



Community Response Project Application

Project Title: _____

Name of Organization: _____

Address of Organization: _____

Contact Person and Title: _____

Telephone Number: _____

Email Address of Contact Person: _____

FEIN #: _____

County of Applicant: _____

County(ies) where project services will be provided: _____

1. Please provide a brief, over-arching goal statement for what you would like this project to accomplish: _____

2. Which of the following objective areas will this project meet?

- Systems Change Cross Disabilities Empowerment
 Generic Change Targeted Disparity Stigma

3. What is your motivation for this project and how will people with disabilities be involved in the planning and implementation? (200 words or less)

4. Please describe the project for which funding is being requested? Please include how the project addresses the objective selected in question 1. (500 words or less)

5. PERT Chart

Proposed Work	Timeline	Person Responsible

6. How will the knowledge gained through this project be further shared or disseminated? (200 words or less)

7. How will you evaluate the short or long-term impacts of the project and how will you share this information with Council? (200 words or less)

8. Budget:

Please change the budget categories to match your project's expenditures.

BUDGET CATEGORY	DDC FEDERAL SHARE	LOCAL MATCH SHARE	TOTALS
PERSONNEL TITLE:			
PROJECT DIRECTOR	\$0	\$0	\$0
ADMINISTRATIVE ASSISTANT	\$0	\$0	\$0
FINANCE DIRECTOR	\$0	\$0	\$0
SUBTOTAL PERSONNEL	\$0	\$0	\$0
OPERATIONS:			
PRINTING/COPYING	\$0	\$0	\$0
SUPPLIES	\$0	\$0	\$0
MEETING COSTS	\$0	\$0	\$0
CONSULTANTS	\$0	\$0	\$0
SUBTOTAL OPERATIONS	\$0	\$0	\$0
Total	\$0	\$0	\$0

By signing this page, you will be agreeing to the following:

- You will abide by the Council's captioning, logo and copyright policies as described in the Community Response Project Policy
- 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 noted in specific objective statements or as seen as appropriate by the Council.
- You commit to disseminate the Council's satisfaction survey to all project participants

Signature of Applicant

Title

Date