



2025 Impact Grant for Deaf Organizations (English)

This is a PDF format of the application. The actual [application](#) must be filled out and submitted via Submittable, DOF's application portal, by Wednesday, October 9, 2024, at 5:00PM CT.

Eligibility

1. Please provide your Employment Identification Number (EIN) of your organization or fiscal sponsor, if using:

2. Is your organization a deaf-centric organization? Deaf Organizations Fund defines deaf-centric as: at least 50% of the organization's leadership (e.g., the executive director, staff, advisory committee, and/or governing boards) identify as members of deaf communities. The organization must also primarily work with members of the deaf communities.

Members of deaf communities include people who identify as Deaf, DeafBlind, Hard of Hearing, or DeafDisabled.

- a. Yes
 - b. No
3. Are you requesting funding for capital projects, such as construction, renovations, or physical expansions?
 - a. Yes
 - b. No
4. Are you requesting funding to sponsor or otherwise fund one-time events, such as camps, festivals, or conferences?
 - a. Yes
 - b. No
5. Are you requesting funding for individuals not affiliated with a nonprofit organization, such as scholarships or funds for personal assistive devices?
 - a. Yes
 - b. No

Application

Before you begin your application, there are some key tips to help you navigate the Submittable account:

The Submittable account holder will be responsible for submitting the application. If awarded, the account holder is also responsible for submitting the organization's financial information and post-award grant reports on Submittable. If you are someone who may not be able to submit such materials (e.g., a contracted grant writer), we highly recommend that you use a shared or general organizational email address when setting up your Submittable account.

Applicants can invite others to assist with the application by making them a "collaborator" via the Submittable application portal. At the top of your application portal, click on the "Invite Collaborator" link and send the link to the individuals you want to work with on the grant application. By collaborating with others, you can simultaneously work and review the application together, but you – the account holder - will be the only person who can submit the application when ready.

1. Name of Organization

Organization's Profile

2. Title of primary contact

3. Email address of primary contact

4. Name of secondary contact in the organization

- a. The secondary person should also be someone who can answer any questions and has a working knowledge of this proposal and the applicant organization.

5. Title of secondary contact

6. Email address of secondary contact

7. Organization Address

8. Organization website

9. List the names of your organization's officers/board members, their board titles, and their professional/employment affiliations.

10. Organization legal status: What is the legal status of the organization?

- An organization based in the U.S. with 501(c)3 tax-exempt status

- A organization that has a fiscal sponsor based in the U.S. with 501(c)3 tax-exempt status
- a. **Name of Fiscal Sponsor**
- b. **Fiscal Sponsor's Employer Identification Number (EIN)**
- c. **Upload fiscal sponsor agreement between applicant and the fiscal sponsor**

11. Organization's annual operating budget

- a. Below \$20,000
- b. \$20,001 - \$50,000
- c. \$50,001 - \$100,000
- d. \$100,001 - \$500,000
- e. \$500,001 - \$1,000,000
- f. \$1,000,001 - \$5,000,000
- g. \$5,000,001+

12. Disclosure of conflict of interest: To ensure a transparent and fair evaluation process for all applicants, DOF requires full disclosure of any actual or perceived conflicts of interest with anyone on the Grant Review Committee, DOF, or CSD's staff and board. Please select one of the following:

To learn more about the individuals involved with DOF's grant review process, please click the following link:

<https://deaforganizationsfund.org/application/#impactgrantreviewprocess>

- I have no conflict of interest to disclose.
- I have a potential or actual conflict of interest(s) to disclose.
- a. **Please disclose your potential or actual conflict(s) of interest:**
 - i. **250-word limit**

Organization Overview

The following section is the **organization overview** and has five questions. You can respond to each question with an up to 250-word response or a 1.5-minute video response in American Sign Language (ASL). The filmed video response needs to be uploaded to YouTube, and then provide the YouTube URL link in the response field under the specific question you are answering.

- 1. Mission Statement**
- 2. Describe your organization's work, including the communities you serve.**
- 3. Describe your organization's leadership, staff, volunteers, and/or board members, and the roles they play within your organization. Tell us about their skills, knowledge, and**

lived experiences. How does your team reflect the identities, experiences, and/or perspectives of the communities you serve?

- 4. How does your organization address the needs of those most marginalized within the deaf communities you serve, particularly those with less access to power, representation and/or who have been historically excluded from opportunities?**
- 5. What are some of your organization's greatest accomplishments? This can include recent highlights, observations, evaluations, and/or other indicators of changes. If your organization is new or is not yet active, tell us about the impact you hope to make.**

Proposal

The following section is the **proposal** in which you will describe your organization's area of greatest need. There are three questions, and you can respond to the last two questions with an up to 500-word response or a 3-minute video response in American Sign Language (ASL). The filmed video response needs to be uploaded to YouTube, and then provide the YouTube URL link in the response field under the specific question you are answering.

- 1. Funding Amount Requesting:**
 - a. Applicant can request up to \$25000. Please do not use commas when inserting the funding amount you are requesting.
- 2. How would an Impact Grant support your organization?**
 - a. Please be specific and concise about how your organization will utilize the grant. For example, if you indicate that your organization seeks training and professional development, share the type of training and how receiving the training will support your organization.
- 3. Share with us your plan for using the grant if awarded, including an overview of your timeline, activities, and how the grant dollars will be utilized.**

Optional Questions

In this last section, **Optional Questions**, there are four optional questions that do not require your response and are entirely up to you. You can respond to the first three questions with an up to 150-word response or a 1-minute video response in American Sign Language (ASL). The filmed video response needs to be uploaded to YouTube, and then provide the YouTube URL link in the response field under the specific question you are answering. The last question is a multiple-choice question.

- 1. Is there anything else you would like to share or add that we didn't ask during this application process?**
- 2. Do you have any feedback on the application, such as the length of time it took you to complete it or the questions that were asked?**
- 3. If DOF offers presentations or training by ASL-fluent experts, what topics would you like to see?**
- 4. Would your organization be interested in participating in a virtual nonprofit community hub facilitated by DOF?**
 - a. Yes
 - b. No
 - c. Maybe, I need more information