**Golden Opportunity Project Application**

Project Title:

Name of Organization:

Address of Organization:

Organization FEIN #:

Contact Person and Title:

Telephone Number:

Email Address of Contact Person:

County of Applicant Organization:

County(ies) where project will be active:

1. Please provide a statement (1 sentence) of what this project will do:

1. Which of the following goal areas will this project focus on?

Self-Determination  Community Living

Social & System Change  Self-Advocate Leadership

1. a) What is the unanticipated situation? b) What is the needed response, or what is the opportunity that you now see? c) Describe how people with disabilities will be actively involved in planning and doing the work. (200 words or less)
2. Please describe the project main activities and provide details (where, when, how, number of times, number of participants, etc.) to explain what the project will do. (500 words or less)
3. PERT Chart *(you may add more rows as needed)*

|  |  |
| --- | --- |
| **Main Activities** | **Timeline/**  **Date Accomplished** |
|  |  |
|  |  |
|  |  |
|  |  |

1. What short and/or long-term impacts/outcomes do you anticipate from the project? How will you track and disseminate results and achievements of the project? (200 words or less)
2. Budget:

Please change the budget categories for what your project needs.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BUDGET** | | | | **DDC** | **LOCAL** |  |
| **FEDERAL** | **MATCH** | **TOTALS** |
| **CATEGORY** | | | | **SHARE** | **SHARE** |  |
|  |  |  |  |  |  |  |
| **PERSONNEL TITLE:** | | | |  |  |  |
| PROJECT DIRECTOR | | | | $0 | $0 | $0 |
| PROJECT ASSISTANT | | | | $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 agree to the following:

* You will abide by the Council’s acknowledgment, open-captioning, logo and copyright policies.
* 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