

Grant Application for Center for Independent Living-Western NE

The following is the grant application which should be filled out and submitted for review. The Request for Proposal (RFP) should be referenced for specific information and guidance to fill out the grant application.

Specific requirements for each of the following sections are provided in detail under the “IV. Proposal Process.”

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I. Applicant Information: (5 Points):

Applicant Name: _____

Address: _____

Phone Number: _____

Email: _____

Project Name: _____

Project Manager: _____

Project Manager preferred contact: _____

Business Manager (If applicable):

 Name: _____

 Contact Information: _____

Federal Tax ID Number: _____

DUNS Number (if applicable): _____

II. Program Abstract: (10 Points):

- 1.) Describe your organization. (I.e.- Are you community-based, not-for-profit, etc.?)

2.) Describe the proposed program for which funding is being requested (including the purpose and program outcomes, the geographic area, the services to be provided to include core and other allowable independent living services, description of target population, services to be provided and number of clients to be served).

III. Program Narrative: (75 points)

- **Statement of the Problem** (10 out of 75 points)

Identify and describe the challenges or needs the program will address in the geographic area to be served. Provide data to show the nature and scope of the need. Explain previous or current efforts to address the problem, including an analysis of the outcome of these efforts. Provide a clear and concise statement of the purpose or goal of the program and how it will address the needs identified.

- **Project Design** (30 out of 75 points)

Describe the services to be provided. Describe the specific strategies that substantiate the project as a comprehensive program. Identify the geographic boundaries of the proposed program, as well as the target population to be served. Describe outreach and referral strategies to ensure access to the target population. Describe how your program will ensure cultural competence. Describe how your program will ensure program and physical accessibility for people with disabilities. Describe any potential barriers to implementing the project and strategies to overcome them.

- **Implementation Plan** (15 out of 75 points)

Provide a realistic and detailed implementation plan with activities or services and a timeline that indicates significant milestones in the project. Outline the specific program outcomes of the project and how they will address the problem. Describe how the project will address the allowable uses of funds and priority consideration. Applicants should identify who will collect data, who will be responsible for performance measures, and how the information will be used to evaluate and guide the program.

- **Management Structure** (10 out of 75 points)

Describe the experience and capability of the applicant, staff, and contractors. Identify the agency that will serve as the grantee and fiscal agency responsible for the grant's administration. Identify the staff team supporting the project including the name, title, and affiliation of each member. Provide documentation of any collaboration that has or is occurring on the initiative.

- **Sustainability Plan** (10 out of 75 points)

Applicants should describe how the long-term financial sustainability of the project will be funded in the future, including strategies to cultivate alternate funding and community collaboration. If the project will not continue after the grant, provide a clear explanation of why.

IV. Budget/Budget Justification: (10 Points)

Description	FTE	Amount
Salaries		
	0%	-
	0%	-
	0%	-

Total Salaries		- _____

Benefits

	-
	-
	-
	<hr/>
Total Benefits	-
	<hr/>
	<hr/>
Total Salary and Benefits	-
	<hr/>

Operating

Insurance	-
Rent	-
Accounting	-
Service Contract - Copier	-
Telephone/Internet	-
Telephone Conferencing	-
Meetings	-
Printing	-
	<hr/>
Total Operating	-

Supplies

Software	-
Office Supplies and Equipment	-
Paper	-
Postage	-

Total Supplies	-
Travel	
Reimbursed Expenses	-
National Conferences	-
In State Conferences	- _____
Total Travel	-
Center for Independent Living Grants	- _____
Total Budget	- =====

Budget Justification: Please describe each budget category.

V. Assurances:

Please describe how you can meet the following requirements:

- a. Be operated within community:

- b. Involvement of individuals with disabilities in the services and programming:

- c. Operate by Bylaws which includes governance by a Board including a majority membership of individuals with disabilities who reside in counties served:

- d. Compliance with evaluation standards
 - i. Programmatic Compliance: Describe how your Center will provide the mandatory Core Independent Living Services:

 - ii. Fiscal Compliance: Describe the processes that will be in place to assure fiscal compliance.

- e. Hiring policies & procedures:

- f. Training for staff and Board:

I hereby certify that we meet the above requirements and have the capacity to carry out activities detailed in grant submitted.

Name

Title

Date: