**2024-2025 GRANT FUNDING APPLICATION**

**Executive Summary**

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| **State Plan Priority** | Choose an item. | | **Project Title** | Click here to enter text. | |
| **Organization Name** | Click here to enter text. | | **Contact Person** | Click here to enter text. | |
| **Phone** | Click here to enter text. | | **Email** | Click here to enter text. | |
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| The executive summary will provide all council members with a brief overview of your proposed project and an explanation to how your project will meet the specific Developmental Disabilities Council State Plan objective. The summary should be short in length and should not exceed two pages. Please follow the format below. | | | | | |
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| **Project Description**  *Briefly describe the project, and explain how the proposed grant activities meet the RFP State Plan Goal and Objective.* | | | | | |
| Click here to enter text. | | | | | |

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| **Funding Request** | | | | | |
| *Briefly describe funding requested, organizational match, and why grant activities should be supported by grant funds rather than other sources. Also describe future plans for sustaining activities after Council funding ends.* | | | | | |
| Click here to enter text. | | | | | |
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| **Collaboration** | | | | | |
| *Briefly describe organizational collaborators and stakeholder contribution to grant programming.* | | | | | |
| Click here to enter text. | | | | | |
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| **Self-Advocacy** | | | | | |
| *Briefly describe how the project increases self-determination among individuals with intellectual and developmental disabilities and/or increases advocacy skills among family members.* | | | | | |
| Click here to enter text. | | | | | |