

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

Project Proposal	
<b>Have you applied for Dan Thompson Grant Funding before?</b>	
<b>Requested Amount of Funds</b>	
<b>Topic Area</b>	
<b>Counties impacted (or Statewide)</b>	
<b>Briefly describe your project proposal in three sentences:</b>	
Click or tap here to enter text.	
<b>Describe how your project proposal will improve or expand the Medicaid State Plan or the Home and Community Based Services Waivers.</b>	
Click or tap here to enter text.	
<b>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.</b>	
Click or tap here to enter text.	
<b>What is the detailed timeline for your project? Describe how you will make sure the project is complete by June 2027.</b>	
Click or tap here to enter text.	
<b>Describe how your proposal provides a direct benefit for people who are eligible to receive DDCS services.</b>	
Click or tap here to enter text.	
<b>Describe how you will collect the data and measure the impact of your proposal.</b>	
Click or tap here to enter text.	
<b>Describe the roles and responsibilities of each role directly involved with your proposal.</b>	
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.

Please provide budget details below	
Budget Item	Budget Amount

Supplemental Section	
<b>Are you registered to do business in Washington state?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you a small business owner and controlled by a minority, women, or socially and economically disadvantaged persons, or a veteran owned business?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Do you work with under-served communities besides those related to developmental disabilities?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>I understand no work described in this application can start before a signed and fully executed contract is in hand.</b>	Acknowledged <input type="checkbox"/> Name of Applicant: Click or tap here to enter text.
<b>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.</b>	Acknowledged <input type="checkbox"/> Name of Applicant: Click or tap here to enter text.



<b>I understand this is a reimbursement-based contract with no advanced payments allowed.</b>	Acknowledged <input type="checkbox"/> Name of Applicant: Click or tap here to enter text.
<b>Signature</b>	<div></div>
<b>Date</b>	Click or tap to enter a date.