



Grant Application

Community organizations may submit a request for funding support to create/develop or expand programs and services, and/or meet unmet needs specifically for individuals with intellectual/developmental disabilities (IDD) who receive case management services from Foothills Gateway, Inc. and reside in Larimer County. Funding categories for consideration are:

- **Social, Vocational/Employment, and Recreational Opportunities** – Increase access for individuals to support community integration and recreational opportunities;
- **Behavioral and Mental Health Services** – Provision of behavioral health services beyond waiver or Medicaid State Plan defined services;
- **Educational and Independence** – Providing educational opportunities with the goal of increasing independence;
- **Medical and Dental Needs** – Options for medical and/or dental services that are not currently available under the Medicaid State Plan or through a Medicaid Waiver program;
- **Training and Support for Families and Others** – Training and support for caregivers, family members, and the general public on issues related to people with IDD; and,
- **System Gaps** – Projects or services that are focused on bridging gaps or unmet needs within the IDD system, as well as, between the IDD system and other systems. Services funded through this category would be above and beyond what is available through Medicaid/Medicaid waiver program or state funds.

The maximum amount that can be allocated for an approved project ranges up to \$50,000 per 12 month period (funds should be spent within the fiscal year allocated). Community organizations applying for these funds must outline their connection to Foothills Gateway, Inc./Case Management Agency/Community Centered Board, and how the organization will assure and verify that individuals/families served receive case management through Foothills Gateway, Inc. and reside in Larimer County. These funds cannot be used for legal fees, real estate/rent, and/or travel or vacations, or for serving other non-IDD populations. Funding must be used solely for the benefit of individuals with IDD who receive case management services through Foothills Gateway, Inc. and reside in Larimer County. The funds cannot also be used if the intended service is available through a Medicaid Waiver, Medicaid State Plan or State General Funds.

Funded organizations are required to provide incremental updates on project progress:

- Reporting criteria will be available in a Welcome Packet to all approved applicants



- An approved project's required reporting must be submitted two weeks following each quarter's end, i.e., 1st quarter ending September 30th – 1st quarter report due October 15th, 2nd quarter ending December, 31 – 2nd quarter report due January 15th, 3rd quarter ending March 31st – 3rd quarter report due April 15th, and the 4th quarter ending June 30th – 4th quarter report due July 15th

- Forty-five days following the end of the grant period/fiscal year (by August 15th), a final "Grant Report" must be submitted to include:

Results/Outcomes:

- Describe the progress made toward the goals and objectives provided in the grant application;
- Describe the impact this grant had on the population you serve;

Lessons Learned:

- What worked and did not work in your proposed plan?
- What, if anything, would you do differently next time?

- Describe what you learned based of the results/outcomes reported above and what, if any, programmatic or organizational changes you will make based on your results/outcomes.

Sustainability:

- Will you continue this program? If so, how?
- If you do not plan to continue this work, please explain why.
- What suggestions do you have to make more long-term change?

Financials:

- Please complete a financial report showcasing the use of funds in alignment with the grant application and agreement.
 - Include income and expenditure details compared to the approved budget from the grant application. Explain any variances.
 - Grantee agrees to return to the Funder any part of the grant amount unencumbered at the end of the grant period, as identified in the financial report.



Funding Proposal

Section I: Organization/Agency Information

Name of agency:

Date:

Agency street address:

City:

State:

Zip:

Agency website:

Agency mission:

Agency vision:

Agency representative:

Representative phone number:

Representative email address:

Is your agency a Program Approved Service Agency (PASA)? Yes No

How much funding is being requested?

Time period of the request?

Briefly describe your organization's main programs/services including population served:



Section II: Need Statement

Use the following questions to guide the creation of your statement of need:

- What is the need for the project? Is it a serious problem or issue, or a lack of a needed service?
 - Describe what is currently available locally to address the problem.
- What are the facts and the sources that support the need for the project?
 - Target population group(s) and geographic location
- Present the solution to the problem
 - Describe the benefits to the target audience(s)

Statement of Need/Request:



Section III: Project Goals

What is the target goal of your project funding request?

- Capacity building with the outcome of alleviating long waiting lists for IDD services.
- Providing supports to meet unmet needs for IDD adults and children in increased stability, camp supports, community and connection activities, technology projects, social groups, and other related options.
- Offering supports to help individuals with IDD get connected and/or maintain their connection to the IDD system, i.e., assistance with developmental disability determination testing and other pre-enrollment supports, assistance with completion of the Medicaid application and/or assistance with Medicaid redetermination.
- Expansion of service options to provide longer service periods. For example, increased numbers of hours per day, increased numbers of days per week, or other related strategies.
- New service delivery options.
- Other (Describe):

Is this need being met elsewhere in the Larimer County, Colorado community? If not, what research have you conducted to confirm no other resources are supporting your project vision?

Who will benefit from the project? How will they benefit? Define the audience by location and demographics.

Define how you will account for and assure that only Larimer County residents with IDD receiving case management from Foothills Gateway, Inc. will receive the services/opportunities developed using these funds:

Number of people who will benefit from the request.



Period of time funds are needed for this project.

How will you measure the benefit to participants and determine your project's outcomes?

Describe how this funding will help you achieve intended outcomes for people with IDD.

How will you communicate your outcomes and lessons learned with others?

How will you measure your project's effectiveness?

Describe how your project could partner with other community entities or organizations for successful and collaborative implementation.

**PLEASE RETURN COMPLETED GRANT APPLICATION AND ANY RELATED MATERIALS TO:
FGI Development & Communications Director at stacyh@foothillsgateway.org**