

**WEST VIRGINIA DEVELOPMENTAL DISABILITIES COUNCIL**  
110 Stockton Street, Charleston, WV 25387  
(304)558-0416(VOICE) 558-2376(TDD) 558-0941(FAX)  
[www.ddc.wv.gov](http://www.ddc.wv.gov)

**GRANT APPLICATION FOR FISCAL YEAR 2012**

**(October 1, 2011 - September 30, 2012)**

**A must be Received by EOB June 24, 2011 7**

**Applicant Information**

The applicant designated below hereby submits this application for funds originating from the Developmental Disabilities Act (P.L. 106-402) for the project described in this application.

Applicant Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Type of Organization: 9 Public 9 Private

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

FEIN# \_\_\_\_\_ DUNS # \_\_\_\_\_

I, the authorized official of the applicant organization, have reviewed this application and hereby certify that (1) to the best of my knowledge, the information contained herein is complete and accurate; (2) funds provided under this grant will be used solely for the project described in this application, or as amended; and (3) the applicant agency agrees to comply with the assurances and stipulations contained in this application and subsequent contract.

Authorized Official & Title: \_\_\_\_\_

Signature (Non-Black Ink): \_\_\_\_\_ Date: \_\_\_\_\_

**Project Identification**

**(Please Print or Type)**

Project Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Costs:**

Grant Request: \$ \_\_\_\_\_  
Applicant Share ("Match"): \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

### **Board of Directors**

**On a separate sheet(s) of paper** provide a list of the applicant organization/agency board members. For each member, list: a) name, b) address, c) organizations the individual represents on the board (if relevant), d) county of residence and e) date when his/her term expires.

### **Project Narrative**

The Project Narrative must be limited to no more than six (6) pages long. **Narratives longer than six (6) pages will not be reviewed.** Proposals must include the following:

- 1. Project goals and objectives:** Identify the goals and objectives to be addressed and the specific, measurable performance targets to be reached and products to be produced by the project for FY 2012. If the project provides direct services, state how many people will be served, how eligibility and selection will be determined and a description of the type and quantity of services that will be provided.
- 2. Methodology:** Describe the specific activities that will be conducted in order to meet the stated objectives. Include information on how individuals with developmental disabilities and/or family members will have choice and decision-making in any services provided through the project. Specify any other parties that whose involvement will be important for the success of the project.
- 3. Duration:** Provide a timetable for project activities and achieving performance targets. Describe plans for continuation of services (if relevant) after Council funding ends.
- 4. Evaluation:** Describe the process to be used to assure quality of services and achievement of project objectives.
- 5. Administration and Investor's Capacity:** Describe how the project will be administered by the organization. Include the staffing pattern and resumes of key personnel who will be associated with the project. Indicate the investor's experience, knowledge and skills to carry out the specific project activities.

### **Project Budget**

The **Budget Form** included in this application must indicate the amount of the grant request and the applicant's match funds for the grant project from initiation through September 30, 2012. **Enclose a budget narrative** that explains the use of all grant and match funds. Identify the source(s) of the match. Budget form and assurances also accessible via the web page.

**[NOTE: Other Federal funds may not be used as match for this grant project.]** Grant funds are intended to supplement and enhance resources that are currently available. They may not be used to

purchase goods or services for which another funding source is available or to supplant existing funding. **[NOTE: The Council does not typically fund the purchase of equipment since such equipment must be surrendered to the Council at the conclusion of the project funding.]** The Council cannot grant funds to agencies/organizations to meet requirements of the *Americans with Disabilities Act*. Costs include all necessary charges made by the grantee to accomplish the objectives of the project during the grant period.

The grantee's matching share may consist of:

1. Charges incurred by the grantee as project costs;
2. Project costs financed with cash provided to the grantee by other public (**non-federal**) agencies and institutions, private organizations and individuals; and
3. Project costs represented by services and real or other personal property, or use thereof, donated by other public agencies and institutions, and private organizations and individuals.

**In-kind contributions shall be accepted as part of the grantee's matching share when such contributions meet the following criteria:**

1. Are identifiable from the grantee's records;
2. Are not included as contributions for any other federally assisted program; and
3. Are necessary and reasonable for proper and efficient accomplishment of project objectives.

(per OMB Circular #A-102)

#### **Assurances**

For proposals to be considered, an applicant must sign, in **NON-BLACK** ink, the enclosed Grantee Organization Assurances and include them in the application submission.

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