The questions below are included on the online grant application. This form is intended to help providers prepare to submit their application. See the form for dropdown menus and full details for each question. All applications must be completed at the online form to advance to the review process.

**Submit all answers to these questions on the** [**DP Provider Grant Application**](https://app.smartsheet.com/b/form/550f88a7571d451bb02edddd457568b9) **form.**

**Section I: Organization Information**

* Organization Name
* Organization Address
* Contact Name
* Contact Phone
* Contact Email
* Name of Organization Lead
* Title of Organization Lead
* How many years of experience does the organization have with supporting individuals with intellectual disabilities and/or delays and other disabilities?
* Provide a brief list of current programs and services offered
* During the past fiscal year (7/1/2020-6/30/2021), how many unique individuals with I/DD were served?
* In the past fiscal year, how many unique individuals resided in Adams, Arapahoe, and/or Douglas Counties while served?
* Is your organization a Program Approved Service Agency (PASA)?
* What are the funding sources your organization uses/accepts?
* What is the organization staff size?
* What is your organization's annual budget?
* Does the organization have experience managing grants?
* Has the organization received previous grant funds from DP?
* If applicable, list Previous Grant Amounts Received from DP

**Section II: Proposal/Request**

1. Title of Proposal/Request
2. Total Amount Requested
3. What is the Project Budget Total (if different than the amount requested)
4. Will grant funds help launch a new program?
5. How many total individuals w/IDD do you anticipate serving with this proposal?
6. Select the counties within the DP catchment area that you anticipate serving in proposal.
7. Describe the proposed project/program.
8. What is the issue or opportunity addressed?
9. What are the primary goals of this request?
10. What resources are needed to accomplish goals?
11. How is this innovative or new to your program and/or the community?
12. Select the primary category of impact/funding area.
13. Select any additional categories of impact/funding area(s).

**Section III: Proposal Project Planning**

1. Describe the project plan
2. How will you evaluate the success of this grant?
3. Describe how the impact of this project will be measured.
4. List collaborations/partnerships related to proposal.
5. Describe the sustainability plan.
6. List other funding sources utilized to support this project.
7. What is your timeline for this project?
8. Proposed Project Start Date
9. Proposed Project End Date

**Section IV: Supporting Documentation**

* Is the organization budget attached?
* Is the project budget attached?
* Upload the following:
1. Annual Budget/Year End Financial Statement
2. Balance Sheet (List of assets and liabilities)
3. Project Budget
4. Other Supporting Documentation (Project Plan, Gantt Chart, Letters of Support, Estimates/Price Quotes, etc.)