



NEW HAMPSHIRE COUNCIL ON  
DEVELOPMENTAL DISABILITIES

## ACCESSIBILITY GRANT APPLICATION

*We are committed to dignity, full rights of citizenship, cultural diversity, equal opportunities, and full participation for all NH citizens with developmental disabilities.*

The Council provides grants of up to \$500 to support accessibility for community projects or educational programs that help achieve goals and objectives in the DD Council's 5-year plan.

- The project must have other sources of funding available that are sufficient to carry out the project.
- Funding cannot be provided for projects that carry out a function that is an obligation of local, state or federal government (including the school system), area agencies or other publicly-funded entities.
- Funds may be provided on either a grant or reimbursement basis only.
- Examples of accessibility for Community Projects that the council could support:
  - American Sign Language and/or CART services
  - closed captioning
  - voice over audio
  - website and materials auditing for accessibility improvement
  - training in how to make your print and digital presence more accessible

### Conditions of Receiving Grant Funds

Accessibility grants are funded through federal funds provided through the Developmental Disabilities Assistance and Bill of Rights Act of 2000. 42 USC 15001 et seq. and are subject to all requirements of that Act. Failure to comply with these requirements will result in forfeiture of funds and the applicant being required to returning any funds received.

- **Important:** A written report on grant activities and outcomes is required upon project completion and at the end of each federal fiscal year (September 30th) until the project is completed. The report must describe project activities and outcomes in their entirety, and not be limited to components paid for with Council funds.
- Applicants are asked to review the reporting form (available on the council's web site) and ask any questions prior to accepting funds. For agency applicants, the Agency Director, President or CEO is responsible for

assuring that the report is completed in the event the project manager leaves the agency.

- Grantees are required to forward the council's annual satisfaction survey to everyone who participated in or was otherwise impacted by the project. This survey is available in electronic and paper format.
- Please contact the NHCDD for the current year survey link and/or printed copies.
- The following language, recognizing the Council's sponsorship, must be included in all project materials and publicity:

*This project was supported, in part with funding provided by the NH Council on Developmental Disabilities under grant number 2101NHSCDD, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

- The Council retains a royalty free, nonexclusive, and irrevocable right to reproduce, publish, use, or authorize others to use any materials developed as a result of the project for Federal and State Government purposes.
- The Council may publicize the awarding of the grant through press releases and other available media.
- Grantees are required to keep financial records and records verifying the basis of numbers reported for performance measures for at least three years following the conclusion of the grant and provide them upon request.



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HELP IS AVAILABLE. If you have questions or need assistance with your application, please contact the Project Manager at 603-271-7040 or Administrative Assistant at 271-7038.

Name of Applicant: \_\_\_\_\_

Contact (if different) : \_\_\_\_\_

Tax Id# (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Project Name: \_\_\_\_\_

Please answer the following questions. Please attach additional pages if needed.

1. Are you a ( one):  Group/Organization  Individual

If you are a group/organization: please provide a brief description of your group (if applicable), including whether any of the members have developmental disabilities.

2. If the grant is awarded, will you commit to disseminate the council’s annual satisfaction survey to your staff and all project participants?  Yes  No

3. Please describe the project for which funding towards accessibility is being requested and how the knowledge gained from the project be further shared or disseminated? If so, how? Please attach any documentation (brochure, flyer, existing letters of support, etc.)

4. How will you evaluate the short or long-term impacts of making the project more accessible and how will you share this information with the Council?

### **Outcome measures**

5. All projects supported by the council must help achieve one or more goals in the council's five-year strategic plan. Please circle the goal the project will support and briefly explain how the project will support them. A full description of the goals and objectives are included with the application directions). Please choose no more than two:

**Goal 1 Quality of Life**

Objective 1: Community, Policy Practice

Objective 2: Quality Services

**Goal 2 Advocacy**

Objective 1: Self-Advocacy, Leadership, Peer Mentoring

Objective 2: Policy

Objective 3: Access to Information

Objective 4: Equitable Education

6. The council is required to report to the federal government the outcomes of all the projects it supports using the following measures:

- education and training
- coalition building

- leadership development
- advocacy; public education and outreach

Please identify which of these measures you expect will be applicable to your project, and what you estimate the numbers will be by answering the following questions if applicable. The council supports many different types of initiatives, so some of the questions may not be applicable to your project, however it is expected that all projects will have some reportable outcome(s). Please consider this as you design your project.

**7. Please give a breakdown of the expenses related to the project.** In general, small grant funds may not be used to pay agency overhead costs such as office rent or salaries or to support the ongoing operations of an agency.

What is the total cost of the project?

How much of the total cost will you be contributing?

What assistance are you receiving from other funding sources and what are those sources?

I have read and accept the conditions set forth if I am awarded a grant.

**Signature of Applicant/Project Manager**

**Date**

**Please send your application to:**

ATTN: Small Grants  
NH Council on Developmental Disabilities  
2 ½ Beacon Street, Suite 10  
Concord, NH 03301-4447

Telephone: (603) 271-7040

FAX: (603) 271-1156

Email: [grants@nhcdd.us](mailto:grants@nhcdd.us)

**GETTING HELP**



If you have questions or need assistance on your application, please contact the Project Manager at 271-7040 or the Administrative Assistant at 603-271-7038.

**Disposition of Request / For Office Use Only**

\_\_\_ Denied

\_\_\_ Approved

Amount Approved:

\$\_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Review Date)  
Designee)

(Signature of Committee Chairperson or