 Dana Home Foundation Grant Application**

**Instructions**

* ***​Overview***
  + The 2024 grant cycle opens January 10, 2024.
  + Applications are due by March 1, 2024 at 5 pm.
  + Applicants will be notified of funding decisions no later than the first week of May 2024.
  + Priority will be given to programs that deliver important and impactful services to Lexington, Massachusetts residents over the age of 60.
  + Preference is given to new or enhanced programs and services for seniors.
  + Grant requests typically range from $3,000 to $75,000 (the maximum), although grant requests as low as $1,000 will be considered.
  + While an organization may apply for grants annually with no limit on the number of years it applies, the Dana Home Foundation does not fund multi-year grant requests and cannot guarantee funding in perpetuity. We strongly encourage grant applicants to seek alternate and additional sources of funding for ongoing programs.
* ***Requirements***
  + Grant Applicants must be either an IRS qualified 501(c)(3) organization or a municipal or other U.S. governmental entity seeking funds to be used solely for charitable purposes.
  + Grant recipients are required to submit a mid-year, interim report by January 31 and a final grant report by July 15.
    - Report forms are available on the Dana Home Foundation website.
  + Grantees must notify the Dana Home Foundation if any re-allocation of funding is anticipated after the award is granted.
  + Additional interim updates may be required depending on the amount of the grant and the complexity of the program.
  + Grant recipients must submit a detailed financial report showing how grant funds were spent. The financial report shall be submitted by the earlier of the anticipated program end date or 12 months after funding is received.
    - The Dana Home Foundation reserves the right, at its sole discretion upon reviewing the financial report, to request that any unspent balance of the funds received be returned to the Dana Home Foundation.
* ***Submission Instructions***
  + Download the grant application template from the Dana Home Foundation website. <https://www.danahomefoundation.org/grant-application.html>
  + Name the file using the filename *OrganizationName\_FY24\_Application* for the completed application. (**Example**: HelpingSeniors\_FY24\_Application)
  + Submit the completed application along with the following documents to [danahomefoundation@gmail.com](mailto:danahomefoundation@gmail.com) in an email with the subject line *OrganizationName – Program Name*.
    - Most recent Balance Sheet
    - Most recent Income Statement
    - Operating Budget for the previous year
    - IRS 501(c)(3) determination letter
    - Letters of Support/Approval: Municipal or other governmental agencies must also submit letters of support/approval from any government departments or agencies needed in order to proceed with the proposed program.
  + Note: The Dana Home Foundation reserves the right to request additional financial information from the applicant during the application review process.

For questions, please email [danahomefoundation@gmail.com](mailto:danahomefoundation@gmail.com).

**Application**

***Organizational Information***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name  (Include parent organization name and dba/ as appropriate.) | | | | | | | | |  | |
| Head of Organization (Name/Title) | | | | | | |  | | | |
| Organization Mailing Address | | | | | |  | | | | |
| Main Telephone Number | | | |  | | | | | | |
| Primary Contact  (Individual who is able to answer questions and/or provide additional information about your grant application.) | | | | | | | | Name | |  |
| Email | |  |
| Telephone | |  |
| Year Organization Founded | | | | |  | | | | | |
| Tax ID |  | | | | | | | | | |
| Fiscal Year End Date | |  | | | | | | | | |
| Annual Operating Budget | | | |  | | | | | | |
| Number of Paid Staff | | |  | | | | | | | |
| Number of Volunteers | | |  | | | | | | | |

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| --- | --- | --- | --- |
| Does organization have IRS 501(c)(3) status? | | | Yes  No |
| Is applicant a municipal or other US governmental entity intending to use the funds solely for charitable purposes? | | | Yes  No |
| Has organization received a grant from the Dana Home Foundation in the last 5 years? | | | Yes  No |
| Does organization receive funds from any government agency? | | Yes  No | |
| Describe funds received from any federal, state, or local government agency |  | | |

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| **Board of Directors** | | |
| **Title** | **Name** | **Affiliation** |
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***Program Information***

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| Program Name |  | | | | | | | | | | | | |
| Amount Requested | |  | | | | | | | | | | | |
| Total Program Budget | | |  | | | | | | | | | | |
| Brief Summary of Program | | | | | |  | | | | | | | |
| Anticipated Program Timeline | | | | | Start Date | | | |  | End Date | |  | |
| Program Goals and Objectives (Include plan for meeting and measuring achievement of stated goals and objectives.) | | | | | |  | | | | | | | |
| Describe Program Target Audience | | | | | |  | | | | | | | |
| Describe other organizations/departments you are collaborating with to accomplish this program. | | | | | |  | | | | | | | |
| Describe additional approvals needed for the program. (Include letters of support/approval required for program approval.) | | | | | |  | | | | | | | |
| How many seniors do you expect will be served by the program? | | | | | | | | | | |  | | |
| Describe the relationship the senior served have to Lexington? | | | | | | |  | | | | | | |
| Do you anticipate that this program will continue beyond this grant year? | | | | | | | | | | | | | Yes  No |
| If yes, how do you propose to fund future years? | | | |  | | | | | | | | | |
| Is this a new program? | | | | | | | | | | | | | Yes  No |
| If no, describe program funding and success in previous years. | | | | | | | |  | | | | | |

In the following table, include an itemized list of project expenses and all sources of funding for this program including the amount anticipated from each source.

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| **Budget** | |
| ***Expenses*** | |
| **Itemized Expense** | **Requested Amount** |
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| **Total Expenses** |  |
| ***Income*** | |
| **Source of Funding** | **Funding Amount** |
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| **Total Income** |  |

Submission of an application must be acknowledged by an individual authorized to apply for a grant on behalf of the organization. By checking the Accept box you acknowledge that the foregoing information is accurate to the best of your knowledge and that you are authorized to submit this application on behalf of the organization.

**Accept**:

|  |  |
| --- | --- |
| **Name of Authorized Representative:** | **Title:** |
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