



Thank you for your interest in the Douglas County Developmental Disability Mill Levy Grant Application. After you have reviewed the application, please let us know if you have any questions. Please feel free to share the application with anyone who may be interested.

Two copies of the Grant Application, with original signatures, are due in the Douglas County Human Services Building, 4400 Castleton Court, Castle Rock, CO 80109, by **4:30 p.m. on Thursday, April 28, 2011**. If you plan on mailing your application, please allow time for it to arrive by this date. *Late applications will not be accepted.*

We will advise grant applicants of final decisions by June 30, 2011. If additional information is needed, agencies will be contacted and deadlines may be extended. Also, please note that you will be required to meet with the Mill Levy Grant Review Committee to provide an oral briefing of your grant. These oral presentations will be scheduled for mid to late May.

A copy of the Douglas County Long Range Plan to Include Adults with Developmental Disabilities may be found at the following website:
http://www.douglas.co.us/countyadmin/Developmental_Disabilities.html. Please read this document before submitting your Grant Application.

Thank you in advance for preparing your Grant Application. We look forward to working with you to provide much needed services for persons with developmental disabilities in Douglas County.

Sincerely,

Valerie Robson
Douglas County Human Services
303-688-4825 ext. 5363
vrobson@douglas.co.us

Maureen Waller
Douglas County Commissioners' Office
303-660-7424
mwaller@douglas.co.us

For Official Use Only

Date and Time Received: _____

Application Number: _____

Previously funded YES _____ NO _____

Approved _____ Denied _____

Amount Requested _____

Amount Awarded _____

DOUGLAS COUNTY
DEVELOPMENTAL DISABILITY MILL LEVY
GRANT APPLICATION
2011-2012

FOR INFORMATION AND/OR QUESTIONS, PLEASE CONTACT:

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Douglas County Human Services
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*Please read Funding Availability, Funding Criteria and Narrative Requirements – Instructions
before completing this application.*

FUNDING AVAILABILITY

In 2001, Douglas County voters approved the developmental disabilities Mill Levy and the commissioners determined that approximately 95 percent of the funds would go toward our county's Community Centered Board, Developmental Pathways. The remaining 5 percent would be retained to fund innovative and collaborative projects that assist county residents with developmental disabilities.

The distribution of the 5 percent Mill Levy funding takes place through a grant program that is overseen by county staff with the help of a citizen committee. The committee makes recommendations to the Douglas County Commissioners for final approval. The amount available for grant funding varies from year to year, but grants typically fall within the \$1,000 to \$25,000 range.

In 1996, the Developmental Disability Advisory Council of Douglas County was established to address the concerns of the Douglas County community regarding the support and services for individuals with developmental disabilities. The Council oversaw the development of the Long Range Plan to Include Adults with Developmental Disabilities. The Long Range Plan calls for the development of plans for services and support that will focus on the varied needs of adults with developmental disabilities. Specifically, it calls for plans that:

- Are workable, flexible, sustainable, accountable, can be funded, and that are considerate of the needs of all.
- Will recognize the ability of each individual to contribute to his/her fullest capability.
- Help address concerns that include (but are not limited to):
 - Life in common
 - Housing
 - Transportation
 - Employment
 - Recreation and Leisure
 - Health

All grant proposals must serve individuals with disabilities who meet the Colorado definition of a developmental disability as defined below:

- Occurs before the person reaches 22 years of age,
- Substantially impacts the person's daily life,
- Is caused by mental retardation or related conditions (e.g., cerebral palsy, autism, epilepsy, Down Syndrome, or other neurological conditions),
- Impairs the person's general intellectual functioning: IQ 70 or below +/- 5; and,
- Significantly limits daily living skills in two or more areas.

FUNDING CRITERIA

The following criteria must be met:

Eligibility:

- Preference will be given to organizations that can demonstrate innovative and collaborative projects and programs. Organizations should describe how they know their program is innovative and how it uses best practices in the service of unmet needs. It is important that projects and programs demonstrate effective outcomes.
- Eligible projects must serve individuals with developmental disabilities (as defined above) and/or their families who are Douglas County residents. All qualifying organizations and local government agencies, regardless of home base, will be considered; however, the project for which the grant funds are requested must serve Douglas County residents.
- A service provider that is not a 501 (c) 3 may still apply for a grant, however, you must provide documentation and proof of being incorporated or that you have a fiscal agent.
- All grant proposals must be approved by the Douglas County Commissioners.

Timing:

- Generally, grant periods are 12 months in length.
- Grants are not automatically renewable.

Reporting:

- If your organization is awarded a grant, you agree to provide a project update six months after the issuance of the grant and a final project report at the completion of the project.

Limitations:

- Douglas County Mill Levy funds shall be used to fund projects and services rather than serve as a substitute for fund-raising. No organization's existence should be totally dependent upon Douglas County support.
- Administrative funding for the grant project is limited to two percent (2%) of the grant amount.
- There is **no** automatic entitlement to Douglas County Mill Levy funds distributed through the Douglas County Commissioners. Grants are funded on a yearly basis and are not automatically renewable.
- Please be advised that Douglas County Commissioners may revoke the grant at any time if funds are used inappropriately.
- Listed below are some of the major items that would **not** be considered appropriate use of Mill Levy funds. However, there may be other items that are not eligible for funds that are not included on this list.
 - Debt retirement
 - Grants to individuals
 - Medical, scientific or academic research
 - Organizational start-up costs
 - Endowments or other reserve funds
 - Individual medical procedures
 - General Operations
 - Capital expenditures for administrative purposes (e.g., computers, printers)

NARRATIVE REQUIREMENTS – INSTRUCTIONS

A successful grant application must accurately and completely address the items identified below. The following pages list the specific required information related to your organization and its grant application. Please make sure you have answered all the questions and provided all the requested documents. Any applications that are missing the required information will not be accepted for review by the grant committee.

Grant applications should be printed on white paper, using a 12-point font (Times New Roman or similar) and one-inch margins on all sides; pages should be numbered. Applications **should not be placed in binders or folders**; one binder clip in the upper left hand corner, securing all pages, is sufficient. Applications must be typed or printed in black ink (for ease of photocopying) and provided in the format listed below, including required attachments. Please use attachment(s) if necessary, but please be sure to reference each attachment to the appropriate item number. A separate application must be submitted for each project.

Applications must be received in the Douglas County Human Services Office no later than 4:30 p.m. on the day of the deadline as set forth in the cover letter. Late applications will not be accepted.

Please submit two (2) copies, with original signatures, to:

Douglas County Human Services
4400 Castleton Court
Castle Rock, CO 80109

Requirement Checklist

	Included?		
	Yes	No	N/A
A. Organizational Summary	_____	_____	
B. Assurances	_____	_____	
C. Organization Information (items 1-5)	_____	_____	
D. Purpose of Grant (items 1-2)	_____	_____	
E. Description of Project (items 1-5)	_____	_____	
F. Budget for Grant Project (items 1-3)	_____	_____	
G. Financial Management (items 1-6)	_____	_____	
H. Additional Information			
1. Letters of Support, if applicable.	_____	_____	_____
2. Other attachment(s), if applicable.	_____	_____	_____

**DOUGLAS COUNTY MILL LEVY
GRANT APPLICATION**

A. ORGANIZATIONAL SUMMARY

Organization Name: _____

Address: _____

City: _____ Zip: _____

Executive Director: _____

Contact Person (if not Director): _____

Name

Title

Phone (Office): _____

Fax: _____

E-mail: _____

Purpose of Grant: _____

Brief Description of Request: _____

Amount of Request: _____

Prior Grants Received by the Organization from the Douglas County Mill Levy Grant Fund (List Year and Amount):

Grant Description	Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. ASSURANCES

ORGANIZATION NAME: _____

VERIFY THAT THE AUTHORIZING OFFICIAL HAS READ THE ASSURANCES BELOW BY INITIALING:

_____(initial) The applicant certifies that all information contained in this application, including attachments and supporting materials, is true and accurate to the best of their knowledge. **The application is part of public record.**

_____(initial) The applicant pledges not to discriminate against any employee, volunteer or program participant on the **basis of race, color, religion, national origin, gender, age, military status, sexual orientation, and marital status, or physical or mental disability.** The Americans with Disabilities Act became law on July 26, 1990. The Act extends civil rights protection to people with disabilities, assuring that they cannot be excluded from participation in any program or facility that is open to the public. The applicant pledges to incorporate access or planning for access for people with disabilities into its program and service delivery. The applicant pledges to comply with the Fair Labor Standards Act.

_____(initial) The applicant agrees to comply with the Douglas County Mill Levy funds reporting and fiscal/performance review requirements.

Signature of applicant:

Signature of Board President or Authorizing Official

Date

Printed Name of Board President or Authorizing Official and Title

C. ORGANIZATION INFORMATION

(Two pages maximum for items 1-3)

Please label attachments appropriately (i.e., use letter and number).

- 1) Mission Statement and a brief statement of the organization's goals and objectives:
- 2) Provide a brief summary of the organization's history.
- 3) Describe the organization's current programs, activities, and accomplishments.
- 4) List of names and qualifications of key staff. (*Do not include job descriptions or résumés*).
- 5) List of Board of Directors including position on the board, occupation and name of the employer.

D. PURPOSE OF GRANT

(Two pages maximum)

Please label attachments appropriately (i.e., use letter and number).

- 1) Statement of problem or need to be addressed:
- 2) Describe how your project or organization will address this problem or need, and list how many people will benefit from this project.

E. DESCRIPTION OF PROJECT

(Two pages maximum)

Please label attachments appropriately (i.e., use letter and number).

- 1) Describe the planned project activities, milestones, projected timetable/action plan, and responsible parties.
- 2) Describe how your project is innovative, and list collaborations, and/or best practices, if applicable.
- 3) If the project appears to be duplication, please explain how it augments current services.
- 4) Identify projected results of your project and explain how you will measure outcomes.
- 5) Explain long-term sources/strategies for funding at the end of the grant funding period.

F. BUDGET FOR GRANT PROJECT

1) TOTAL EXPENSES FOR THE PROJECT - attach additional pages if necessary

PERSONNEL:

* _____ \$ _____
 * _____ \$ _____

NON-PERSONNEL PROJECT COSTS:

* _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____
 * _____ \$ _____

ADMINISTRATIVE COSTS

(Administrative funding for the grant project is limited to two percent 2% of the grant amount) \$ _____

TOTAL PROJECT COSTS: \$

2) TOTAL REVENUE FOR THE PROJECT CONFIRMED?

(Provide details for each)

FEES:

* _____ \$ _____

DONATIONS:

* _____ \$ _____

IN-KIND:

* _____ \$ _____

YOUR ORGANIZATION'S MATCH:

* _____ \$ _____
 * _____ \$ _____

TOTAL PROJECT REVENUES: \$

TOTAL PROJECT COSTS (from above)		\$ <input type="text"/>
TOTAL PROJECT REVENUES:	(minus)	\$ <input type="text"/>
GRANT \$ REQUESTED (total project cost - total project revenues = grant \$ requested)		\$ <input type="text"/>

F. BUDGET FOR GRANT PROJECT – continued
3) GRANT MONEY REQUESTED - BREAKDOWN
Worksheet - Hand in with Grant Application

Please break down the total expenses the grant request amount will be funding:

ITEM:	COST:
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____
6 _____	\$ _____
7 _____	\$ _____
8 _____	\$ _____
9 _____	\$ _____
10 _____	\$ _____
11 _____	\$ _____
12 _____	\$ _____
13 _____	\$ _____
14 _____	\$ _____
15 _____	\$ _____
TOTAL Expenses :	\$ _____
 SUBTRACT IN-KIND, DONATIONS, FEES	 (minus) \$ _____
 NOTE: THIS TOTAL MUST MATCH GRANT \$ REQUESTED	 \$

Attach additional sheets if necessary. Please label attachments appropriately (i.e., use letter and number).

G. FINANCIAL MANAGEMENT

An important component of the committee’s decision to recommend funding is the financial stability of the organization seeking a grant. As stewards of the Mill Levy funding, the County Commissioners need to be provided reasonable assurance that your organization’s financial management is sufficient to successfully fulfill the objectives of the grant project with a minimal risk of running out of money before it is completed.

Please answer the following questions and provide that appropriate documentation as indicated by each response:

	Yes	No	N/A
1) Corporate Status			
a. Is your organization a 501(c) 3 charitable organization?	_____	_____	
b. Is your organization a non-profit organization other than a 501(c) 3 charitable organization?	_____	_____	
c. If so, please indicate what type of non-profit corporation it is.	_____	_____	
d. Is your organization a for-profit corporation?	_____	_____	
e. If so, please indicate the corporate structure you are incorporated as.	_____	_____	
f. Please provide a certificate of good standing with the state in which you are incorporated.	_____	_____	_____
2) Organizational Budgets			
a. Does your organization maintain annual budgets?	_____	_____	
b. If so, please attach a copy of your organization’s budget for the current fiscal year.	_____	_____	_____
3) Financial Statements			
a. Does your organization undertake an annual financial audit or review by outside experts who are independent of the organization?	_____	_____	
b. If your organization has had an audit or review of its annual financial statements, please attach a copy of the most recent audit or review report.	_____	_____	_____
c. If your organization does not undertake an annual financial audit or review by outside experts who are independent of the organization, do you maintain accurate and reliable internally generated financial statements?	_____	_____	_____
d. If your organization does not undertake an annual financial audit or review by outside experts who are independent of the organization please provide a copy of your internally generated financial statements for the most recent fiscal year end.	_____	_____	_____
e. Include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months).	_____	_____	_____

	Yes	No	N/A
4) Tax Returns			
a. If you are a 501(c) 3 charitable organization, have you filed your annual IRS Form 990 return on a timely basis?	_____	_____	_____
b. If you are a 501(c) 3 charitable organization please attach a copy of the most recent IRS Form 990 return.	_____	_____	_____
c. If you are a for-profit organization, have you filed your annual income tax returns on a timely basis?	_____	_____	_____
d. If you are a for-profit organization, please attach a copy of the first four pages of your most recent federal corporate tax return.	_____	_____	_____
5) Financial Management			
a. Does your agency have an accounting system that can track the revenue and expenses that are accurate and reliable for the project included in this grant request?	_____	_____	
b. Are your administrative expenses for this specific project less than 2% of the grant total?	_____	_____	
c. Does your organization expend over \$300,000 from combined federal sources in a year?	_____	_____	
6) Fiscal Agent			
a. Are you using a fiscal agent/fiscal sponsor for this grant application?	_____	_____	
b. Attach a copy of the memorandum of understanding or the contract between the organization and the fiscal agent/fiscal sponsor.	_____	_____	
c. Attach proof of IRS federal tax-exempt status for the fiscal agent/fiscal sponsor.	_____	_____	
d. Attach a list of the Board of Directors for the fiscal agent/fiscal sponsor.	_____	_____	