



# Basic Human Needs Grants Application

## Basic Human Needs Grants Worksheet – SAMPLE DOCUMENT ONLY Paper applications will NOT be accepted.

### General Information (All fields are required.)

Organization Name

Mailing Address (Street, City, County, State, Zip)

Organization Phone

Federal Tax ID#

Executive Director/CEO/President's Name Executive Director/CEO/President's Email

Website Address

Organization's Current Annual Budget

Name of Contact for Program/Project Budget

Program/Project Budget

Contact Phone

Title of Contact

Title of Project/Program

Contact Email

State the purpose of your proposal/request in no more than two sentences.

### Select the most applicable option from list 1 or 2.

#### 1. Basic human need(s) addressed in this proposal.

Food	Housing or rental assistance	Transportation assistance	Domestic violence support
Clothing	Utilities assistance	Medical/prescription assistance	Basic toiletries and hygiene products

#### 2. Organizational needs addressed in this proposal (check one)

Appliances or equipment	General operating expenses	Facility or infrastructure improvements
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## Project Questions

- 1. Tell us about your organization.** What is your mission and track record? Highlight two or three key facts and accomplishments that best define your organization. (Maximum 750 characters with spaces)
- 2. Please describe the project for which you are seeking funding.** What is the issue or need the grant request will help to address? How will your project address the identified issue / need? What are your goals? What specific activities will be conducted to achieve these goals? What is the time frame for activities? (Maximum 1,600 characters with spaces)
- 3. Describe the demographics of the population** (race/ethnicity, gender, age, income level, etc.) and geographic region that are the primary focus of the grant request as specifically as possible (preferably using percentages if available). (Maximum 750 characters with spaces)
- 4. Who is involved in your project?** How were the communities you are planning to impact involved in the planning, leading and decision-making of this project? Briefly describe project leaders and the role each will play in the project. If your project involves partnerships with other organizations, have the proposed partners agreed to participate? (Maximum 1,000 characters with spaces)
- 5. How will a grant from The Dayton Foundation impact your project/organization?** How exactly will Dayton Foundation funds be used? Also, if The Dayton Foundation or other funders cannot provide all of the support requested, what is your plan? (Maximum 750 characters with spaces)

## 7. Total Agency Budget for *Current* Fiscal Year

Name of Agency

Time Period

Revenue Source	Budget for Year	Actual Year-to-Date as of (date)
Corporate and foundation grants	\$	\$
Government grants and contracts	\$	\$
Contributions and other gifts	\$	\$
United Way	\$	\$
Program service fees	\$	\$
Special events, fundraisers	\$	\$
Other revenue (please list)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Revenue</b>	\$	\$
<b>Expenses</b>		
Salaries, employee benefits and taxes	\$	\$
Professional fees and/or client assistance	\$	\$
Occupancy/rent	\$	\$
Depreciation	\$	\$
Development/marketing	\$	\$
General operating expenses (please list)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Expenses</b>	\$	\$
<b>Revenue Less Expenses</b>	\$	\$

If expenses exceeded revenues, please explain how the difference will be offset. An accompanying one-page narrative is welcome if additional explanation is warranted.

## 7.1 Project/Program Request Budget

Name of Agency

Time Period

*(Items typical for operating a program)*

Revenue	Budget
Corporate and foundation grants	\$
Government grants and contracts	\$
Contributions and other gifts	\$
United Way	\$
Program service fees	\$
Special events, fundraisers	\$
Other revenue (please list)	
	\$
	\$
	\$
	\$
Total Revenue	\$
<b>Expenses</b>	
Salaries, employee benefits and taxes	\$
Professional fees and/or client assistance	\$
Occupancy/rent	\$
Depreciation	\$
Development/marketing	\$
General operating expenses (please list)	
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$
Revenue Less Expenses	\$

If expenses exceeded revenues, please explain. An accompanying one-page narrative is welcome if additional explanation is warranted.

### Please Provide the Following Information

Is your request intended to serve the general population or is it focused on serving one or more specific populations? (select one)

- ☐ General population
- ☐ One or more specific populations

#### Totals

Total number of people on staff (including full-time and part-time employees): \*

Total number of people on Board of Directors: \*

Total number of people you serve: \*

Total number of Black, Indigenous and/or people of color you serve: \*

#### Race and Ethnicity of Staff and Board

**Required: Race and Ethnicity**  
\*

**Number of People on  
Staff**

**Number of People on Board of  
Directors**

African American or Black:

American Indian or Alaska  
Native:

Asian:

Hispanic or Latino:

Native Hawaiian or Other  
Pacific Islander:

White:

Additional: (describe below)

## Age of Staff and Board

**Required: Age \***

**Number of People on Staff**

**Number of People on Board of Directors**

24 years or under:

25 to 44 years:

45 to 64 years:

65 years and over:

Additional: (describe below)

## Gender of Staff and Board

**Required: Gender \***

**Number of People on Staff**

**Number of People on Board of Directors**

Female:

Male:

Other self-identified gender identity:

Additional: (describe below)

Provide any other information that is relevant to your organization and the populations/communities you serve. (i.e. experience with food insecurity, homelessness, addiction, unemployment, poverty, low-paying jobs, life-threatening illnesses, or identify as veterans, immigrants, refugees or LGBTQ+.) Identify at least one experience or identity in the boxes below.

**Required: Data on Other Relevant Experiences/Identities \***

**Number of People on Staff**

**Number of People on Board of Directors**

Please Describe:

Please Describe:

Please Describe:

Please Describe:

Indicate the race and ethnicity of Executive Director/CEO/President: \*

Has the staff gone through a Diversity, Equity, and Inclusion Training (excluding staff hired within the last 6 months)? \*

- ☐ Yes
- ☐ No
- ☐ Additional (describe)

Has the Board gone through a Diversity, Equity, and Inclusion Training (excluding members added within the last six months)? \*

- ☐ Yes
- ☐ No
- ☐ Additional (describe)

For upcoming equity and inclusion trainings, please check [Miami Valley Regional Planning Commission's Equity Events Calendar](#).

Please tell us what specific changes you have made internally and/or externally to advance diversity, equity and inclusion. (Maximum 500 characters with spaces) \*