

# Percival P. Baxter Foundation for Maine's Deaf and Hard of Hearing Children

(PPBFME.COM)

## 2024 Grant Request/Application

**Date:** \_\_\_\_\_ **Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **About PPBFME**

#### ***Our Mission:***

The mission of the Percival P. Baxter Foundation for Maine's Deaf and Hard of Hearing Children is to benefit, support and enhance programs and services for children with hearing loss in Maine, their families, and provide professional development training for the professionals with whom they work..

#### ***Our Goals:***

- Develop and support programs that provide opportunities for Maine's Deaf and Hard of Hearing children and families to connect with one another and engage with the Deaf and Hard of Hearing community locally and nationally;
- Provide financial support for families requiring overnight stays in Boston for medical appointments ;
- Provide Scholarships for Maine's Deaf and Hard of Hearing children interested in furthering their education.

### **PPBFME Grant Guidelines**

#### ***Funding Criteria:***

For 2024 we are currently accepting applications to fund grant proposals ranging from \$500 to \$2,000 for a total of \$10,000.

*Note: Levels will change periodically based on fundraising levels and current availability of funds.*

## **PPBFME Grant Guidelines (cont)**

### ***Areas of Focus:***

PPBFME is most interested in providing funds for programs that do one or more of the following:

- Demonstrate collaboration among Maine organizations and educational institutes;
- Pilots a new initiative or idea;
- 

If you have received past PPBFME grant support in the past, please describe below the outcomes of your prior project:

### ***Grant Term:***

One year.

### ***Request amounts:***

The maximum request amount is \$2,000 annually for one year.

### ***What We Do Not Fund:***

- Organizations that are not a 501(c)3 tax-exempt charitable organization, educational institution, government entity, or other public, non-profit entity.
- Direct support to individuals
- Business investments or loans
- Assistive devices

### ***Deadlines:***

Applications must be completed by 5:00 pm on April 15th, 2024. Awards will be announced by May 15, 2024..

If you have questions or need assistance with your proposal, you have one week prior to the Grant application deadline to contact PPBFME President, OJ Logue at [ojlogue@gmail.com](mailto:ojlogue@gmail.com)

All applicants who receive grants will be required to report their grant results to PPBFME by September 1, 2024.

### ***Additional Information:***

PPCFME does not support projects that discriminate based on race, creed, religion,

**sex**, national origin, disability, marital status, or sexual orientation.

A grant recipient's proposal must reflect and support PPBFME's mission. The results **or** benefits of any grant-supported initiative **or** program will remain in the public domain for the benefit of Maine people.

***Application Instructions:***

Please complete each section of the application. Questions marked with an asterisk require a response.

**Project Lead Name:** \_\_\_\_\_

If your organization receives a grant, the Project Lead will be the primary contact for this grant throughout the grant cycle. They will receive communication from PPBFME and be responsible for carrying out grant requirements, including reporting on the progress of the grant.

- Project Lead Job Title\*: \_\_\_\_\_
  - Project Lead Email \*: \_\_\_\_\_
  - Project Lead Phone Number\*: \_\_\_\_\_
  
  - Has your organization received funding from PPBFME in the last three years?\*
- Yes\_\_ No\_\_
- If yes, please provide information about the year(s) \_\_\_\_\_ and project(s) that were funded. List Past PPBFME Grants\*:
- 1.
  - 2.
  - 3.
  - 4.

***Project Description Project Name\****

Grant Amount Requested\*: \_\_\_\_\_

***Proposal Description\*:***

Please provide a short, 2-3 sentence description of your proposal:

***Who or what will benefit from your project, both directly and indirectly?\****

Please be specific in describing your target population and consider both individuals and communities who may benefit..

**What specific activities will you carry out and what is the timeline for those activities?\***

- 1.
- 2.
- 3.

**Why does this project need funding?\***

**Will you collaborate with others?\*** Yes or NO

If yes, please describe how you propose to work with partners to accomplish this work.

***Proposal Results:***

**What are the intended outcomes of your project?\***

Please include specific outcomes and consider whether the timeline is sufficient for reaching your goals. Be sure to include the number of individuals who will be served by the project \*

**Please note, if your application is selected for funding, PPBFME requires grantees to track, at a minimum, the following:**

Total population of Deaf and Hard of Hearing children served;

Number of parents of Deaf and Hard of Hearing children served;

Name of individual completing application: \_\_\_\_\_ Date: \_\_\_\_\_