**Thank You for Your Interest!**

Thank 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. Please complete this form to provide necessary information about your organization and proposed project. Note that incomplete or inaccurate responses may result in disqualification from the grant process. If any information below is not applicable to your organization, please enter “n/a” or “Not Applicable”.

**PLEASE NOTE**: This cover form is to organize/standardize important information for the review of the proposals. This cover form **does not** replace a separate cover letter **and** a full grant proposal.

**Organization Information:**

Please provide some basic information about your organization below.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: |  | | |
| Mailing Address: |  | | |
| Physical Address: |  | | |
| Main Phone Number: |  | | |
| Main Email Address: |  | | |
| Website URL: |  | | |
| Social Media URLs: | Facebook →  Instagram →  Twitter →  Linkedin →  Others → | | |
| Non-Profit Type: | [Select One] | *If Other, please specify:* |  |

*\*NOTE: If you selected other, you should make sure that you are eligible for this grant. Before proceeding.*

|  |  |  |  |
| --- | --- | --- | --- |
| Year of Incorporation: |  | Year of Non-profit Designation |  |
|  |  | EIN (Employer Identification Number): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Paid Employees: |  | Number of Volunteers: |  |

**Organization Finances:**

Please provide some information about your organization’s finances below.

|  |  |
| --- | --- |
| Primary Source(s) of Income: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year for Budget Info: |  |  |  |
| Total Annual Revenue: |  | Total Annual Expenses: |  |

**Organization Mission & Leadership:**

Please provide some information about your organization’s mission, community and leadership below. Please include as much information about your organization’s leadership as possible. If for some reason your organization is structured in such a way that you do not have board members or executive leadership, please explain this instead.

Organization Mission Statement:

|  |
| --- |
|  |

Description of the Size and Type of Community Members Served (Include Details on Number & Frequency):

|  |
| --- |
|  |

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

|  |
| --- |
|  |

List Organization’s Governance Board Members with their Contact Information (Include Title, Email & Phone):

|  |
| --- |
|  |

List Organization’s Executive Leadership with their Contact Information (Include Title, Email & Phone):

|  |
| --- |
|  |

**Contact Information**

Please provide information about the primary contacts for this grant/project.

**Primary Contact Information for Grant Application:**

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

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

|  |  |
| --- | --- |
|  | Same as Above |

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

**Project Details:**

Please provide some basic information about your proposed project that you are seeking grant funding for.

|  |  |
| --- | --- |
| Project Title: |  |

Project Executive Summary *(250 words max)*:

|  |
| --- |
|  |

**Staffing:**

|  |  |  |  |
| --- | --- | --- | --- |
| # of Dedicated Staff: |  | # of Dedicated Volunteers: |  |

**Funds Needed:**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Amount Requested in this Proposal: |  | Total Project Anticipated Costs: |  |

*\*NOTE that the grant amount cannot be more than $10,000 and less than 50% of the total project anticipated costs.*

**Source(s) of Any Additional Funds Needed *(Please mark ALL that apply)*:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable |  | Other Grants |  | Other |
|  | Internal Resources |  | Government Support |  | |

|  |  |
| --- | --- |
| Known/Anticipated Funding Source(s): |  |

**Type of Project *(Please mark ALL that apply)*:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Physical Activity |  | Research |  | Advocacy |

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

**Proposed Project Timeline:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Implementation | | | *\*NOTE that all grant funds must be utilized within 12 months of the disbursement date, unless an extension is granted.* |
| Start Date | End Date | Duration (*Months*) |
|  |  |  |

**Use of Grant Funds** - Briefly describe how the grant funding would be used in this project (ie. types of equipment, supplies, etc.) *(250 words max):*

|  |
| --- |
|  |

**Alignment with Grant Purpose** - Briefly describe how your project aligns with the mission of promoting mental health through physical activity *(250 words max)*:

|  |
| --- |
|  |

**Community Impact** - Briefly describe how the proposed project will benefit the community, particularly in terms of mental health outcomes *(250 words max)*:

|  |
| --- |
|  |

**Grant Proposal Eligibility Checklist:**

Please make sure that your project meets the eligibility requirements before submitting your grant proposal. If you respond NO to any of the below eligibility requirements, you should review the RFP again to ensure that your proposal meets the outlined criteria.

* Requesting organization a nonprofit organization, academic institution, or government agency registered and based in the United States.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Project will take place within the United States.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Project aligns with the purpose of the grant.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Project focuses on the intersection of mental health and physical activity.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Proposal addresses at least one of the following objectives:
  + Facilitate or introduce an active lifestyle for individuals living with mental illness.
  + Conduct research on the impacts of physical activity on mental health, the best practices integrating physical activity with other mental health treatments, and/or other related areas.
  + Educate the community on the mental health benefits of physical activity.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Project can be completed within 12 months of receiving the grant disbursement.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Grant request does not exceed $10,000 and total project budget does not exceed $20,000.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Grant amount requested IS NOT less than 50% of the total project anticipated costs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* The requesting organization has adequate staffing to carry out the proposed project.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* Grant funds will not be used for ineligible expenses such as:
  + Full-time or part-time employee salaries or wages.
  + Overhead or general administrative expenses not directly tied to the proposed project.
  + Capital expenditures, such as facility construction or major renovations.
  + Indirect costs not directly associated with project execution.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Grant Proposal Component Checklist:**

Please ensure that your full grant proposal has all of the required components included with it. That means in addition to this form the below items must be included to be considered.

1. Cover Letter

|  |  |  |
| --- | --- | --- |
| * Included |  | Yes |

1. Full Project Proposal

|  |  |  |
| --- | --- | --- |
| * Included |  | Yes |

1. Letters of Support or Endorsement

|  |  |  |
| --- | --- | --- |
| * Included |  | Yes |

1. Appendices *(If necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Included |  | Yes |  | N/A |

**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. I acknowledge that if any information is omitted or false, the submitted proposal may be removed from consideration for the grant. I also certify that I am authorized to submit this form on behalf of the organization and that I will be the individual emailing this form to [Grants@TheADI.org](mailto:Grants@TheADI.org). I understand that this electronic signature is legally binding and equivalent to a physical signature.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Type Full Name Above as an Electronic Signature* |  | *Date* |

**Contact Information of the Signer:**

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

**Submission Guidelines:**

Proposals must be submitted electronically to [**Grants@TheADI.org**](mailto:Grants@TheADI.org)no later than **May 30th, 2025**.

*Late or incomplete proposals will not be considered.*