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| **Dan Thompson Memorial Developmental Disabilities Community Services Account Application** | |
| **Organization Name** | Click or tap here to enter text. |
| **Date of Submission** | Click or tap here to enter text. |
| **Contact Person** | Click or tap here to enter text. |
| **Business Address** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Website** | Click or tap here to enter text. |

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| **Project Proposal** | |
| **Have you applied for Dan Thompson Grant Funding before?** |  |
| **Requested Amount of Funds** |  |
| **Topic Area** |  |
| **Counties impacted (or Statewide)** |  |
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| **Briefly describe your project proposal in three sentences:** | |
| Click or tap here to enter text. | |
| **Describe how your project proposal will improve or expand the Medicaid State Plan or the Home and Community Based Services Waivers.** | |
| Click or tap here to enter text. | |
| **What are you planning to accomplish, and how will you reach that goal within the contract timeline? Please describe each specific and measurable outcome of your proposal.** | |
| Click or tap here to enter text. | |
| **What is the detailed timeline for your project? Describe how you will make sure the project is complete by June 2027.** | |
| Click or tap here to enter text. | |
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| **Describe how your proposal provides a direct benefit for people who are eligible to receive DDCS services.** | |
| Click or tap here to enter text. | |
| **Describe how you will collect the data and measure the impact of your proposal.** | |
| Click or tap here to enter text. | |
| **Describe the roles and responsibilities of each role directly involved with your proposal.** | |
| Click or tap here to enter text. | |
| **Describe the knowledge and skills possessed by the organization that are needed to implement the proposal.** | |
| Click or tap here to enter text. | |
| **Describe your proposal’s risks.** | |
| Click or tap here to enter text. | |
| **What are your contingency plans?** | |
| Click or tap here to enter text. | |
| **Describe any additional funding sources for this proposal.** | |
| Click or tap here to enter text. | |
| **What is the sustainability plan for the project you are proposing?** | |
| Click or tap here to enter text. | |
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| **Please provide budget details below** | |
| **Budget Item** | **Budget Amount** |
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| Supplemental Section | |
| **Are you registered to do business in Washington state?**  Yes  No | |
| **Are you a small business owner and controlled by a minority, women, or socially and economically disadvantaged persons, or a veteran owned business?**  Yes  No | |
| **Do you work with under-served communities besides those related to developmental disabilities?**  Yes  No | |
| **I understand no work described in this application can start before a signed and fully executed contract is in hand.** | Acknowledged  Name of Applicant:  Click or tap here to enter text. |
| **I understand that I will need to be a registered business in the state of Washington and meet DSHS insurance requirements to receive a grant award.** | Acknowledged  Name of Applicant:  Click or tap here to enter text. |
| **I understand this is a reimbursement-based contract with no advanced payments allowed.** | Acknowledged  Name of Applicant:  Click or tap here to enter text. |
| **Signature** |  |
| **Date** | Click or tap to enter a date. |