Single Year Grant Application Questions - Sector Organizations	Answer Type	Answer Categories	"Character with spaces" limit
General Information			
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		
Program, Services and Scope			
Mission	Narrative	N/A	500
Vision	Narrative	N/A	500
Values	Narrative	N/A	1000
What geographical area does your organization serve?	Narrative	N/A	250
What quantitative and/or qualitative data does your organization use to determine the need for the services your organization provides?	Narrative	N/A	1000
Based on those sources, what unmet need for your services exists in the community served?	Narrative	N/A	500
Financial Information			
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
Grant Request			
Project Name	Narrative	N/A	250
Total Amount Requested	Fill in the blank	N/A	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.	Narrative	N/A	1000
How does the project increase access to services for persons with IDD?	Narrative	N/A	500
Who and/or what is the primary beneficiary of your services?	Narrative	N/A	250
How many beneficiaries will be impacted?	Fill in the blank	N/A	N/A
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 activities do you now conduct or will you conduct to share broadly the learning from this project?	Narrative	N/A	500
Project Budget Form	Attachment	N/A	N/A