

Multi-Year Grant Application Questions - Provider Organization	Answer Type	Answer Categories	"Character with spaces" limit	
<i>General Information</i>				
Full legal name of organization	Fill in the Blank		N/A	N/A
Mailing address	Fill in the Blank		N/A	N/A
Website	Fill in the Blank		N/A	N/A
Name of Person preparing this grant	Fill in the Blank		N/A	N/A
Title	Fill in the Blank		N/A	N/A
Email Address	Fill in the Blank		N/A	N/A
Direct Phone Number	Fill in the Blank		N/A	N/A
Name of Organization Executive	Fill in the Blank		N/A	N/A
Title	Fill in the Blank		N/A	N/A
Email Address	Fill in the Blank		N/A	N/A
Direct Phone Number	Fill in the Blank		N/A	N/A
What date was the organization established?	Fill in the Blank		N/A	N/A
Does the organization have at least one FT employee?	Y/N			
<i>Program, Services and Scope</i>				
Mission	Narrative		N/A	500
Vision	Narrative		N/A	500
Values	Narrative		N/A	1000
Programs or Services Provided	Drop Down - Choose All that Apply	Day, Employment, Residential, Behavioral, Nursing, Assistive Technology, Transportation, Mental Health, Family Support		N/A
	Narrative	Other Services, please explain		250
What quantitative and/or qualitative data does your organization use to determine the need for IDD services in your community?	Narrative		N/A	1000
Based on those sources, what unmet need for services exists in your community?	Narrative		N/A	500
What services are currently being provided that are at risk because of a lack of DSPs to provide the services?	Narrative		N/A	500
Has the organization discontinued services post-pandemic, and if so, what impact has that had on the individuals receiving those services?	Narrative		N/A	1000

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<i>Financial Information</i>				
Amount of Annual Operating Budget for Current Year	Fill in the Blank		N/A	N/A
Annual Operating Budget - Current Year	Attachment		N/A	N/A
Most recent 990	Attachment		N/A	N/A
Most recent financial audit	Attachment		N/A	N/A
Date of last independent financial audit	Number		N/A	N/A
If audit is more than 18 months old, please provide an explanation	Narrative		N/A	500
501c3 IRS Determination Letter	Attachment		N/A	N/A
<i>Persons Served</i>				
Total persons served by the organization on annual basis	Fill in the blank/number		N/A	N/A
Persons served with I/DD	Fill in the blank/number		N/A	N/A
Persons served with IDD who are 18 years old or over	Fill in the blank/number		N/A	N/A
Number of persons served who are 18 years and older by age range	Fill in the blank/number	45 and under; 46 and over		N/A
Approximate number of persons served with diagnosis of Moderate IDD	Fill in the blank/number		N/A	N/A
Approximate number of persons served with diagnosis of Severe or Profound IDD	Fill in the blank/number		N/A	N/A
How does the project increase access to services for persons with IDD?	Drop down menu, choose all that apply. Comment Box for "Other".		See rows below	N/A
		1. The organization can maintain existing services.		N/A
		2. The organization can reduce its waiting list.		N/A
		3. The organization can immediately accept persons requesting services.		N/A
		4. The organization can establish a new program not currently being offered.		N/A
		5. The organization can add physical sites.		N/A
		6. Other, please explain.		250
How many people will be impacted?	Fill in the blank		N/A	N/A

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<i>Grant Request</i>				
Project Name	Narrative		N/A	250
Total Amount Requested	Fill in the blank		N/A	N/A
What duration of grant are you requesting?	Drop Down, Choose one	2 year, 3 year		N/A
What is the total grant amount requested in each year?	Fill in the blank	Year 1, Year 2, Year 3		N/A
Please provide a one-sentence description of the project for which you are seeking funding.	Narrative		N/A	250
Please describe your project in detail including the problem you are addressing (recruitment, retention of DPSs or both).	Narrative		N/A	1000
What are the critical steps in your project plan?	Narrative		N/A	1000
What is the timeline for your project?	Narrative		N/A	1000
What are the results you are committed to achieving?	Narrative		N/A	1000
How will you measure the results to show you have achieved your goal?	Narrative		N/A	500
Do you envision the project being sustained in future years, and if so, how?	Narrative		N/A	500
What were the total number of DSPs employed as of 1/1/2024?	Fill in the blank		N/A	N/A
What were the total number of DSPs employed as of 12/31/24?	Fill in the blank		N/A	N/A
How many of those were FT?	Fill in the blank		N/A	N/A
How many of those were PT?	Fill in the blank		N/A	N/A
How many of those were PRN?	Fill in the blank		N/A	N/A
How many DSPs were hired between 1/1/2024 and 12/31/2024?	Fill in the blank		N/A	N/A
Between 1/1/2024 and 12/31/2024 what was the total number of DSPs who left employment?	Fill in the blank		N/A	N/A
How many DSP positions did the organization have at 12/31/2024?	Fill in the blank		N/A	N/A
How many of those DSP positions were vacant?	Fill in the blank		N/A	N/A
Project Budget Form	Attachment		N/A	N/A

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<i>Capacity Building Questions</i>			
In what way(s) will this project lead to greater operational efficiency, improve financial performance and/or operational stability?	Narrative	N/A	1500
How will the project result in higher quality services and supports that meet a currently unmet need?	Narrative	N/A	1500
How does the project increase access to resources that are currently unavailable to the organization?	Narrative	N/A	1500