Developmental Pathways

Provider Grant Application Questions

This outline is intended to help providers prepare answers in advance of filling out the grant application. Please note that stability/staff capacity questions may vary from the questions listed below. See form at the link below for dropdown menus and full details for each question. All applications must be completed via the online form to advance to the review process.

Submit all answers to these questions on the DP Provider Grant Application form.

Section I: Organization Information

Organization Name

Organization Street Address *Please provide the organization's remit address.*

Organization City, State, and Zip Code *Please provide the organization's remit address.*

Contact Name *List the best contact for grant application and follow up.*

Contact Title *Title or Relationship to Organization*

Contact Phone *List the best contact for grant application and follow up.*

Contact Email *List the best contact for grant application and follow up.*

Name of Organization Lead *CEO, President, Executive Director, etc.*

Title of Organization Lead *Select all that apply.*

- CEO
- Director
- Executive Director
- President
- Owner
- Other (if other type in title)

Email of Organization Lead *CEO, President, Executive Director, etc.*

Organization's Mission Statement

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 last 12 months, how many unique individuals with I/DD were served?

In the last 12 months, how many unique individuals served resided in Arapahoe, Douglas, or Elbert Counties while served?

- **Total Arapahoe:**
- **Total Douglas:**
- **Total Elbert:**

What is the legal status of your organization? *Select one.*

- Educational Institution
- Non-profit 501(c)(3)
- Non-profit 501(c)(4)
- Other 501(c) Organizations
- Local Government
- For-profit

Is your organization a Program Approved Service Agency (PASA)? *For more information: https://tinyurl.com/cdphePASA. Select one.*

- *Yes*
- *No*
- *In Process*

If in process, explain where you are in the approval process.

What are the funding sources your organization uses/accepts? *Select all that apply.*

- Private insurance
- Private pay
- Colorado Medicaid/Health First Colorado (accepts or in process to accept)
- HCBS Waiver Funding (accepts or in process to accept)
- Fundraising
- *Other*

What is the organization staff size?

What is your organization's annual budget? *This number should match the attached budget or profit and loss statement.*

Does the organization have experience managing grants? *Select one.*

- Yes
- No
- Unsure

Type of Grant *Select one.*

- Staff Capacity/Stability
- Innovation/Expansion

Section II: Proposal/Request

Select a relevant Priority Area. *Official Priority Areas can be found here. Select all that apply.*

1. Capacity Building: Alleviate provider waitlists and support organizations in fulfilling more RFPs (especially related to day programming, supported employment, Children's Habilitation Residential Program (CHRP) waiver, and respite).
2. Service Expansion: Broaden service times, locations, and populations and/or total number of people served.
3. Stability: Address the direct care workforce hiring crisis.
4. Mental/Behavioral Health: Enhance access and support

Please select the focus area that most aligns with your request:

- Vehicle-Related
- Housing (Residential, PCA, host home, etc.)
- Facility Improvements (renovations, doors, parking, etc.)
- Equipment (furniture, program supplies, etc.)
- Programming (start-up, expansion, stability, etc.)
- Employment (new hires, current staffing support, training, etc.)
- Broader stabilization
- Other (Please describe):

Title of Proposal/Request *Please describe project in a few words. This may be used in future communications and on grant documents.*

Project Budget Total *Total amount of funding needed to complete this project.*

Total Amount Requested from Developmental Pathways *Total amount of funding being requested through this Provider Grant application.*

Will grant funds help launch a new program? *Select one.*

- Yes
- No

How many total individuals with I/DD within the Developmental Pathways service area do you anticipate serving with this proposal? *The Developmental Pathways service area includes Arapahoe, Douglas, and Elbert Counties.*

Select the counties within the DP catchment area that you anticipate serving in proposal. *Select all that apply.*

- Arapahoe
- Douglas

- Elbert
- Other

Describe the requested/proposed project/program. *Max. 2000 characters*

What is the issue or opportunity addressed? *Max. 2000 characters*

What are the primary goals or outcomes of this request? *Max. 2000 characters*

How is this innovative or new to your program and/or the community? *Max. 2000 characters*

How does this project specifically support individuals with I/DD in Arapahoe, Douglas, and Elbert Counties? *Max. 2000 characters*

Section III: Proposal Project Planning

Describe the project plan. *Describe the plan in detail and include the timeline, critical steps, and tasks. Optional: Attach a Gant Chart or Project Plan at the end of application. Max. 2000 characters*

Describe how the impact of this project will be measured as it is related to primary goals or outcomes of this request. *Please detail any evaluation tools, data metrics, surveys, etc. Max. 2000 characters*

List collaborations/partnerships related to proposal. *Max. 2000 characters*

Describe the sustainability plan. *List what you are doing to generate additional support for the project, both financial and non-financial, that will help support the work after this proposal ends. Max. 2000 characters*

List other funding sources utilized to support this project. *Include committed and pending requests and amounts. Max. 2000 characters*

Proposed Project Start Date

Proposed Project End Date *Please note that projects should preferably end before or by April 30, 2025.*

Risks/Challenges: *What risks or challenges do you anticipate with this project?*

Partial Funding: *If partially approved, how does your organization intend to fund the remaining costs of the project?*

Section IV: Supporting Documentation

Note that an Organization Budget and Project Budget must be submitted to complete the application and to move forward in the review process.

File Upload. *Upload the following:*

1. *Annual Budget*
2. *Balance Sheet/Year End Financial Statement*
3. *Project Budget*

4. *Optional: Other Supporting Documentation (Project Plan, Gantt Chart, Letters of Support, Estimates/Price Quotes, etc.)*

Note: A business plan is required for organizations less than one year old.

Is the organization budget attached? *Attach a detailed budget with income sources and revenue listed for the organization. Select one.*

- Yes
- No

Is the organizational balance sheet/year-end financial statement attached? *Attach a year-end financial statement for the most recent fiscal or calendar year. Select one.*

- Yes
- No

Is the project budget attached? *Attach a detailed project budget with income sources and costs for the project. Select one.*

- Yes
- No