

Request # \_\_\_\_\_  
Date Received \_\_\_\_\_

Doc's Deepwood Run  
Assistance Program  
Program Application

Applications must be received 2 weeks prior to the second Tuesday of a review month. Applications must be complete to be considered. **Incomplete applications will be returned without consideration. A complete application includes:**

1. All questions on this form completed fully.
2. Copy of the applicant/ family's Financial Verification Form
3. A copy of the statement detailing the cost, such as a vendor cost quote, a catalog page, a camp fee schedule, or a service fee schedule. For purchase requests, please supply 2-3 written vendor quotes.

**Returned applications can be resubmitted once complete.**

**Complete applications will be considered on the following timeline:**

- Applications received in November, December, and January will be considered in February.
- Applications received in February, March, and April will be considered in May.
- Applications received in May, June and July will be considered in August.
- Applications received in August, September and October will be considered in November.
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1) Applicant Information:

Name of Organization Benefitting: \_\_\_\_\_

Relationship to this Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_ Contact email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Type of funding request (check all that apply)

New program or service \_\_\_\_\_ Emergency request (please explain below) \_\_\_\_\_

Existing program or service \_\_\_\_\_ Expansion/enhancement of current program or service \_\_\_\_\_

Date funds are needed \_\_\_\_\_  
Date

4) Describe the project to be funded in detail, including budget information and duration of the project. Attach separate sheet if necessary.

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**Please Note: It is our desire to touch the lives of as many people as possible. With that goal in mind, we ask that you consider returning adaptive equipment that no longer meets your needs so we can add it to Doc's lending library.**

3) Amount of Grant request: \$\_\_\_\_\_ (Attach copies of vender written quotes including shipping and handling cost)

Is this the total cost? If not what other sources are being used to fund this project? \_\_\_\_\_

What other funds are being used to fund this need now? \_\_\_\_\_

**Is the program eligible for or have you requested assistance from the following sources?**

		<b>Date requested</b>	<b>Approval</b>
Medicaid	Y/N	_____	Y/N/Pending
Insurance	Y/N	_____	Y/N/Pending
FRS	Y/N	_____	Y/N/Pending
BVR	Y/N	_____	Y/N/Pending
Deepwood Foundation	Y/N	_____	Y/N/Pending
Other Foundations	Y/N	_____	Y/N/Pending
LCBMRDD Hab Funds	Y/N	_____	Y/N/Pending
LCARC	Y/N	_____	Y/N/Pending
Program Budget	Y/N	_____	Y/N/Pending
Building Budget	Y/N	_____	Y/N/Pending

5) Age group and number of individuals benefiting from the project: \_\_\_\_\_

5) Has this applicant received a grant from the Doc's Deepwood Run in the past?

\_\_\_ **Yes** \_\_\_ **No** If yes: Reason for grant \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

7) If Doc's Deepwood Run provided only a portion of your request, would the project go forward? \_\_\_ **Yes** \_\_\_ **No**

If Yes, please explain how the funds will be used:

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8) Do we have your permission to share grant application information with other organizations, and/or individuals who may be willing to consider contributing to the funding that you have requested?  Yes  No

9) With grant approval, may we share “generic” information for community awareness?  Yes  No

\*For a better understanding we may ask for a brief presentation on the merits of your request\*

Doc’s Deepwood Run does not endorse individual programs, therapies, treatments, schools or facilities, or the theories or practices of any one individual or entity. Families may receive funds to be used for assistance based on the needs of the child or adult family member. Inquiries and tax-deductible donations may be sent to the Doc’s Deepwood Run, 4885 Glenlodge Road, Mentor, Ohio 44060. To learn more about Doc’s Deepwood Run visit us at [www.docdeepwoodrun.org](http://www.docdeepwoodrun.org).

For office use only	
Application complete	Prior grant
<input type="checkbox"/> Form	Grant # _____
<input type="checkbox"/> IRS Form	Amount _____
<input type="checkbox"/> Cost quote	Purpose _____ Fund _____
Incomplete – returned on _____	

**Request Submitted**

By \_\_\_\_\_  
Program/Project Manager Date

**Supervisor/Manager**

Approval \_\_\_\_\_  
Supervisor/Manager Name Date

Staff or Family member assisting in filling out this request:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

If you have any questions, please call [\(440\) 209-1352](tel:4402091352)

Mail\* the completed application to:

Doc’s Deepwood Run

C/O: Diana Nichols

7333 Eric Drive

Mentor, Ohio 44060

E-mail: [NichDdddd@aol.com](mailto:NichDdddd@aol.com)

**\*Doc’s will notify the applicant of the funds awarded by mail using a “required” self addressed, postage paid number 10 envelope supplied by the applicant with this request.\***