



SMALL PROJECT GRANT APPLICATION

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 \$1000** to support community projects or educational programs that help achieve goals and objectives in the Council's five-year plan.

- Grants requests are subject to available funds. Applications should be submitted at least 60 days prior to the meeting event date. Applicants may check the Council's web site or contact the Council office for the Program and Planning Committee meeting schedule.
- All grant proposals must help achieve one or more goals and objectives in the Council's five-year plan, which must be identified in the application. The five-year plan can be found at www.nhcdd.org.
- Only fully completed applications will be reviewed by the committee. Incomplete requests will be returned.
- The Council may identify the goals and objectives in its plan that are of highest priority and give preference or limit consideration to applications for projects that address those goals and objectives.
- Preference is given to projects with the following characteristics:
 - a. People with disabilities are developing leadership and advocacy skill.
 - b. People with disabilities are exercising personal choice and desire to take part in activity.
 - c. People with and without disabilities are engaged in activities together in integrated settings.
 - d. People with disabilities play an equitable role in the planning of the project.
- There must be a plan in place to evaluate the effectiveness and outcomes of the project and the applicant must be willing to share the results with the Council.
- The project should not 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 will only be provided as a grant or reimbursement.
- Examples of Community Projects that the Council could support:
 - a. A group of families create a cooperative respite program and/or database of respite providers available in their community.
 - b. A small team of consultants, including volunteers with disabilities, provides technical assistance to camps and recreation facilities wishing to improve accessibility and better accommodate people with disabilities.
 - c. A "train the trainer" event for experienced self-advocates who wish to teach self-advocacy skills to others, featuring a nationally recognized trainer and curriculum.
 - d. A training to educate parents of transitioning youth about available resources and how to access them.

- e. A project provides technical assistance to people with disabilities interested in developing and managing inclusive cooperative housing alternatives.

NOTE: The Council does not support social or recreational activities where people with disabilities are isolated or segregated from the broader community or their typically developing peers. This includes projects in which typically developing peers act as “helpers” or have a different status or role than people with disabilities, or activities of which people with disabilities are in a distinct sub-group that is separated or treated differently from the general population.

CONDITIONS OF RECEIVING GRANT FUNDS. Small 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.

- 1) **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.
- 2) Grantees are required to forward the Council’s annual satisfaction survey, available in either electronic or paper format, to everyone who participated in or was otherwise impacted by the project. Please contact the NHCDD for the current year survey link and/or printed copies.
- 3) The NHCDD logo and 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 2001NHSCDD, 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.

- 4) 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,
- 5) The Council may publicize the awarding of the grant through press releases and other available media.
- 6) 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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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 applying for a (one): Community Project Educational Program
2. 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.

3. What is your motivation for this project? Who will be involved (include any other people of groups)?

4. 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
5. Please describe the project for which funding 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.)

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

Outcome measures

7. 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:

CHILDREN'S ISSUES	QUALITY OF LIFE	PERSONAL CHOICE	ACCESS TO QUALITY SERVICES
<input type="checkbox"/> LAWS	<input type="checkbox"/> VOCATIONAL TRAINING	<input type="checkbox"/> SELF ADVOCACY	<input type="checkbox"/> OUTCOME MEASURES
<input type="checkbox"/> POLICIES	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> PEER MENTORING	<input type="checkbox"/> EVALUATION METHODS
<input type="checkbox"/> PRACTICES	<input type="checkbox"/> COMMUNITY LIFE	<input type="checkbox"/> TRAINING	<input type="checkbox"/> WORKFORCE
<input type="checkbox"/> SUPPORTS & EDUCATION	<input type="checkbox"/> RELATIONSHIPS	<input type="checkbox"/> TARGETED DISPARITY	<input type="checkbox"/> MEDICAID MANAGED CARE

8. How will the project achieve the goals and objectives identified above and what is your timeline?

9. Please describe whether and how people with disabilities will be included in the planning and implementation of the project. What results do you expect that will impact the lives of those with developmental disabilities in New Hampshire, their families or the community? (please specific).

10. 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, and 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.

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

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)

(Signature of Committee Chairperson or Designee)