

**2021 Douglas County Grant Application  
Developmental Disabilities Mill Levy Grant  
Due July 16, 2021**

**Organizational Profile**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Phone # and extension: \_\_\_\_\_ Cell Phone # (optional): \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

1. What is the legal status of your organization?  Non-profit 501(c)(3)  Non-profit 501(c)(4)  
 Local Government  Quasi-Governmental  For-profit

2. Who has signature authority for your organization?

Name \_\_\_\_\_

Title \_\_\_\_\_ email \_\_\_\_\_

3. Is your organization a Program Approved Service Agency (PASA)?  Yes  No

4. Provide the date of incorporation of your organization. (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

5. What is your financial year (mm/dd/yy)? Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_

6. Check all policies and procedures approved by the governing body of your organization:

- Civil Rights  Fraud and Conflict of Interest  Procurement  
 Language Assistance and Translation Services  Staff Training and Development  
 Data Security and Disposal of Personal Identifying Information (mandated by Colorado Revised Code)  
 Confidentiality

7. Is your 2020 IRS Form 990 (non-profit), or 1120 (for-profit) form available to include with this application? Yes/no

8. If no, please state when we can expect a copy of the form:

9. Select the audit requirement that applies to your organization:

- Single Audit  Financial Audit or CAFR  Internal Audit  No Audit Required

10. Do you use Medicaid waiver funding?  Yes  No

11. Does your organization have experience managing grants?  Yes  No

12. Leveraging DDML funds is highly valued. Demonstrate your ability to leverage funds by completing the table below, and list all the grants received by your organization over the last three years (2018, 2019, 2020). If you need more space than this table allows, please attach a separate page to the PDF when you submit your application.

<b>Federal grants:</b>				
year received	funding source	purpose	amount	Is a match required?
			\$	
			\$	
			\$	
			\$	
<b>State grants:</b>				
year received	funding source	purpose	amount	Is a match required?
			\$	
			\$	
			\$	
			\$	
<b>Foundation grants:</b>				
year received	funding source	purpose	amount	Is a match required?
			\$	
			\$	
			\$	
			\$	
<b>Local grants:</b>				
year received	funding source	purpose	amount	Is a match required?
			\$	
			\$	
			\$	
			\$	
<b>Fundraising Events:</b>				
year received		purpose	amount	
			\$	
			\$	
			\$	
			\$	
<b>Other:</b>				
year received	funding source	purpose	amount	Is a match required?
			\$	
			\$	
			\$	
			\$	

13. Identify the governing body of your organization:  
 Board of Directors  Elected Officials  Other

14. What is your organization's mission?

15. What are your organization's goals?

16. List the services offered by your organization:
17. How are the services you offer different from other organizations offering similar programs?
18. List the criteria your organization uses to qualify a person with I/DD for services funded through the DDML grant?
19. How many partnerships has your organization developed in Douglas County? \_\_\_\_\_
20. List the partnerships your organization has developed in Douglas County. A partnership is defined as an agreed upon relationship between organizations resulting in additional service provision. The relationship need not be defined through a formal agreement. Networking and referring clients between agencies don't rise to the level of a partnership in answering this question.
21. Describe at least one successful partnership and the benefits to the I/DD population.
22. Does your organization maintain a waitlist for services?  Yes  No
23. Are you a faith-based organization?  Yes  No
24. What is the ratio of clients to staff providing direct services to your clients?  
\_\_\_\_\_ clients to \_\_\_\_\_ staff
25. How many individuals with I/DD were served by your organization last year? \_\_\_\_\_
26. What is the ratio of your clients with I/DD to clients with other disabilities?  
\_\_\_\_\_ people with I/DD \_\_\_\_\_ people with other disabilities
27. How many individuals from Douglas County with I/DD were served by your organization last year: \_\_\_\_\_
28. What percentage of your organizational resources (i.e. funds, salaries, volunteers, in-kind, etc.) are focused on Douglas County residents? \_\_\_\_\_%
29. How many referrals or RFPs were denied services due to capacity or funding issues? \_\_\_\_\_
30. Is your organization currently fully staffed?  Yes  No
31. If you answered no, identify the open positions and if you plan to fill them.
32. Other than funding, what does your organization need to increase your success or expand services to people with I/DD?

### **Attachments**

The attachments are described below and will vary based on the legal status of each applicant (non-profit, local government, etc.). Provide Attachment B3, Program Budget, and Attachment I, Unit Cost, on the forms provided for each request. Use the Attachment Labels to separate the attachments. Check the following boxes to confirm the attachments are included with your submittal.

### **Required Attachments (check off the following)**

Attachment A1: 2019 Organizational Budget

5/28/21

- Attachment A2: 2019 Balance Sheet (or a Statement of Financial Position)
- Attachment A3: 2019 Budget vs. Actual
- Attachment A4: 2019 Revenues and Expenses (or Statement of Activities or Income Statement)
- Attachment B1: 2020 Organizational Budget
- Attachment B2: 2020 Budget vs. Actual
- Attachment B3: Program Budget for each proposal (use the form provided)
- Attachment C: List of Board of Directors or Other Governing Body
- Attachment D: Organizational Chart or List of Positions (include vacancies)
- Attachment E: The most recent IRS Form 990 (non-Profit), 1120 (for profit), or local jurisdictions can provide a link to their CAFR.
- Attachment F: Tax Status Certification (original or updated letter stating organization's tax status)
- Attachment G: W9 Form

**Project Specific Attachments:**

- Attachment H: Most Recent Audit Documents (supply a signed copy of the full report or a link to the webpage where the document is located: \_\_\_\_\_).
- Not Applicable (only when your organization is not audited)
- Attachment I: Unit Cost Spreadsheet for each grant application (use the form provided). Check all that apply:  Trips  Vehicle Purchase  Adult Day  Personal Care  Services  Respite
- Attachment J: Purchasing and Procurement Procedures (Required for Vehicle or Equipment Purchase)
  - Not Applicable

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

- ROMA Logic Model or Theory of Change
- Letters of recommendation
- Agency brochures or fliers outlining services
- Photographs or other documentation
- Annual Report

**Please provide any comments related to the attachments if needed.**

**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 understand that all information submitted may be subject to disclosure under the Colorado Open Records Act (CORA). If any of the required information is considered confidential, privileged or proprietary, submit it in a separate PDF with a request that it be redacted should a request for information be submitted under CORA.

\_\_\_\_\_  
**Name**

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

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

5/28/21

**ATTACHMENT A1**  
**2019 Organizational Budget**

SAMPLE

**ATTACHMENT A2**  
**2019 Balance Sheet**  
**or**  
**Statement of Financial Position**

SAMPLE

**ATTACHMENT A3**  
**2019 Budget vs. Actual**

SAMPLE

**ATTACHMENT A4**  
**2019 Revenues and Expenses**  
**or**  
**Statement of Activities/Income Statement**

SAMPLE

**ATTACHMENT B1**  
**2020 Organizational Budget**

SAMPLE

**ATTACHMENT B2**  
**2020 Budget vs. Actual**

SAMPLE

**ATTACHMENT B3**  
**Program Budget**

SAMPLE

**ATTACHMENT C**  
**Board of Directors**

SAMPLE

**ATTACHMENT D**  
**Organization Chart**  
**Or**  
**List of Positions**

SAMPLE

## **ATTACHMENT E**

### **2019 IRS Form**

**990 (non-Profit), 1040 (individual), or 1120 (for profit). Note: If your organization has filed for an extension, please provide a copy of the IRS form [Form 4868 (individuals), Form 8868 (non-profit), or Form 7004 (for profit/corporation)]**

SAMPLE

**ATTACHMENT F**  
**Tax Status Certification**

SAMPLE

**ATTACHMENT G**

**W9 Form**

SAMPLE

## **ATTACHMENT H**

### **Most Recent Audit Document**

**Provide a signed copy of the full report (or include a link to the webpage where the document is located on page 4 of the Organizational Profile)**

SAMPLE

**ATTACHMENT I**  
**Unit Cost Spreadsheet**

SAMPLE

**ATTACHMENT J**

**Purchase and Procurement Procedures**

**(when requesting funds for a vehicle or equipment purchase)**

SAMPLE

**Other Attachments If Needed**

SAMPLE