

**2020 Douglas County Grant Application
Developmental Disabilities Mill Levy Grant
Due June 15, 2020**

Developmental Disabilities Mill Levy (DDML) grant awards are allocated through an annual competitive grant process. An application for funding includes an Organizational Profile, Proposal Details and Attachments. The funds may only be used in support of Douglas County residents with an intellectual or developmental disability (I/DD) as defined by the State of Colorado. Most awards are made in a one-time payment. The County seeks to make grant awards in support of programs, projects or scholarships for residents, as opposed to administrative costs or operating expenses. Reporting on use of the awarded funds is required.

You may propose more than one request for funds. Only one Organizational Profile is needed, even if multiple requests are submitted. Use a separate fillable form for each request (services, trips, personal care, respite, adult day and vehicle purchase). Provide one set of attachments with the Organizational Profile and insert your attachments between the cover sheets included at the end of this document. If you submit more than one request for funds, submit an Attachment B3, Program Budget, and Attachment I, Unit Cost Spreadsheet, specific to each request.

A signed 990 is a critical component of the County’s application review process for DDML funding and must be included in order to complete the review process. Please take special note of questions 7 and 8 on page 2.

If you have questions about the application or the review process contact Tina Dill, 303 814-4380, or tdill@douglas.co.us for clarification. Electronic submittals are required and should be sent to Melanie Grothe, mgrothe@douglas.co.us.

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 2019 IRS Form 990 (non-profit), 1040 (individual) or 1120 (for-profit) form available to include with this application? Yes/no
- 8. If no, please provide an explanation and state when we can expect a copy of the signed form:

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)], plus a brief statement as to why an extension is being requested.

- 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 (2017, 2018, 2019). If you need more space than this table allows, please attach a separate page to the PDF when you submit your application.

Federal grants:				
year received	funding source	purpose	amount	Is a match required?
			\$	\$
			\$	\$
			\$	\$
			\$	\$
State grants:				
year received	funding source	purpose	amount	Is a match required?
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Foundation grants:				
year received	funding source	purpose	amount	Is a match required?

			\$	\$
			\$	\$
			\$	\$
			\$	\$
Local grants:				
year received	funding source	purpose	amount	Is a match required?
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Fundraising Events:				
year received		purpose	amount	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Other:				
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. 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.

20. Describe at least one successful partnership and the benefits to the I/DD population.

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

22. Are you a faith-based organization? Yes No

23. What is the ratio of clients to staff providing direct services to your clients?

_____ clients to ____ staff

24. How many individuals with I/DD were served by your organization last year? _____
25. How many individuals from Douglas County with I/DD were served by your organization last year: _____
26. What percentage of your resources (i.e. funds, salaries, volunteers, in-kind, etc.) are focused on Douglas County residents? _____%
27. How many referrals or RFPs were denied services due to capacity or funding issues? _____
28. Is your organization currently fully staffed? Yes No
29. If you answered no, identify the open positions and if you plan to fill them.
30. 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.). Attachment B3 and Attachment I were a part of the application packet emailed to each applicant. Provide Attachment B3, Program Budget, and Attachment I, Unit Cost, on the forms provided for each request. Insert your attachments between the cover sheets, included with this document, and check the following boxes to confirm the attachments are included with your submittal.

Required Attachments (check off the following)

- Attachment A1: 2019 Organizational Budget
- 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: 2020 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: A **Signed copy** of the 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)], plus a brief statement as to why an extension is being requested.
- Attachment F: Tax Status Certification (original or updated letter stating organization's tax status)
- Attachment G: W9 Form

Required 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

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.

Name

Electronic Signature

Date

ATTACHMENT A1
2019 Organizational Budget

ATTACHMENT A2
2019 Balance Sheet
or
Statement of Financial Position

ATTACHMENT A3
2019 Budget vs. Actual

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

ATTACHMENT B1
2020 Organizational Budget

ATTACHMENT B2
2020 Budget vs. Actual

ATTACHMENT B3
2020 Program Budget

ATTACHMENT C
Board of Directors

ATTACHMENT D
Organization Chart
Or
List of Positions

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)]

ATTACHMENT F
Tax Status Certification

ATTACHMENT G

W9 Form

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)

ATTACHMENT I
Unit Cost Spreadsheet

ATTACHMENT J

Purchase and Procurement Procedures

(when requesting funds for a vehicle or equipment purchase)

**2020 DEVELOPMENTAL DISABILITIES MILL LEVY APPLICATION
APPLICATION FOR SERVICES
DUE JUNE 15, 2020**

You may propose more than one request for funds. Only one Organizational Profile is needed, even if multiple requests are submitted. Use a separate fillable form for each request for services, trips, personal care, respite, adult day or vehicle purchase. Provide one set of attachments with the Organizational Profile and insert your attachments between the cover sheets. If you submit more than one request for funds, submit an Attachment B3, Program Budget, and Attachment I, Unit Cost Spreadsheet, specific to each request. If you have questions about the application or the review process contact Tina Dill, tdill@douglas.co.us or 303 814-4380. Send electronic submittals to Melanie Grothe, mgrothe@douglas.co.us.

Proposal Details

31. Organization: _____

32. Service Name: _____

33. Funding amount requested for this service: \$ _____

34. Percentage of request projected for administrative costs, which does not include salaries:
_____ %

35. Which priority does your proposal meet?

- Life in Common Housing Employment Recreation or Leisure Health

36. Provide a description of your proposal, including who will be served and how these grant funds will be used.

37. What makes this proposal different from other programs offered to Douglas County residents? Is it innovative?

38. What Supports Intensity Scale (SIS) levels will be served by your proposal?

- SIS 1 SIS 2 SIS 3 SIS 4 SIS 5 SIS 6 All SIS levels

39. Will this request allow your organization to provide a new program or activity in Douglas County? Yes No

40. If not a new activity, how many unique Douglas County individuals with I/DD were served in the previous year?

Number of residents _____

41. If not a new activity, how many Douglas County referrals or RFPs were not served due to capacity or funding issues? Number _____

42. The purpose of these grant funds is to increase the number of people served or expand current services. Please estimate the number of Douglas County residents (unique individuals) you plan to serve with this activity who are:

New to your organization ____

Ongoing clients ____

43. Select all areas you plan to serve through this proposal.

- Roxborough Highlands Ranch Lone Tree Sedalia
- Parker Franktown Cherry Valley The Pinery
- Castle Rock Castle Pines Deckers Larkspur Perry Park

44. Below is a list of possible outcomes for Douglas County residents. Please select all outcomes you expect to measure from this proposal.

- 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.

45. Please describe how your proposal will result in the outcomes you selected:

46. Are there other details regarding your proposal you would like to include?