

# INSTRUCTIONS

## 2018 Douglas County Funding Application Developmental Disability Mill Levy Grant Request

### Calendar

- |                           |  |
|---------------------------|--|
| • Week of June 25, 2018   | Applications posted on webpage             |
| • July 20, 2018           | Applications due by 5:00 p.m.              |
| • August-September, 2018  | DDML Advisory Council reviews applications |
| • October/November, 2018  | Funding recommendations                    |
| • November/December, 2018 | Contracts drafted                          |

### Application Format and Requirements

All funds awarded will directly support Douglas County's Board Goals for Health and Human Services. The clients served must meet the Colorado definition of Intellectually or Developmentally Disabled (I/DD).

In Colorado, a DD is defined as one that occurs before a 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.

### Organizational Profile

Questions are intended to help staff gain a better understanding of the organization, including its mission, goals, services, and structure. Answers will help us assess the viability, experience and longevity of the organization. Staff is looking to determine if your organization thinks strategically based on your proposal and how it meets your mission and goals.

### Intellectual/Developmental Disability Program Services

Grant funds are available through the Douglas County Developmental Disabilities (DD) Mill Levy. Services provided should meet one of the priority areas outlined in Douglas County's "Long Range Plan to Include Adults with Developmental Disabilities".

- **Life in Common:** Enhance opportunities that create a sense of belonging and connection to the Douglas County community.
- **Recreation or Leisure:** Improve or expand programs to allow for inclusivity and participation.
- **Employment:** Provide support for skill development and jobs that pay a living wage.
- **Housing:** Increase affordable housing options.
- **Health:** Develop public and private partnerships to improve a better health care delivery system.
- **Transportation:** Increase transportation options to improve access to employment, medical care, recreation, and leisure activities.

### **Preparing Your Application**

The application for services, trips and vehicle purchase is a fillable PDF. If you have a question about how the form works, or encounter difficulties with the application, please contact Kim Smith at 303-660-7347 or through email at [ksmith@douglas.co.us](mailto:ksmith@douglas.co.us).

- Review the list of attachments before beginning the application process.
- Using bullet points in the narratives helps to facilitate the submittal and review process.
- Governing body must approve the application submittal.

### **Required Attachments- please label each attachment**

Attachment A: Proposed Budget Spreadsheet (form provided)  
Attachment B: Organizational chart or list of positions (include vacancies)  
Attachment C: Organizational budget for current and previous year  
Attachment D: Copy of most recent financial audit or IRS Form 990  
Attachment E: W9 Form  
Attachment F: Tax status certification  
Attachment G: List of Board of Directors or other governing body

### **Project Specific Attachments:**

Attachment H: Unit Cost Spreadsheet (form provided for Trips, Vehicle Purchase, Adult Day, Personal Care)  
Attachment I: Purchasing and procurement procedures, if applying for a vehicle

### **Optional Attachments (labeling not required):**

- Letters of recommendation
- Agency brochures or fliers outlining services
- Photographs or other documentation

### **Submittal Instructions**

The following must be submitted no later than **5:00 p.m. on Friday, July 20, 2018**:

- One signed original application, including all labeled attachments (*please do not staple*).
- One electronic copy of the application and the attachments on a flash drive
- Five hard copies of the application, no attachments needed.

Submit applications to the Douglas County Department of Community Development, Community and Resource Services, 100 Third St., Castle Rock, CO 80104, to the attention of Melanie Grothe. Email questions and the electronic copy of the application and attachments to [mgrothe@douglas.co.us](mailto:mgrothe@douglas.co.us), or call 303-814-4326 with questions.

# 2018 Douglas County Funding Application Developmental Disabilities Mill Levy

## Organizational Profile

### General Information

Organization:	
Address:	
City, State, Zip:	
Contact name:	
Email address:	
Office phone number:	
Direct phone number and extension:	
Cell phone (optional):	
DUNS number:	
Tax identification number:	

**1. Check the legal status of your organization.**

Non-profit 501(c)(3)       Local government       Quasi-governmental       Other

**2. Are you a faith-based organization?**     Yes     No

**3. Provide the date of incorporation of your organization.**    \_\_\_\_\_

**4. Identify the governing body of your organization:** \_\_\_\_\_

**5. What is your organization's mission?** *(Limited to the space available below.)*

**6. What are your organization's goals?** *(Limited to the space available below.)*

**7. List services offered by your organization.** *(Limited to the space available below.)*

**8. How many grants has your organization received over the last three years?**

*(Limited to the space available below.)*

**9. Is your organization currently fully staffed?** *Fully staffed means no current vacant positions to fill.*

Yes  No

**If you answered no, please explain why.** *(Limited to the space available below.)*

**10. How many partnerships has your organization developed in Douglas County?**

*(Limited to the space available below.)*

**11. Describe at least one successful partnership and the benefits to the population you serve.**

*(Limited to the space available below.)*

**12. What percentage of your services and resources are focused on Douglas County residents?**

*(Limited to the space available below.)*

**13. Total number of Douglas County residents with I/DD who were served by your organization last year:** \_\_\_\_\_ residents

**14. Does your organization maintain a waitlist for services?**  Yes  No

**If you answered yes, how many are waitlisted for each service?**

**Service:** \_\_\_\_\_ **# on Waitlist:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **# on Waitlist:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **# on Waitlist:** \_\_\_\_\_

**Signature and Certification**

I certify that all information provided in this grant application is complete and accurate to the best of my knowledge. My organization's governing body has approved submittal of this grant application. I understand that any false information or omission may disqualify my organization from further consideration for funding. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application, my organization, and its employees, officers, and Board members.

I have read and understand the above statements.

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# 2018 DDML Application for Services

1. Organization: \_\_\_\_\_

2. Service Name: \_\_\_\_\_

3. Which priority does your proposal meet? \_\_\_\_\_

4. Funding amount requested for this service: \$ \_\_\_\_\_

6. Provide a brief description of your proposal, including who will be served and how grant funds will be used. *(Limited to the space available below.)*

7. How long have you provided the service you are proposing, either with or without grant funds?

\_\_\_\_\_ years \_\_\_\_\_ months

8. The purpose of these grant funds is to increase the number of people served or expand current services. Please estimate the number of *new* clients you plan to serve.

\_\_\_\_\_ new clients

9. If you have a waitlist for this service, what is the average number of clients on your waitlist per month?

What is the average amount of time clients are on the waitlist? \_\_\_\_\_ years \_\_\_\_\_ months

**10. Select all target areas that you plan to serve through this proposal.**

- Northwest (Roxborough, Highlands Ranch, Lone Tree, Sedalia)
- Northeast (Parker, The Pinery)
- Central (Castle Rock, Castle Pines)
- Southwest (Deckers, Larkspur, Perry Park)
- Southeast (Franktown, Cherry Valley)

**11. Do you have experience providing services through the DD Mill Levy grant?**  Yes  No

**If you answered yes, please describe the programs that utilized these funds and your experience managing these grants.** *(Limited to the space available below.)*

**12. Below is a list of possible outcomes. Please select all outcomes your organization can achieve, if your application receives funding.**

- Increase the number of people with I/DD who are able to experience therapeutic recreation and other types of recreation and leisure programs.
- Increase the number of people with I/DD who are able to secure affordable housing.
- Increase the number of people with I/DD who are able to secure employment or develop job skills.
- Improve access to the health care delivery system.
- Improve the quality of life for people with I/DD.
- Allow people with I/DD to live independently or with minimal assistance.
- Improve the opportunity to be engaged in the community or in community activities.
- Other.

Please describe: \_\_\_\_\_

# 2018 DDML Application for Trips

1. Organization: \_\_\_\_\_

2. Service Name: \_\_\_\_\_

3. Which priority does your proposal meet? \_\_\_\_\_

4. Funding amount requested for this service: \$ \_\_\_\_\_

5. Number of one-way trips planned per month: \_\_\_\_\_ Cost per trip? \$ \_\_\_\_\_

6. Provide a brief description of your proposal, including who will be served and why this service is needed. *(Limited to the space available below.)*

SAMPLE

7. If you have a waitlist for this service, what is the average number of clients on your waitlist per month? \_\_\_\_\_

What is the average amount of time clients are on the waitlist? \_\_\_\_\_ years \_\_\_\_\_ months

8. What is the total number of one-way trips your organization provided to Douglas County residents last year? \_\_\_\_\_

9. What is the total number of Douglas County residents with I/DD your organization provided trips for last year? \_\_\_\_\_



**10. How long have you provided the service you are proposing, either with or without grant funds?**

\_\_\_\_\_ years \_\_\_\_\_ months

**11. The purpose of these grant funds is to increase the number of people served or expand current services. Please estimate the number of new clients you plan to serve.**

\_\_\_\_\_ new clients

**12. Select all target areas that you plan to serve through this proposal.**

- Northwest (Roxborough, Highlands Ranch, Lone Tree, Sedalia)
- Northeast (Parker, The Pinery)
- Central (Castle Rock, Castle Pines)
- Southwest (Deckers, Larkspur, Perry Park)
- Southeast (Franktown, Cherry Valley)

**13. Below is a list of possible outcomes. Please select all the outcomes your organization can achieve through this proposed funding source.**

- Increase the number of I/DD able to access medical care.
- Increase the number of people with I/DD able to access nutrition by grocery shopping or attending a meal site program.
- Increase the number of people with I/DD able to access an adult day care program.
- Increase independence for people with I/DD, allowing them to remain in their homes safely.
- Increase the number of people served with I/DD.
- Increase the number of people served needing wheelchair accessible vehicles.
- Increase the number of people with I/DD with access to employment.
- Other.

Please describe: \_\_\_\_\_

# 2018 DDML Application for Vehicle Purchase

1. Organization: \_\_\_\_\_

2. Service Name: \_\_\_\_\_

3. Which priority does your proposal meet? \_\_\_\_\_

4. Funding amount requested for the vehicle: \$ \_\_\_\_\_

5. What is the cost per trip? \$ \_\_\_\_\_

6. Provide a brief description of your proposal. *(Limited to the space available below.)*

7. Who do you plan to serve, why do you need the vehicle, and how often will it be used? *(Limited to the space available below.)*

8. What is the vehicle make and model you wish to purchase? \_\_\_\_\_

9. Are you applying for other funding sources to help pay for the vehicle purchase?  Yes  No

10. If you receive partial DDML funding, how will you make up the difference to purchase the vehicle?  
*(Limited to the space available below.)*

11. If you have a waitlist for transportation services, what is the average number of clients on your waitlist per month? \_\_\_\_\_ clients

12. What is the average amount of time clients are on the waitlist? \_\_\_\_\_ years \_\_\_\_\_ months

13. How long has your organization provided transportation services? \_\_\_\_\_ years \_\_\_\_\_ months

14. What is the estimated monthly number of one-way trips you plan to provide with the proposed vehicle? \_\_\_\_\_ trips

15. Select all target areas that you plan to serve through this proposal.

- Northwest (Roxborough, Highlands Ranch, Lone Tree, Sedalia)
- Northeast (Parker, The Pinery)
- Central (Castle Rock, Castle Pines)
- Southwest (Deckers, Larkspur, Perry Park)
- Southeast (Franktown, Cherry Valley)

16. Below is a list of possible outcomes. Please select all the outcomes your organization can achieve through this proposed funding source.

- Increase the number of people with I/DD able to access medical care.
- Increase the number of people with I/DD able to access nutrition by grocery shopping or meal site program.
- Increase the number of people with I/DD able to access an adult day care program.
- Increase independence for people with I/DD, allowing them to remain in their homes longer.
- Increase the number of people served with I/DD.
- Increase the number of people served needing wheelchair accessible vehicles.
- Increase the number of people with I/DD with access to employment.
- Other.

Please describe: \_\_\_\_\_

**Attachment A**  
**2018 Proposed Budget**

**Organization and Project Name:**

Highlands Ranch Community Association

<b>Personnel Costs:</b>	
Salaries & Wages, Taxes and Benefits	\$ 53,000.00
<b>Non-Personnel Project Costs:</b>	
Materials and Supplies	\$ 1,000.00
Cost of Programs (scholarships, classes, personal instruction)	\$ 42,000.00
Other (Please explain)	
Other (Please explain)	
Other (Please explain)	
Other (Please explain)	
<b>TOTAL PROJECT COSTS</b>	<b>\$ 96,000.00</b>

<b>Total Revenue for the Project - Provide Details</b>	
Fees	\$ 13,000.00
Donations	\$ 5,000.00
In-Kind	\$ 3,000.00
Organizational Match	\$ 30,000.00
<b>TOTAL PROJECT REVENUES</b>	<b>\$ 51,000.00</b>

Total Project Costs	\$ 96,000.00
Total Project Revenues	\$ 51,000.00

<b>GRANT AMOUNT REQUESTED</b>	<b>\$ 45,000.00</b>
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## Attachment H

### 2018 Unit Cost - Personal Care

Organization and Project Name:

To The Rescue

Proposed Monthly 1 hour Personal Care Units (Annual/12):	1,300
Proposed Annual 1 hour Personal Care Units:	15,600

Personnel/Administration:	Annual Cost	Monthly Cost	Per Unit
Salaries and Wages, Benefits		\$ -	\$ -
Stipends/Mileage Reimbursement		\$ -	\$ -
Training/Certifications		\$ -	\$ -
Other (Background Checks)		\$ -	\$ -
<b>TOTAL PERSONNEL/ADMINISTRATION</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Equipment:			
Computers		\$ -	\$ -
Disposable, consumable equipment and supplies		\$ -	\$ -
Software (dispatching, reporting, etc)			
<b>TOTAL EQUIPMENT</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Other Costs:			
Advertising, Marketing or Outreach		\$ -	\$ -
Phones		\$ -	\$ -
Office Supplies		\$ -	\$ -
Other (Please explain)		\$ -	\$ -
Other (Please explain)		\$ -	\$ -
Other (Please explain)		\$ -	\$ -
<b>TOTAL OTHER DIRECT COSTS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

<b>Total Proposed Unit Cost Per Hour</b>	<b>\$ -</b>
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