

Application Report



Applicant Organization: Test
Project Name: Test
Application ID: App-24-100
Funding Announcement: Cycle 47 Program Development Grants (PDG)
Requested Amount: \$0.00

Section Name: Project Data Sheet

Sub Section Name: Applicant's Information

1. Applicant Question: Project Area

Please select the proposed project area (see instructions for project details):

Applicant Response:

2. Applicant Question: Project Period

Enter the project period start and end dates (Cycle 47 Grant Funding period begins on October 1, 2024 and ends September 30, 2025).

Applicant Response:

Sub Section Name: Project Funding

1. Applicant Question: Match Requirement

The federal government requires match funding for grants awarded by SCDD. A 10% match is required for services provided in Poverty Areas and a 25% match is required for Non- Poverty Areas. The match may include in-kind funding. (Note: your answer to this question will be used to determine your match funding. Please make sure that the match funding in your budget meets the federal requirements for your service area). For more information, you may refer to [Exhibit A - California Poverty Levels by County](#) (available in attachments).

Please identify the area in which this project will be implemented:

Applicant Response:

Sub Section Name: Contact

1. Applicant Question: Main Project Contact

Please identify the main point of contact for this project.

Applicant Response:

2. Applicant Question: Signature Authority

Identify the Director (CEO or equivalent) with the legal authority to enter into a contractual agreement on behalf of the Applicant.

Applicant Response:

Section Name: Project Narrative

Sub Section Name: Qualifications

1. Applicant Question: Organization's Qualifications

Describe your organization's qualifications to design, implement, and successfully complete the proposed project, including the timely production of deliverables. Include experience in working collaboratively with people with I/DD, their families and those governmental and/or community-based entities that provide supports and services.

Applicant Response:

2. Applicant Question: 1st Letter of Support

Please upload your first letter of support.

Applicant Response:

3. Applicant Question: 2nd Letter of Support

Please upload your 2nd letter of support.

Applicant Response:

4. Applicant Question: 3rd Letter of Support

Please upload your 3rd letter of support.

Applicant Response:

5. Applicant Question: Good Standing

Is the applicant in good standing with the CA Secretary of State? Please upload confirmation

letter(s) or proof of good standing.

Applicant Response:

6. Applicant Question: Defaulted on Grant

Has your agency ever defaulted on a grant, contract, or timely provision of deliverables? If so, please explain.

Applicant Response:

7. Applicant Question: Previous Grants/Awards

Please list all grants/awards received from any entity during the last two years that benefit individuals with I/DD and/or their families. Include the name of the project, award date, the funding source, contact person, telephone number, and the full amount of the grant/award.

Applicant Response:

Sub Section Name: Collaboration

1. Applicant Question: Collaborative Partners: Roles and Responsibilities

Please identify those individuals and/or organization(s) that will be collaborating with the Applicant on the proposed project. Provide a brief description of each respective role and responsibilities (including, but not limited to, the production of deliverables). Please upload supporting documentation.

Applicant Response:

2. Applicant Question: Collaborative Partners: Letters of Support

The applicant shall submit collaborators' letters of support with signature(s) from each intended collaborators, whether entities or individuals.

Applicant Response:

3. Applicant Question: Collaborative Partners: MOU

Should the success of a proposed project involve a formal agreement (e.g. a Memorandum of Understanding [MOU] or a Letter of Commitment), a copy of that agreement signed by all parties having signatory authority must be submitted along with the proposal. Please upload your MOU here, if applicable.

Applicant Response:

Sub Section Name: Project Rationale

1. Applicant Question: Project Description

Please explain in detail how this project will address the identified need, as described by the Council in the proposed project area descriptions (see instructions for further information):

Applicant Response:

2. Applicant Question: State Plan

Please explain how the proposed project aligns with and meets the intent of one or more of the Council's State Plan goals (for information about goals, see the instructions):

Applicant Response:

3. Applicant Question: New/Innovative Project

Is this a new or innovative project that can be expanded to other counties, regions or statewide?

If yes, please explain (below) how this project:

1. Will apply innovative and promising practices in its design and implementation;
2. Will build on evidence-based best practice(s); and/or,
3. Can be expanded statewide or to other counties or regions.

Applicant Response:

Sub Section Name: Project Implementation

1. Applicant Question: Implementation Plan

Explain the design of the proposed project and how it will be implemented.

Applicant Response:

2. Applicant Question: Target Population

Clearly identify the population(s) that will be reached and/or impacted by the proposed project and explain the reason(s) for choosing these specific populations/group(s).

Applicant Response:

3. Applicant Question: Identify Underserved Communities

Unserved/underserved communities may be identified by geographic (e.g. urban, rural, frontier, etc.), economic, cultural, ethnic, linguistic, and/or age-related factors, among others.

Select the unserved/underserved population(s)/group(s) served by or expected to benefit from this project and/or its outcomes (Select all that apply):

Applicant Response:

4. Applicant Question: Diversity/Disparities

Describe how the proposed project will benefit individuals from unserved/underserved communities and support opportunities for full community inclusion for diverse people with I/DD:

Applicant Response:

5. Applicant Question: Region/Counties

What county/counties will this project serve/reach (Select all that apply)?

Applicant Response:

6. Applicant Question: Project Activities

Provide a description of specific activities planned during the implementation of the proposed project:

Applicant Response:

7. Applicant Question: Work Plan and Timeline

Provide a work plan with intended activities and timeline(s) for the proposed project, including estimated completion dates and delivery of final product(s). Include details below or upload work plan document.

Applicant Response:

8. Applicant Question: Deliverables/Output(s)

List and provide a description of the products/deliverables to be developed and provided to the Council (e.g. curricula, trainings, manuals, video content, resources, etc.):

Applicant Response:

Sub Section Name: Outcomes

1. Applicant Question: Projected Number of People Reached

Specify the number of people expected to participate in or be served by this project:

Applicant Response:

2. Applicant Question: Federal Performance Measures

The Council reports outcomes to the federal government on an annual basis. Some data is quantitative (e.g. number of laws/regulations/policies/practices created or changed, professionals trained, etc.) and reported through Federal Performance Measures. Quantitative data will still need narrative explanations in the details column. If more space is needed, please use the optional narrative. Please provide the anticipated outcomes for this project, with details/explanation: (See instructions for further information about federal performance measures.)

Applicant Response:

3. Applicant Question: Outcomes

Outcomes are the tangible results achieved through the work of the Council and/or its grantees, whether intended or unintended.

Describe the major and/or expected outcomes of the proposed project:

Applicant Response:

4. Applicant Question: Impact

Describe how the successful completion of the proposed project is likely to impact people with I/DD, their families and/or the people/systems serving them?

Applicant Response:

5. Applicant Question: Project Continuation

If this project is likely to continue after the Council's grant cycle has concluded, please provide information (below), including details about continuation funding, project expansion, additional deliverables, etc.

Applicant Response:

Sub Section Name: Evaluation Plan

1. Applicant Question: Evaluation Plan

Describe how the proposed project and its outcomes will be evaluated, including details about data

collection, analysis, and/or reporting efforts.

Applicant Response:

Sub Section Name: Required Attachments

1. Applicant Question: Organizational Chart

Provide an organizational chart for the proposed project only, including sub-Contractors, where applicable.

Applicant Response:

2. Applicant Question: Personnel Information

For each staff person employed by the project, including those identified on the Budget Report, provide a Curricula Vitae/Resume, Duty Statement, and any applicable and current licenses, certifications and/or credentials. If staff has not yet been identified and/or hired, provide position descriptions. No substitutions will be allowed for any of these documents.

Applicant Response:

3. Applicant Question: Governing Board Approval

Should a proposal require formal approval by the Applicant's 'Governing Board,' proof of such approval must be submitted with this proposal.

Applicant Response:

Section Name: Declarations

Sub Section Name: Declarations

1. Applicant Question: Financial Assurance

Please provide authorizing initials to confirm that the Applicant is financially capable of supporting the project until billing invoices and required bimonthly reporting have been submitted to the Council and reimbursement has been received.

Applicant Response:

2. Applicant Question: Budget Confirmation

Please enter authorizing initials to confirm that the Budget Report has been completed and match requirement has been verified.

Applicant Response:

3. Applicant Question: Final Declaration

Please read the following statement:

We have read and understand all of the provisions within this RFP and electronic application and agree to be bound by them. Furthermore, we have fully read and reviewed the Terms and Conditions, as stated in the State Contracting Requirements, which is included in the Cycle 47 Grant Guidelines. Finally, by submitting a project proposal, we understand that the proposal document represents an agreement that we will be expected to execute if successfully awarded a Cycle 47 Program Development grant from the California State Council on Developmental Disabilities.

Enter authorizing initials to confirm acknowledgment:

Applicant Response:

4. Applicant Question: Final Confirmation

Please enter authorizing initials to confirm that all required components of this application have been completed, including the Budget Report and all required documents have been uploaded into this platform.

Applicant Response:
