



**Developmental
Disabilities
Planning Council**

COVID-19 SMALL GRANTS APPLICATION

TIER 2 GRANT PROPOSAL

\$10,000 up to \$50,000

Application Directions: Please review all eligibility requirements before applying. Applicants who are not an “Eligible Organization” or do not meet the “Eligibility Requirements” posted in the Grant Opportunity announcement will be disqualified from consideration. Incomplete applications may also be disqualified from consideration.

**SEND COMPLETED
APPLICATION FORM TO:**

SMALL.GRANTS@DDPC.NY.GOV

APPLICATION DEADLINE:

AUGUST 14, 2020

MINIMUM AWARD AMOUNT:

\$10,000

MAXIMUM AWARD AMOUNT:

\$50,000

SECTION A. ORGANIZATIONAL INFORMATION

Agency or Organization Name:

Address:

Contact Person and Title:

Email Address for Contact Person:

Phone Number for Contact Person:

NYS SFS (*Statewide Financial System*) Vendor ID

(required to be considered complete application):

Amount of DDPC Funds Requested:

Project Title:

SECTION B. PROJECT OVERVIEW

1. SELECT WHICH FOCUS AREA YOUR PROPOSAL INCLUDES

See "Focus Areas" in Grant Opportunity Announcement for full descriptions of each area. **You may select more than one area:**

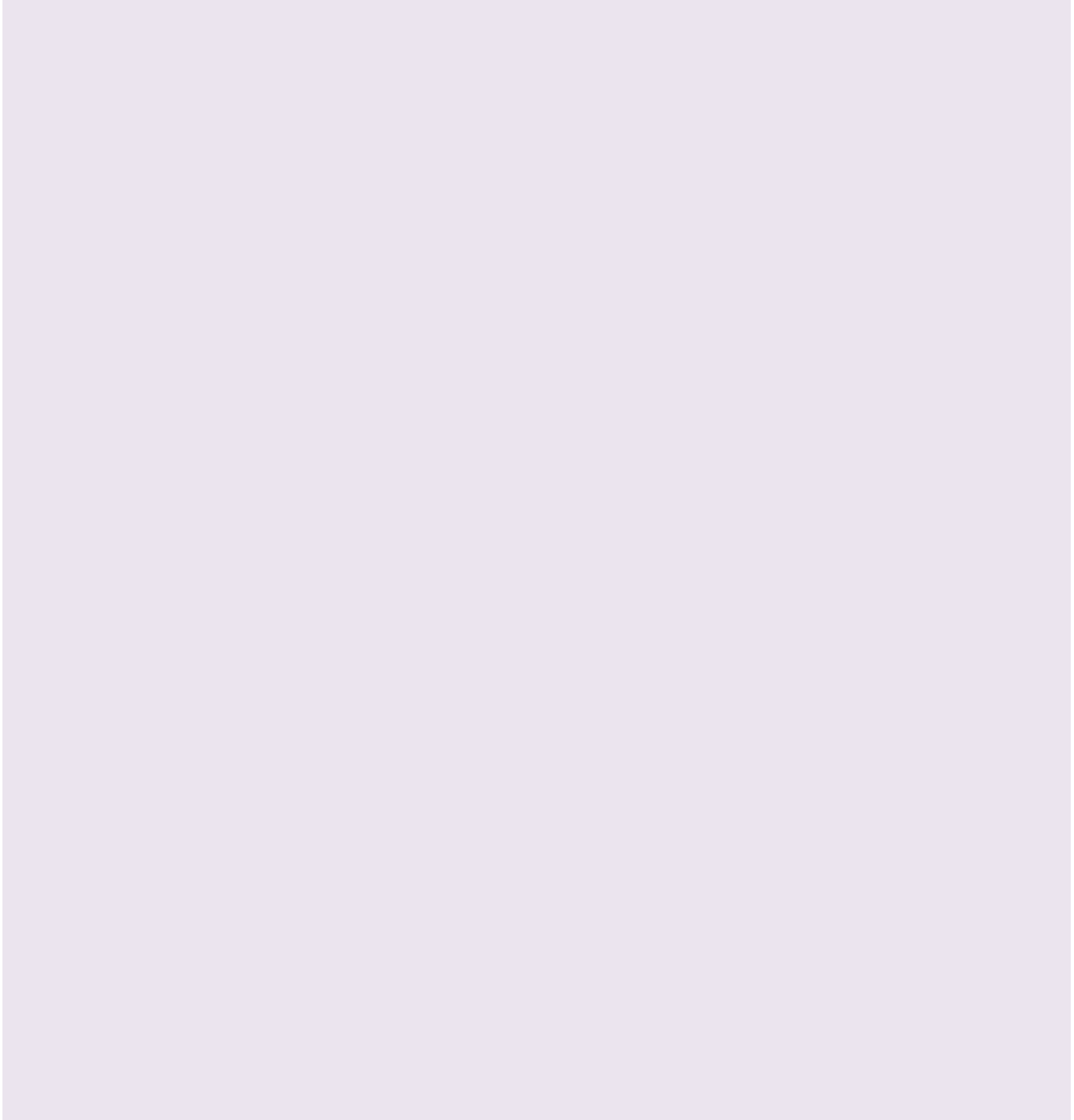
FOCUS AREA 1: CREATING AND SHARING INFORMATION

FOCUS AREA 2: CREATING OR MODIFYING PROGRAMS

FOCUS AREA 3: REDUCING BARRIERS AND/OR DRIVING FUTURE CHANGE

2. PROVIDE A DESCRIPTION & TIMELINE OF THE PROPOSED PROJECT

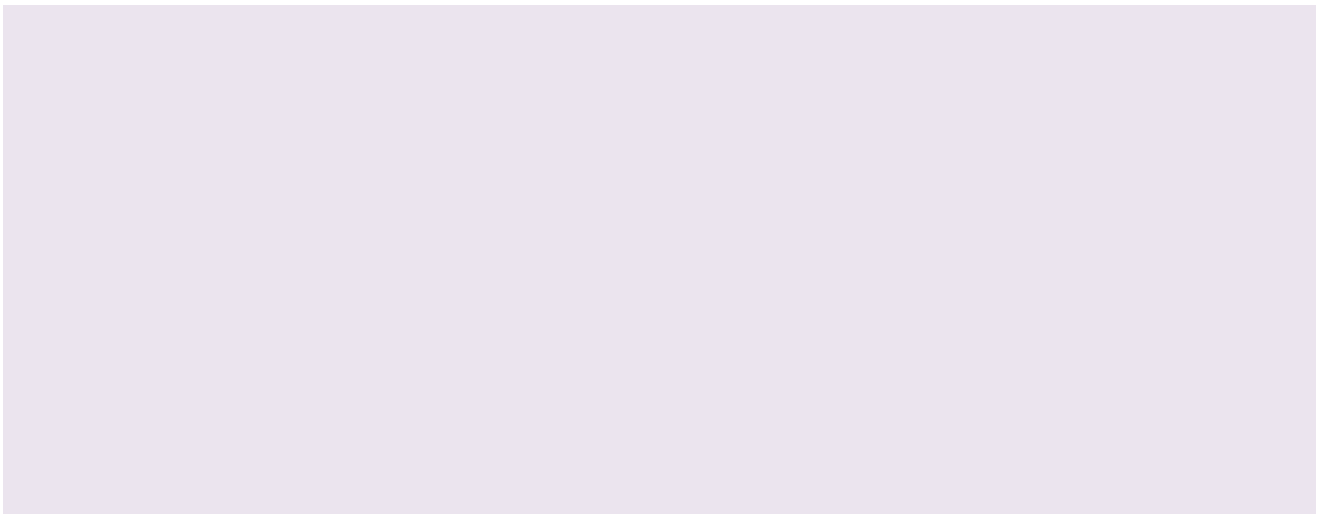
Descriptions should include, at minimum, **what** you intend to do and how, **why** this project is needed, and **how** the funds will help address the need(s) you have identified:



3. PLEASE DESCRIBE YOUR ORGANIZATION'S CAPACITY TO IMPLEMENT THIS PROJECT.



4. HOW MANY PEOPLE WITH IDD (*INTELLECTUAL AND DEVELOPMENTAL DISABILITIES*), FAMILY MEMBERS, CAREGIVERS, OR OTHERS WHO SUPPORT PEOPLE WITH IDD AND THEIR FAMILIES DO YOU ANTICIPATE WILL BENEFIT OR BE SERVED BY THIS PROPOSED PROJECT?



5. IF APPLICABLE, PLEASE EXPLAIN HOW THIS PROJECT WILL BENEFIT PEOPLE WITH IDD AND THEIR FAMILIES FROM UNDERSERVED COMMUNITIES.

Some examples of **under-served communities among people with IDD and their families** include individuals from racial and ethnic minority backgrounds, economically disadvantaged individuals, individuals with limited English proficiency, individuals from underserved geographic areas (rural or urban), LGBTQ+ individuals, and individuals who need assistive technology to participate in community life.



SECTION C. OBJECTIVES, ACTIVITIES, AND OUTCOMES

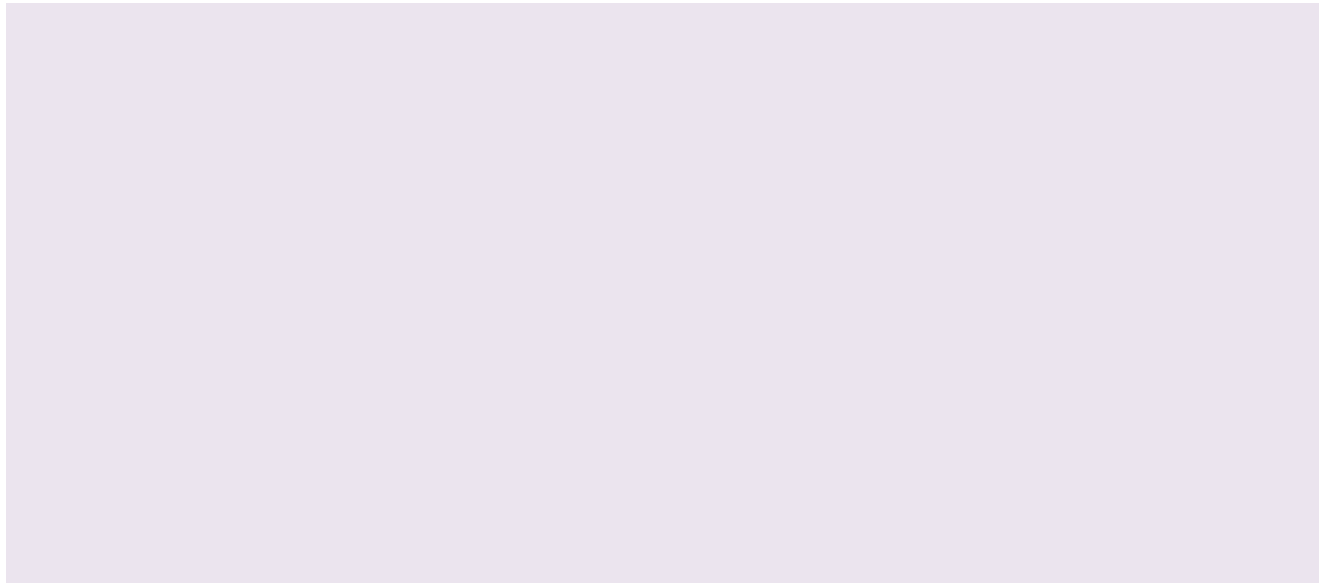
6. EXPLAIN THE PRIMARY OBJECTIVES OF THIS PROJECT AND HOW THE PROPOSED PROJECT BENEFITS PEOPLE WITH IDD/ THEIR FAMILIES OR IMPROVES SYSTEMS AND SERVICES.

For example, how does it improve advocacy efforts for people with IDD and their families? How does it build capacity and promote change within the developmental disabilities system?



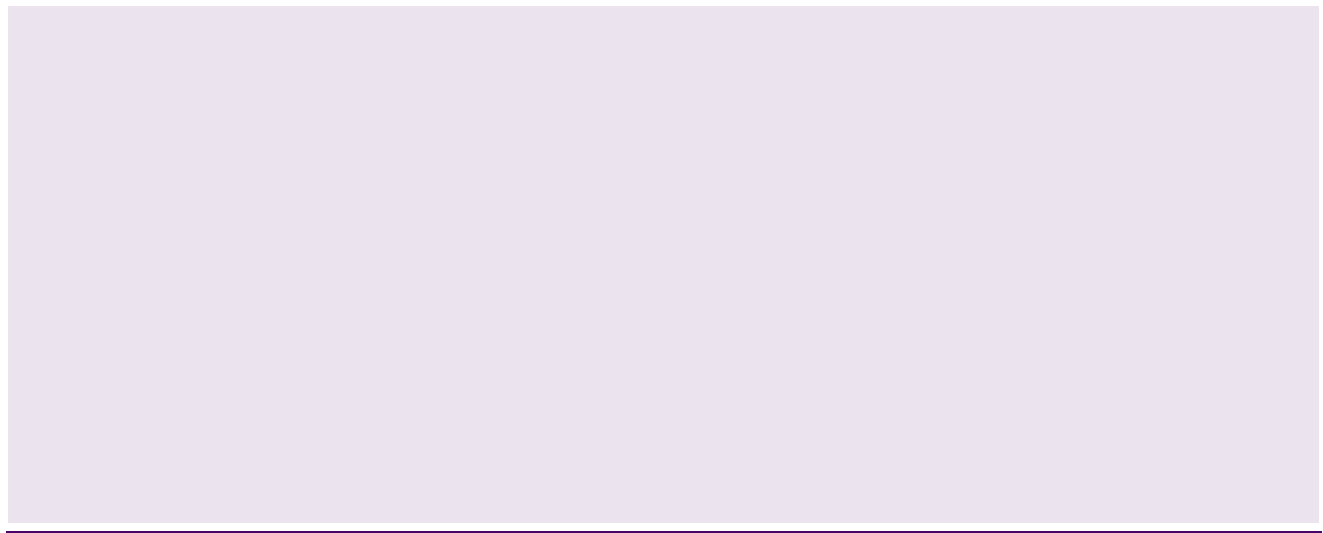
7. LIST THE SPECIFIC ACTIVITIES YOU ARE PLANNING TO IMPLEMENT TO ACHIEVE THE OBJECTIVE(S) YOU HAVE IDENTIFIED.

Example: provide training for 20 people with IDD to increase their advocacy skills or create informational resources to increase knowledge of families.



8. PLEASE IDENTIFY THE IMPACT AND FINAL DELIVERABLES YOU WILL ACHIEVE BY THE CONCLUSION OF THIS PROJECT.

Example: 20 people with IDD are now able to use technology to connect with their peers, accessible materials that assist people with IDD to access resources.



9. HOW DO YOU PLAN TO COLLECT DATA AND INFORMATION ON THE IMPACT OF THIS PROJECT?

Example: surveys, direct observation, quotes from participants, interviews, etc.

A large, empty rectangular box with a light lavender background, intended for the applicant to provide their answer to question 9.

SECTION D. SUSTAINABILITY

10. PLEASE EXPLAIN THE EXPECTED LONG-TERM IMPACTS OF THIS PROJECT AND HOW YOUR PROPOSED PROJECT CAN BE SUSTAINED BEYOND DDPC GRANT FUNDING.

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11. IF APPLICABLE, PLEASE EXPLAIN HOW YOUR PROPOSED PROJECT CAN BE REPLICATED OR DISSEMINATED ON A WIDE-SCALE BASIS.



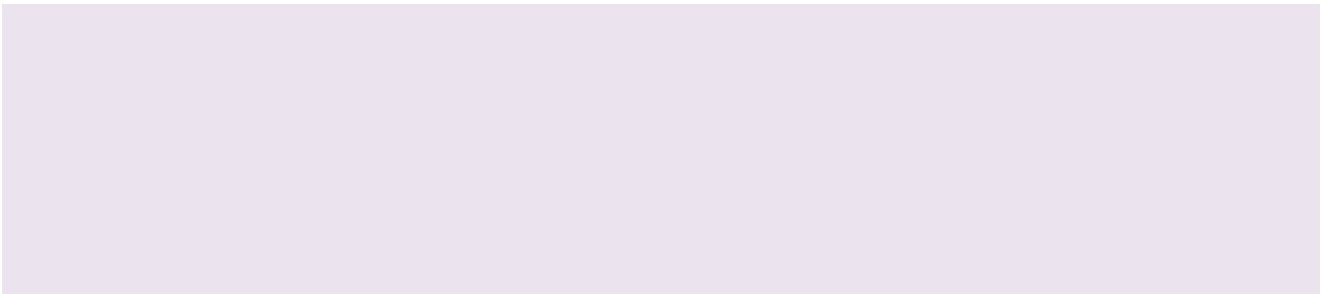
SECTION E. BUDGET

Please answer the questions and complete the project budget below. Please only include Allowable Expenses in your project budget. See the “**Allowable/Non-Allowable Expenses**” document posted with this solicitation for additional guidance.

1. I understand that our organization must be registered as a Vendor in the NYS Statewide Financial System (SFS) to be eligible for this grant. **YES** **NO**

2. Please describe the source of your Match.

For example: State Funds, Private donations, etc. Please note that Federal dollars cannot be used as Match:



PROJECT BUDGET

Directions: Maximum request is \$50,000.00. Please enter expenses that will be covered by DDPC grant funds under “DDPC Funds” and expenses that will count towards Match under “Grantee Funds (Match).” In the “Line Item Justification” column, please provide a 1-2 sentence description of each line item expense.

<u>Categories</u>	<u>DDPC Funds</u>	<u>Grantee Funds (Match)*</u>	<u>Line Item Justification</u>
Personnel	\$		
Consultant & Contracted Services	\$		
Travel	\$		
Equipment	\$		
Supplies	\$		
Other	\$		
<i>34% Match required</i>		TOTAL Grantee Match	Budget Notes:
TOTAL	\$	\$ %	

* **Match:** Match must be at least 34%. Match can be met through “in-kind” dollars, like staff time, but must be from other sources beyond DDPC funds or other federal funds. For more information on the DDPC’s Match requirements, please see “Fiscal Fundamentals: Match Dollars.”