***The Brighter Tomorrow Foundation Grants - 2026***

***Grant Application***

**Complete the Application**

* An electronic signature is acceptable.
* Incomplete applications will not be reviewed.
* Your answers are limited to the space provided. Please use an 11 point font, and do not alter the format of this application.

**Required Documentation**

1. IRS letter of determination 501(c)(3) [if applicable].

**Application Submission**

* Please email the completed application in Word format to Greg Darling (gdarling@daytonfoundation.org.)
* Please email the required documents in PDF format with the application to Greg Darling.
* You will receive an email confirmation when your application has been successfully submitted.
* An organization may only submit one application for a maximum of $10,000.
* If there are additional questions about your application, staff will contact you.
* Application must be received no later than **5 p.m. Friday October 24, 2025**.

**Final Decision and Notification**

* Once a decision has been made, you will be contacted.

**Final Narrative and Financial Report**

* Final report will be due **October 15, 2026.** We understand circumstances may change and are happy to grant an extension if you make an advanced request.
* Please submit a paragraph explaining how the funds were used and a brief financial report to Greg Darling (gdarling@daytonfoundation.org.)

**Background:**

The Brighter Tomorrow Foundation (BTF), a nonprofit foundation, and Committee Advised Fund under The Dayton Foundation, was established in 1989 for the benefit of children and adults with developmental disabilities living in Montgomery County.

The Brighter Tomorrow Foundation is pleased to offer a **Request for Proposal** for FY 2026 for competitive grants that address the needs of organizations that serve persons with Developmental Disabilities.

Consideration will be given to proposals addressing needs in the following priority areas, specified in rank order:

1. **Housing**: Assistance ranging from emergency or permanent shelter to enhancement of day-to-day living conditions by providing safe living environments, improving personal care options, or fulfilling requests for specialized equipment.
2. **Transportation**: This category includes strategies to enhance access to transportation, which may include technology, infrastructure changes, alliances with other providers, etc.
3. **Lasting Equipment**: Adaptive and other equipment that makes daily life easier and safer such as accessible vans for local transportation, battery powered lifts, kids’ car seats, exercise and therapy equipment, and special tools.
4. **Education:** Items such as, computers, software, cameras, projection/recording equipment, art supplies, etc. which encourage and make possible new learning and working options.
5. **Recreation:** Socialization and physical fitness activities for persons with developmental disabilities, including programs that teach families how to incorporate physical exercise for their family member into their daily routines. Also includes funding for field trips, music and dance exploration, and artistic creativity.

For 2026, the Brighter Tomorrow Foundation can award **grants up to a maximum of $10,000**. The grant projects may focus on one or more of our five priority areas.

**Eligible Applicants:**

Eligible applicants include *501(c)(3) organizations*, governmental nonprofit agencies.

**Unallowable Activities and Expenses**

Brighter Tomorrow Foundation will not provide support for:

* Capital campaigns
* Operating Expenses
* Retroactive funding for activities that have already taken place
* Basic research
* Staff development
* Supplanting of projects or activities that have existing funding from other sources
* Staff salaries or wages
* Activities and projects that are directed to individuals with Developmental Disabilities living outside of Montgomery County
* Individual applicants
* Carry over funding

.

|  |
| --- |
| ***The Brighter Tomorrow Foundation Grants - 2026*** |
| **GENERAL INFORMATION** (all fields required) |
| Organization's Name:  |  |
| Federal Tax ID#:  |  |
| Mailing Address:  |  |
| City:  |  | State:  |  | Zip Code:  |  |
| Daytime Telephone:  |  |
| Web Site Address:  |  |
| ☐ Executive Director/ ☐ CEO's Name (check one):  |  |
| Executive Director/CEO's E-mail Address:  |  |
| Organization's Current Budget:  | $ |  |
| Project/Program Budget:  | $ |  |
| Requested Grant Amount:  | $ |  |
| Contact Name for Grant Application:  |  |
| Title:  |  |
| Daytime Telephone:  |  |
| E-mail Address: |  |
| State the purpose of your proposal/request in no more than two sentences (be specific): |
|  |
| What is the program area that best applies to this proposal (check one):  |
|  | **Housing** |
|  | **Transportation** |
|  | **Lasting Equipment** |
|  | **Education** |
|  | **Recreation** |
|  |  |
|  | Approx. **number** of children served (living with a developmental disability in **Montgomery County**) |
|  | Approx. **number** of adults served ( living with a developmental disability in **Montgomery County**) |
|  |  |
| **TERMS AND CONDITIONS** |
| Application must be submitted only as an e-mail attachment. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate.  |
|  |  |
| Executive Director/CEO’s Signature | Date |

|  |
| --- |
| **PROJECT SUMMARY** |
| Title of Project/Program:  |  |
| Please summarize your proposal, including brief, but specific information including:* the purpose and need,
* how it will work,
* who it will serve (including number of clients and geographical area),
* costs involved,
* how you will evaluate the success of the project,
* how will you sustain this program following this one-time grant
* and a timetable for implementation of the project.

Please explain more about who you are targeting with your project in terms of diversity, equity and inclusion.**Make sure you answer all questions required.****Your project summary must not exceed 3,000 characters in length (spaces count as characters). Please use an 11 point font.** |
|   |

**PROJECT/PROGRAM REQUEST BUDGET**

|  |
| --- |
| (*Items typical for operating a program)* |
| **REVENUE (Sources)** | **BUDGET** |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Total Revenue** | $0.00 |
| **EXPENSES** |  |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Total Expenses** | $0.00 |
| **REVENUE LESS EXPENSES** | $0.00 |

**If expenses exceed revenues, please explain how difference will be offset.
Accompanying one-page narrative welcome if additional explanation is warranted. Additionally, please discuss how you will sustain this program in the future if additional funding is not available.**

|  |
| --- |
|  |