
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

- 1. Organization Name**
- 2. Organization Street Address** *Please provide organization's remit address.*
- 3. Organization City, State, and Zip Code** *Please provide the organization's remit address.*
- 4. Contact Name** *List the best contact for grant application and follow up.*
- 5. Contact Title** *Title or Relationship to Organization*
- 6. Contact Phone** *List the best contact for grant application and follow up.*
- 7. Contact Email** *List the best contact for grant application and follow up.*
- 8. Name of Organization Lead** *CEO, President, Executive Director, etc.*
- 9. Title of Organization Lead** *Select all that apply.*
 - CEO
 - Director
 - Executive Director
 - President
 - Owner
 - Other (if other type in title)
- 10. Email of Organization Lead** *CEO, President, Executive Director, etc.*
- 11. Type of Organization**
 - Non-profit (501c3, 501c4, etc.)
 - For-profit
 - Government (local, state, federal, tribal)
 - Educational (K-12, district, college, university, etc.)
 - Project with a Fiscal Sponsor

- Private Equity (not eligible)
- Other

12. Is your organization a Program Approved Service Agency (PASA)? *For more information:*

<https://tinyurl.com/cdphePASA>. *Select one.*

- Yes
- No
- In Process

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

14. How many years of experience does the organization have with supporting individuals with intellectual disabilities and/or delays and other disabilities?

15. Provide a brief list of current programs and services offered.

16. During the last 12 months, how many unique individuals with I/DD were served?

17. 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:

18. 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

19. What is the organization staff size?

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

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

- Yes
- No
- Unsure

Section II: Proposal/Request**1. Select a Type of Grant**

- **Program Capacity & Development Grant:** *For planned projects that increase capacity, support workforce stability, enhance quality, or expand programs and services.*
- **Urgent Stability Grant:** *For providers facing urgent financial hardship or are at immediate risk of closure.*

2. Select a Priority Area. [*Official Priority Areas can be found here.*](#) *Select all that apply.*

- Workforce Stabilization
- Service Capacity
- Respite Services
- Urgent Stability

3. Select a Focus Area.

- Workforce Stabilization
 - Wage support for new direct care staff positions (time-limited)
 - Hiring and retention bonuses
 - Staff training, certifications, and professional development
 - Burnout prevention, wellness, or other related incentives
- Service Capacity
 - Program capacity and/or expansion to increase access
 - Program delivery tools, systems, and technology
 - Vehicles essential to service delivery
 - Hiring direct care staff to address HCBS and family caregiver gaps
- Respite Services
 - Increased staffing for in-home respite care and respite services
- Urgent Stability
 - One time urgent or essential operating expenses
 - Immediate financial distress impacting continuity of care
 - Unexpected crisis that jeopardizes ongoing services

4. Title of Proposal/Request *Please describe project in a few words. This may be used in future communications and on grant documents.***5. Project Budget Total** *Total amount of funding needed to complete this project.*

6. **Total Amount Requested from Developmental Pathways** *Total amount of funding being requested through this Provider Grant application.*
7. **Will grant funds help launch a new program?** *Select one.*
 - Yes
 - No
8. **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.*
9. **Describe the requested/proposed project/program.** *Max. 2000 characters*
10. **What is the issue or opportunity addressed?** *Max. 2000 characters*
11. **What are the primary goals or outcomes of this request?** *Max. 2000 characters*
12. **How is this innovative or new to your program and/or the community?** *Max. 2000 characters*
13. **How does this project specifically support individuals with I/DD in Arapahoe, Douglas, and Elbert Counties?** *Max. 2000 characters*

Section III: Proposal Project Planning

1. **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*
2. **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*
3. **List collaborations/partnerships related to proposal.** *Max. 2000 characters*
4. **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*
5. **List other funding sources utilized to support this project.** *Include committed and pending requests and amounts. Max. 2000 characters*
6. **What risks or challenges do you anticipate with implementation of this program or project?**
7. **Proposed Project Start Date**
8. **Proposed Project End Date** *Please note that projects must be completed by the end of the grant term on 5/31/27.*

9. **Partial Funding: Can the organization continue the program or project if only partial funding is awarded?**
 - a. Yes
 - b. No
10. **Partial Funding Cont. If you answered yes to the above, how does your organization intend to fund the remaining costs of the project?**

Section IV: Supporting Documentation

Applications must include ALL required documents to be considered complete.

1. **Project Budget** using the provided template.
2. **Organization's Annual Budget** Attach a detailed budget with income sources and revenue listed for the organization.
3. **Organization's Financial Statements** (Examples include Profit and Loss Statement, Balance Sheet, Statement of Cash Flows, Year-End Financial Statement or audited financial statements)
4. **[W9 and Direct Deposit Forms](#)** Scroll down to "Unmet Needs" to download forms.
5. **Detailed Business Plan** * Required for businesses less than 2 years old.
6. **Optional** (Project Plan, Gantt Chart, Letters of Support, Resume, Estimates/Price Quotes, etc.)

Please ensure ALL files above are uploaded before submitting your application. Submissions missing one or more documents may be denied.