# Peninsula Endowment

# INNOVATION GRANT PROGRAM

# INNOVATION GRANT APPLICATION

# GRANT CYCLE 2025

# SUBMISSION DUE DATE: MARCH 31,[[1]](#endnote-1) 2025.

Submit by emailing completed Innovation Grant Application and attachments to peninsula.endowment@gmail.com.

# Instructions to Applicant:

This is an Innovation Grant Application (“**IGA**”) to be submitted to the Peninsula Endowment. Only Qualifying Applicants should complete and submit an IGA. See Frequently Asked Question (FAQ) document for information on what entities may be considered qualifying organizations and other useful information about the Peninsula Endowment Innovation Grant Program. As a general matter, the Peninsula Endowment offers grants ranging from $5000 to $50000 and one can view the types of special projects funded in our FAQ document on the Web at [Innovation Grant Program: frequently asked questions – PENINSULA ENDOWMENT](https://www.peninsulaendowment.org/faq-by-category/) Also, one can download a copy of our FAQ document at [Innovation Grant Program Documents – PENINSULA ENDOWMENT](https://www.peninsulaendowment.org/innovation-grant-program-documents/) and scrolling down to the link to the Microsoft® Word format document.

* Please complete this IGA by typing responses in English in the places indicated.
* This IGA should be signed by an appropriate authorized person at the submitting organization. The signature may be digital or wet.
* Once complete, this IGA in either PDF or Microsoft® Word format, and attachments hereto should all be submitted on or before the submission due date indicated above by emailing the completed IGA and attachments to the Peninsula Endowment at peninsula.endowment@gmail.com.
* Once received, an acknowledgment email will be sent to confirm that the IGA has been received.
* Note that the sections of this IGA have been designated as Heading Level 1 or 2, so those completing this IGA may skip through the document using the Find Headings feature of Microsoft® Word, or the headings navigation tool in their screen reading software. . Keyboard shortcuts to use the Find Headings feature in the Microsoft® Word program are provided in the accompanying FAQ document.
* If the Peninsula Endowment IGA reviewers have any questions about any of the responses provided below or the IGA is incomplete, the indicated contact person may receive follow-up inquiries about their IGA responses before or after the indicated IGA submission due date indicated above.

# Funding Priorities.

IGAs will be evaluated primarily based on how well the proposed project described below in this IGA aligns with the Peninsula Endowment’s funding priorities which can be described as follows:

***To support projects which demonstrate innovations enabling access to written materials for persons with visual disabilities, and as a result, have as a project goal to enhance and enrich the lives of those persons with visual disabilities who become participants in the project.***

The Peninsula Endowment is open to a wide spectrum definition of what types of projects will demonstrate innovations enabling access to written materials for persons with visual disabilities, but key factors to be considered include, but are not limited to, the following: the extent to which the project applies new processes, introduces new techniques, adapts new or existing technology, or establishes successful ideas to create new value for persons with disabilities in terms of enabling access to written materials. The Peninsula Endowment specifically does not want to provide prescriptive language which might have the effect of limiting the imagination and ingenuity of prospective grantees in designing innovative projects which could be funded with an Innovation Grant.

Note that IGAs should not be submitted to request capital or infrastructure support funds, general operational support funds, general administrative support funds, equipment purchases (unless in the context of a larger innovative project), or to fund already existing projects of the organization). IGAs should be focused on single project support, not for support of multiple projects. A goal of the Innovation Grant Program is to stimulate new ideas about how to facilitate access to written materials for persons with visual disabilities, generate new solutions to existing problems concerning such access, and motivate applicants to think critically about such access needs and propose a project which expands or extends the applicant’s product or service offerings pertaining to such access. Please refer to the FAQ document associated with the 2025 grant cycle for additional information on the Funding Priorities and the types of projects funded in the past.

# Application Basics.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information of Applicant (fill in below):

 Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Phone of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile Phone of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back Up Contact Person (fill in below):

 Back up contact person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Back up contact person email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Back up contact person mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website of Applicant (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

US Federal Tax ID Number of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documents to attach to this application, if not previously submitted in a prior year:

Copy of Currently in effect IRS Tax-Exempt Determination Letter for the applicant, unless submitted in a prior year and has not changed in which case just type “Previously Submitted”.

Copy of most recent IRS Form 990 or Equivalent for the applicant.

Copy of most recent set of annual financial statements (audited or unaudited) for the applicant.

# Information about the Proposed Project.

Amount of Innovation Grant Requested: $ \_\_\_\_\_\_\_\_

Name of Proposed Project:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of Proposed Project:

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**50% Weighting. Project Benefits and Innovative Nature**: Please describe the quality and innovative nature of the proposed project. Of particular importance will be the description of how the project is innovative in nature and is distinguished from the general Operation, infrastructure or capital funding needs of the applicant. Please clearly articulate the benefits of the project for project participants. Please also describe the importance and relevance of the issues addressed in the project and how the project aligns with the funding priorities of the Peninsula Endowment. Other issues which may be addressed here to demonstrate the strength of the project may include: the number and scope of project beneficiaries, the degree of benefit expected to be conferred, the vulnerability of the target group of beneficiaries, any diversity, deprivation effects and/or inequality issues to be addressed, etc. Provide narrative below and the more precise and succinct, the better.

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**20% Weighting. Likelihood of Project Success and Ability to Measure Success**. Please describe the range of outcomes or outputs expected as a result of implementing the innovative project, how the prospective grantee will define success based on the range of expected outcomes, and the likelihood of achieving those outcomes. Please describe how the prospective grantee will objectively measure such success. Please also describe strengths and weaknesses of the prospective grantee in terms of implementation skills to successfully carry through with projects of the type and scope proposed. Provide narrative below and the more precise and succinct, the better.

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**10% Weighting. Description of Due Diligence that Project Benefits will actually Positively Affect Persons with Visual Disabilities**: Please describe the efforts the applicant performed to confirm that persons with visual disabilities will actually positively benefit from the implementation of the project, as compared to a theoretical benefit. For example, a project which proposes to implement a specific program which only a limited number of, or no persons with visual disabilities would be reasonably expected to actually benefit from would not be considered appropriate, even if the project sounds great from a theoretical standpoint.

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**10% Weighting. Description of Financial Needs of the Applicant to Implement Proposed Project**: Please describe the financial needs of the applicant organization in terms of funding the proposed project. Greater priority is expected to be given to applicants whose financial needs are greater than others.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10% Weighting. Budgeted Project Costs**. Please provide a simple budget detailing the costs of implementing the proposed project. Please do not present here a general budget for all of the operations of the applicant, or a budget for projects other than the single innovative project for which funding is sought. If the expected project costs are expected to be more than the Innovation Grant amount, please describe the sources of the additional funds needed to fully implement the project. If the project is expected to be implemented over a period of longer than 1 year, please describe how the Innovation Grant funds will be utilized during the life of the project. The template below may be used, or the applicant may attach a separate document in which its proposed project budget is presented (Microsoft® Excel format is preferred).

Template Budget

Revenues expected from implementation of project:

 Peninsula Endowment Grant Requested $\_\_\_\_\_\_\_\_

Other Grants Expected to be Received (if any) $\_\_\_\_\_\_\_\_

Product Sales (if any) $\_\_\_\_\_\_\_\_

 Service Fees (if any) $\_\_\_\_\_\_\_\_

 Other Revenues (if any) $\_\_\_\_\_\_\_\_

Total Revenues $\_\_\_\_\_\_\_\_

Expenses associated with implementation of project:

 Compensation to employees implementing project (if any) $\_\_\_\_\_\_\_\_

 Compensation to consultants implementing project (if any) $\_\_\_\_\_\_\_\_

 Equipment needed to implement project (if any) $\_\_\_\_\_\_\_\_

 Subscriptions needed to implement project (if any) $\_\_\_\_\_\_\_\_

 Travel costs needed to implement project (if any) $\_\_\_\_\_\_\_\_

 Meal costs needed to implement project (if any) $\_\_\_\_\_\_\_\_

 Incentive costs needed to implement project e.g., gift cards (if any) $\_\_\_\_\_\_\_\_

 Allocated general administrative costs,

limited to 15% of Innovation Grant (if any) $\_\_\_\_\_\_\_\_

 Other expenses to implement project (if any) $\_\_\_\_\_\_\_\_

Total Expenses $\_\_\_\_\_\_\_\_

Net effect of implementing project $\_\_\_\_\_\_\_\_

Note that there is a template Microsoft® Excel Spreadsheet budget which may be used instead of filling in the blanks in the template budget embedded within this IGA above. You should have received the Microsoft® Excel spreadsheet template budget along with the IGA and FAQ documents. Note also that substance is more important than form when presenting the estimated project budget. If the applicant wishes to present a different, logical, and reasonable style of estimated project budget than the template format above, they may do so.

## Additional Information.

If the applicant wishes to provide any additional information concerning their project, how it demonstrates innovations enabling access to written materials for persons with visual disabilities, or concerning other matters relevant to the evaluation of this IGA, please provide narrative below:

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## Reference to Grantor who has provided funds to applicant organization in the past.

Please provide a reference to another grantor organization which has granted funds to the applicant in the past if the applicant has received grant funding in the past. Please provide contact person’s name, mobile phone number, and email below as a reference who may be contacted as part of the IGA review process.

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## Progress Reports.

Note that if an Innovation Grant is awarded, reasonable mid-point and end progress reports will need to be submitted to allow the Peninsula Endowment Board to assess how the project is progressing and that Innovation Grant funds are being used in accordance with the restrictions associated with the Innovation Grant.

## Acknowledgments.

The undersigned representative of the applicant hereby acknowledges that: (1) all information presented in this IGA and attachments hereto are true, correct and accurate with no substantive omissions relevant to the evaluation of this IGA; (2) the evaluation of this IGA shall be made at the sole discretion of the Peninsula Endowment Board; 3) all decisions of the Peninsula Endowment Board concerning the evaluation of this IGA will be final, and no applicant may ask for a review or reconsideration of their IGA, unless invited to do so by an authorized representative of the Peninsula Endowment Board in writing; (4) prior to the disbursement of any Innovation Grant funds to an approved applicant, a prospective grantee will be required to execute an appropriate acknowledgement of restrictions agreement to confirm that the applicant is aware of the restrictive covenants associated with the grant funds; and (5) any challenge by an applicant of the policies, practices, procedures and standards of or the decisions made by the Peninsula endowment Board will immediately disqualify that applicant from consideration of a Innovation Grant during the given grant cycle, and potentially disqualify that applicant from submitting IGAs to the Peninsula Endowment for future grant cycles at the sole discretion of the Peninsula Endowment Board.

# Authorized Signature of officer of applicant (can be digital)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (digital or wet):

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

End of IGA.

1. [↑](#endnote-ref-1)