**2024-2025 GRANT FUNDING APPLICATION**

*Please review instructions before completing*.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Type** | New | |  | | Continuation | |  | **Priority Area** | Choose an item. | | | |
|  | Continuation Type: Choose an item. | | | | | | |  | | | |
| **FY24 RFP**  *New projects only* | Choose an item. | | | | | | | **Project Title** | Click here to enter text. | | | |
|  | | | | | | |  |  | | | |
| **Brief Project Description** | Click here to enter text. | | | | | | | | | | |  |
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|  |  | | | | | | | | | | |  |
| **Organization Name** | Click here to enter text. | | | | | | | **Mailing Address** | Click here to enter text. | | | |
| **Contact Person** | Click here to enter text. | | | | | | | **Address Line 2** | Click here to enter text. | | | |
| **Phone** | Click here to enter text. | | | | | | | **City, State ZIP** | Click here to enter text. | | | |
| **Email** | Click here to enter text. | | | | | | |  |  | |  | |
| **Organization Type** |  | Municipal Government | | | | | | **Physical Address** |  | Same as mailing address. | | |
|  |  | County Government | | | | | | **Street** | Click here to enter text. | | | |
|  |  | State Government | | | | | | **City, State ZIP** | Click here to enter text. | | | |
|  |  | Private, Not-For-Profit Corporation | | | | | |  |  | |  | |
|  |  | Other | | Click here to enter text. | | | | **Federal ID Number** | Click here to enter text. | | | |
|  |  | | |  | |  | | **UEI Number** | Click here to enter text. | | | |
|  | | | | | |  | |  |  | |  | |
| **Total amount requested from DD Council** | | | | | | $ | | **Total budget amount including match** | | | $ | |

**Project Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** | **DD Council** | **Match** | **Total** |
| Personnel | $ | $ | $ |
| Consultants and other contractors | $ | $ | $ |
| Travel | $ | $ | $ |
| Equipment | $ | $ | $ |
| Other | $ | $ | $ |
| Indirect (8.5% if applicable) | $ | $ | $ |
| TOTAL | $ | $ | $ |
| PERCENTAGE |  |  | 100% |

**Matching Funds**

*Federal funds cannot be used as match.*

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Amount** | **Source** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**Detailed Budget by Category**

Personnel

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personnel Salary** | | |  | *--Organization’s Match--* | |  |
| Position Title | Salary | % Time on Project | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
|  | $ |  | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ |
| **Salaries Total:** | | | $ | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Fringe Benefits** |  | *--Organization’s Match--* | |  |
|  | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
| **FICA** | $ | $ | $ | $ |
| **Retirement** | $ | $ | $ | $ |
| **Health Insurance** | $ | $ | $ | $ |
| **Workers Compensation** | $ | $ | $ | $ |
| **Unemployment** | $ | $ | $ | $ |
| **Other** | $ | $ | $ | $ |
| **Fringe Total** | $ | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Total** |  | *--Organization’s Match--* | |  |
|  | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
|  | $ | $ | $ | $ |

Consultants and Other Contractors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Consultant/Contractor Service** |  | *--Organization’s Match--* | |  |
| *Briefly describe* | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **Consultant/Contractor Total** | $ | $ | $ | $ |

Travel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Travel** |  | *--Organization’s Match--* | |  |
| *Briefly describe* | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **Travel Total** | $ | $ | $ | $ |

Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** |  | *--Organization’s Match--* | |  |
| *Briefly describe* | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **Equipment Total** | $ | $ | $ | $ |

Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Items** |  | *--Organization’s Match--* | |  |
| *Briefly describe* | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **Other Total** | $ | $ | $ | $ |

TOTAL PROJECT COST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | *--Organization’s Match--* | |  |
|  | **DD Council** | **Cash** | **In-Kind** | **TOTAL** |
| $ | $ | $ | $ |

**Budget Narrative**

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| *Describe how each budget item will be used on the project. For example, if a project has $600.00 for printing costs then provide details about what will be printed and why: $600.00 to print 400 training booklets to be distributed at disability pride workshops.* |
| Click here to enter text. |

**Organizational Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Federal, State, or Local program income.** List the total income received in the previous fiscal year and the current fiscal year ***(Requirement of Section 507)****.* | | | | |
| Type of Funds  (Federal, State or Local) | Description of Income | % of income used for proposed project | Amount of Funds | |
| FY2023 | FY2024 |
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| List any other proposals or grant requests submitted to other public and/or private entities for this project not described above. | | | | |
| Type of Funds  (Federal, State, Local, or other) | Program Description | % of Total Cost  0f Project | Amount of Funds | |
| FY2023 | FY2024 |
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**Project Narrative**

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| *Describe project activities planned between July 1, 2024 and June 30, 2025, and emphasize the following points:*   * *Target population served and targeted areas of South Carolina.* * *How project improves access, integration, productivity, self-determination, and independence for people with intellectual and developmental disabilities and their families.* * *Best and promising practices to be implemented.* * *Intended Impact on target population, policies, procedures, and/or legislation.* * *Outcomes and project deliverables.* * *How project addresses specific RFP State Plan Goal and Objective.* * *Additional RFP requirements.* |
| Click here to enter text. |

**Evaluation Plan Objectives**

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| --- | --- |
| *The DD Council evaluates projects using SMART objectives: Specific, Measurable, Achievable, Realistic, and Timed. Describe project objectives and how they will be measured. Project the number of people served in grant activities.* | |
| Proposed number of people with intellectual and developmental disabilities participating in activities. |  |
| Proposed number of family members of people with intellectual and developmental disabilities participating in activities. |  |
| Proposed number of other people participating in activities *(for example, direct care professionals, special education teachers, legislators, law enforcement officers, etc.)* |  |

|  |  |
| --- | --- |
| *Objectives should include intended results of activities. For example, By the end of Q4, 30 certificate-track students will lead their IEP meetings; or, by the end of Q1, 70 family members will learn about available resources during 1 transition fair.* | |
| **Objective Statement** | **Measurement** |
| *EG: By the end of Q1, 70 family members will learn about available resources during 1 transition fair.* | *Sign-in sheet and survey.* |
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**Interagency Coordination**

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| *Describe stakeholder organizations of the proposed project, and how each organization is involved in developing and implementing the project. Describe how the project will improve interagency coordination of services and supports leading to fewer fragmented systems of support for people with intellectual and developmental disabilities and their families.* |
| Click here to enter text. |

**Impact and Continuation**

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| --- |
| *Describe the intended impacts of the project and address the organization’s efforts in securing long-term funding of the grant activities after Council funding ends. For continuing projects, describe major accomplishments, success stories, challenges experienced, and lessons learned. Also Describe how project activities will continue after Council funding ends.* |
|  |

**Implementation Schedule**

Describe the tasks planned to implement the project’s activities, who is responsible, and during which part of the project year they will be carried out. Tasks should correspond to the evaluation plan objectives.

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| --- | --- | --- | --- | --- | --- |
| **Project Tasks** | **Person(s) Responsible** | **Q1** | **Q2** | **Q3** | **Q4** |
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