



Maine Developmental Disabilities Council

Small Grants Program: Innovative Ideas

Application

Name: _____ Date: _____

Are you applying as an individual or as an organization?

Organization *If applying as an organization or group, please proceed to Section 1*

Individual *If applying as an individual, please skip to Section 2*

Section 1 – Organizational Applicants

Name of Organization: _____

Type of Organization: _____ Federal ID # (if applicable): _____

Head of Organization (if other than applicant): _____

Mailing Address: _____

Physical Location: _____

Phone #s: _____

Email: _____

Website: _____

What is the purpose of the organization/what services does it provide? Please be specific regarding the relationship of the organization to individuals with disabilities.

Has the organization ever applied for funds from the Council before? Yes No

If yes, when and for what purpose? _____

If yes, was your application approved? Yes No

(Please Proceed to Section 3)

Section 2 – Individual Applicants

Mailing Address: _____

Phone #s: _____

Email: _____

Are you an individual with a developmental disability?* Yes No

If yes, please indicate your disability: _____

Are you a parent /guardian of a child with a developmental disability?* Yes No

If yes, what is the age of the child? _____

If yes, please indicate the child's disability: _____

Have you ever applied for funds from the Council before? Yes No

If yes, when and for what purpose? _____

If yes, was your application approved? Yes No

**this information is required as a condition of the Council's federal funding and will be kept confidential.*

Section 3 – Project/Initiative

Please provide the following information in a separate document.

1. Briefly describe the Innovative Idea in one or two sentences.
2. Describe the qualifications you or your organization possess to undertake this project.
3. Why is this project needed? What are the purpose, goals, and intended outcomes? Please be specific as to how and how many individuals with disabilities will benefit from this project.
4. Please provide a detailed description of the Innovative Idea including a work plan and timeline outlining strategies and activities that will be used to achieve the goals and outcomes.
5. How does this project fit within the Goals & Objectives established within the Council's Five-Year State Plan? Please be specific as to which Goals & Objectives this project relates to.
6. Who will be involved in conducting this project? Please be specific as to how individuals with disabilities will be included.
7. How will you track the effectiveness, measure outcomes and evaluate the success of the project?
8. How will the results/outcomes of the project be shared or disseminated? If applicable, please provide a plan for sustaining/replicating the project.
9. Please provide a detailed budget outlining anticipated expenses for the project. Include information on matching funds or other contributions that will be provided for the project.

Funding Information

Funding Amount Requested: \$ _____

Additional Provisions

- The Council may request more information about objectives, activities, performance targets, and timelines.
- At least one report on grant activities will be required.
- The Council's sponsorship must be recognized in project materials.
- The Council may choose to provide funds on a reimbursement only basis.
- The Council may publicize the awarding of the grant through press releases and other available media.

By signing below, I accept and agree to the conditions of the Innovative Ideas Grant as outlined in this application and in the Innovative Ideas Grant policies.

Signature of Applicant: _____ **Date:** _____

Return completed application to:

angela.b.burgess@maine.gov

~or~

Maine Developmental Disabilities Council
Attn: Personal Education & Leadership Development Grant
225 Western Avenue, Suite 4
Augusta, Maine 04330

Questions? Contact Angela Burgess at angela.b.burgess@maine.gov or 207-287-4213