**Thank You for Your Interest!**

The Anxiety & Depression Initiative, Inc. sincerely thanks you for your interest in the Get Out and Get Active Grant. We are excited to support innovative projects that promote physical activity for the benefit of mental health. Your proposal plays a key role in helping us advance this important mission.

In addition to your full grant proposal, please complete the form below to provide us with some of the necessary information about your organization and proposed project. We look forward to reviewing your submission and potentially partnering with you to promote mental health and well-being through physical activity.

**Organization Information:**

| Organization Name: |  |
| --- | --- |
| Mailing Address: |  |
| Physical Address: |  |
| Main Phone Number: |  |
| Main Email Address: |  |
| Website URL: |  |
| Social Media Links: |  |
| Non-Profit Type: | ie. 501(c)(3) Nonprofit, Government Agency, Academic Institution, Other |

| Year of Incorporation: |  |
| --- | --- |
| Year of Non-profit Designation: |  |
| EIN (Employer Identification Number): |  |
| Number of Paid Employees: |  |
| Number of Volunteers: |  |
| Organization Budget Income: |  |
| Organization Budget Expenditures: |  |
| Primary Source(s) of Income: |  |

List Organization’s Executive Officers and Contact Information:

|  |
| --- |

Organization Mission Statement:

|  |
| --- |

List and Short Summary of Current/Past Projects or Programs (Including Running Dates):

|  |
| --- |

Description of the Size and Type of Community Members Served (Include Details on Annual Contacts):

|  |
| --- |

**Primary Contact Information:**

| Contact Name: |  |
| --- | --- |
| Title/Role: |  |
| Phone Number: |  |
| Main Email Address: |  |

**Project Director Contact Information (if different from Primary Contact):**

| Contact Name: |  |
| --- | --- |
| Title/Role: |  |
| Phone Number: |  |
| Main Email Address: |  |

**Grant Request Details:**

| Project Title: |  |
| --- | --- |
| Grant Amount Requested: |  |
| Total Project Budget: |  |
| Source(s) of Any Additional Funds Needed: |  |
| Number of Employees/Volunteers Dedicated to the Project: |  |

**Type of Project (select all that apply):**

|  | Program Implementation |  | Research |  | Advocacy |
| --- | --- | --- | --- | --- | --- |

|  | Education/Outreach |  | Other (please describe): |  |
| --- | --- | --- | --- | --- |

**Proposed Project Timeline:**

| Project Development | | | Project Implementation | | |
| --- | --- | --- | --- | --- | --- |
| Start Date | End Date | Duration | Start Date | End Date | Duration |
|  |  |  |  |  |  |

**Use of Grant Funds** - Briefly describe how the grant funding would be used in this project (ie. types of equipment, supplies, etc.).

|  |
| --- |

**Alignment with RFP Purpose** - Briefly describe how your project aligns with the mission of promoting mental health through physical activity:

|  |
| --- |

**Community Impact** - Describe how the proposed project will benefit the community, particularly in terms of mental health outcomes:

|  |
| --- |

**Certification:**

By electronically signing below, I certify that all information provided in this form is true and accurate, and that our organization meets the eligibility requirements for this grant.

|  |  |  |
| --- | --- | --- |
| *Type Full Name Above* |  | *Date* |

**Contact Information of Signer:**

| Email Address: |  |
| --- | --- |
| Phone Number: |  |

**Submission Guidelines:**

Full grant proposals must be submitted electronically to [Grants@TheADI.org](mailto:Grants@TheADI.org) no later than September 30th, 2024. Late or incomplete proposals will not be considered.