Application for DHAD Foundation Innovation Projects

Please complete this application form to submit your project proposal for DHAD Foundation Innovation funding. This information will be used to help us evaluate your submission. The Foundation will award proposals up to $25,000 and seeks forward-thinking ideas that address meaningful community needs.

* Required

1. Full Name *

2. Organization Name *

3. Email Address *

4. Phone Number

5. Has your organization previously received funding from the DHAD Foundation?

- ◯ Yes
- ◯ No

6. Project Title *

7. Project Category *

Health & Well-Being: refers to projects that improve the physical, mental, emotional, or overall health outcomes of older adults, people with disabilities, caregivers, or other priority populations. The emphasis is on helping individuals remain healthy, safe, and able to thrive in their homes and communities.
Independence & Autonomy: refers to helping people maintain control over their lives, make their own choices, and remain safely and successfully in the setting they prefer, typically their own home and community.
Social Connection & Dignity: focuses on reducing isolation, strengthening belonging, fostering meaningful relationships, and ensuring that people are valued, respected, and able to participate fully in community life.
Care Navigation or Caregiver Support: refers to help individuals, families, and caregivers understand options, access services, coordinate care, navigate health and long-term support systems, and strengthen caregiver capacity through education, respite, resources, coaching, and other supportive services.

- ◯ Health & Well-Being
- ◯ Independence & Autonomy
- ◯ Social Connection & Dignity
- ◯ Care Navigation or Caregiver Support
- ◯ Other

8. Project Description

Briefly describe your innovation project and its objectives.

9. Expected Impact

Describe the potential impact of your project.

10. Implementation Plan

Outline your plan for executing the project, including key milestones.

11. Amount requested from DHAD Foundation (USD)

12. Counties served by the project

- [ ] Summit
- [ ] Stark
- [ ] Portage
- [ ] Wayne
- [ ] Other

13. Project timeline

Provide start and end dates or estimated duration. Project timeline should not extend beyond 12 months.

14. Who will benefit from the project?

Include estimated numbers and key populations. (individuals, caregivers, staff, systems)

15. Describe the community need addressed by your project.

Include data, research, or community input that validates the need.

16. Describe what you intend to achieve.

List measurable outcomes for your project.

17. Describe how DHAD Foundation funds will be used.

Provide a brief narrative for major budget categories.

18. Anticipated Return on Investment

Describe the financial return on investment

19. How do you define success for this project?

20. What type of support is requested form the DHAD Foundation?

- ◯ Grant Funding
- ◯ Investment with Potential Return
- ◯ Pilot Partnership
- ◯ Other

21. Are other funding sources secured or pending for this project?

- ◯ Secured
- ◯ Pending
- ◯ None

22. Please confirm the following certifications: *

- ◯ I certify that the information provided is accurate to the best of my knowledge.
- ◯ I understand that submitting an application does not guarantee funding.
- ◯ I acknowledge the DHAD Foundation's review process, application window, and criteria.