



## **Appendix C: Forms and Attachments**

- Interest Form
- Mailing Label
- Title Page
- Budget Form

All forms are available on the Council's website at [www.paddc.org](http://www.paddc.org).



## Appendix C: Forms and Attachments

**Note:**

Your first step in applying for a Council grant is to send in the form below *immediately*. If you are considering submitting an application, please complete a separate Interest Form for each objective. Mail the form directly to the Council’s office at:

2330 Vartan Way  
Suite 130  
Harrisburg PA 17110

Or fax the form to (717) 657-2924.

In order to receive the Preapplication Meeting Minutes for any given activity, you must inform us of your interest in submitting an application using the Interest form below. Remember that these Preapplication Meeting Minutes may contain important information regarding the preparation of your application or any addenda to this RFA.

### INTEREST FORM

I am interested in submitting an application for:  
(List only one per form.)

\_\_\_\_\_

(Name of the objective)

RFA #: \_\_\_\_\_

**Please send Preapplication Conference minutes for this activity to:**

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

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

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

County: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

*(If you will be submitting more than one application, please duplicate this form and submit separate forms for each application.)*

## **Mailing Label**

Please use this label form for mailing your application. You may cut this label out and firmly affix it to your application package or copy this exact format for your mailing label. We **HIGHLY** recommend using USPS delivery to submit your application. It is typically more cost-effective, and delivery to the receiving office is more accurate.

**FROM:**

**RFA Number:**

**Opening Date & Time:**

**TO:                    Department of Human Services  
                          625 Forster Street  
                          Health and Welfare Building, Room 832  
                          Harrisburg, PA 17120**

TITLE PAGE  
PENNSYLVANIA DEVELOPMENTAL DISABILITIES COUNCIL  
REQUEST FOR GRANT APPLICATIONS

Request for Application Title:

Request for Application Number:

Name of Applicant:

Street/P.O. Box #:

City/State/Zip Code:

Contact Person & Title:

Telephone #: ( )

Contact E-mail:

Applicant's Federal Identification Number: \_\_\_\_\_

Applicant's Vendor Number (if applicable): \_\_\_\_\_

County of Applicant:

County(ies) Where Project Services Will Be Provided:

Are you applying to operate in a Federal Poverty Area: \_\_\_ yes \_\_\_ no

If yes, description of why your area of operation meets the definition of Federal Poverty Area is found on page \_\_\_ of this application.

You must include the descriptions and plans to address Systems Change, Meaningful Participation, Disparate Impact and Generic Social Change, as detailed in the Grant Application Instructions of the Request for Applications book. Please note the pages in your application where those descriptions are located.

Systems Change – Page \_\_\_\_

Meaningful Participation – Page \_\_\_\_

Disparate Impact – Page \_\_\_\_

Generic Social Change – Page \_\_\_\_

Submission of this application constitutes agreement to the following:

- You certify that you will comply with all policies noted in Appendix A of the RFA Book.
- You certify that staff, once assigned, will not be transferred to other projects without the prior consent of the Council.
- You certify that you are willing to work with other Council grantees as seen as appropriate by the Council.

The authorized signature on this Title Page indicates the applicant's acceptance of the condition that this application remains valid for 150 days from the date of submission.

\_\_\_\_\_  
*(Signature of Applicant's Authorized Official)*

\_\_\_\_\_  
*(Printed Name and Title of the Authorized Official)*

DEVELOPMENTAL DISABILITIES COUNCIL  
BUDGET FORM

GRANTEE NAME: \_\_\_\_\_

GRANT PERIOD: FROM \_\_\_\_\_, 20\_\_\_\_ TO \_\_\_\_\_, 20\_\_\_\_

BUDGET CATEGORY	DD FEDERAL SHARE	LOCAL MATCH SHARE	TOTAL
PERSONNEL TITLE:			
<b>SUBTOTAL PERSONNEL:</b>			
OPERATIONS:			
<b>SUBTOTAL OPERATIONS:</b>			
INDIRECT COSTS:			
<b>SUBTOTAL INDIRECT COSTS:</b>			
<b>TOTAL:</b>			