

NJCDD Community Innovation Project Application

Organization:	
Organization's Wahsita Address:	
Organization's Website Address:	
Address:State: Zip Code:	
Date of Application:	
Dear NJCDD Community Innovations Grant Team,	
I am writing on behalf of NAME OF YOUR ORGANIZATION:	-
to share our intention to apply for the Community Innov	
from the New Jersey Council on Developmental Disabilities in the amount of HOW MUCH FUNDING W	
REQUEST? up to \$10,000: Our mission is to DESCRIBE	YOUR
ORGANIZATION'S MISSION OR PURPOSE:	
and THE REASON THIS PROJECT MATTERS TO YOUR GROUP:	
and the reason this project Matters to Took Group.	
The project for which we would like to request funding would address an important problem. DESCRIB	BE THE
PROBLEM OR CONDITION YOU WANT TO ADDRESS AND HOW THE REQUESTED FUNDS WILL BE USE	D:
We would like to address this problem by: DESCRIBE IN A FEW SENTENCES WHAT YOU PLAN TO DO a	
RESULTS YOU SEEK	and THE
We believe that this project will bring about systems change in that (DESCRIBE WHAT YOU HOPE TO C	 CHANGE as it
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