**APPLICATION FORM**

**Emergency Funding Opportunity**: **Funding Opportunities for Individuals with I/DD, their Families and Qualified Providers of Services and Supports for People with Intellectual and Developmental Disabilities**

Date of request:

Full Name of Individual/Family or Community-Based Organization:

EIN of Community-Based Organization:

Contact Person/Title:

Address:

Email:

Phone:

Website (if applicable):

1. Provide a brief summary (not to exceed a few sentences) of items you intend to purchase with grant funds and the purpose of the purchases (enhanced access to health care, socialization, anxiety reduction, decreased isolation).

2. Briefly explain the need and **gap** in services,and how the funds will help meet the need or address the gap in services.

3. How many people with I/DD or families will benefit from the items you intend to purchase? Include the ages and type of disability for each recipient.

4. Describe expected outcomes: What will happen as a result of the grant purchases? (ex. % of time spent engaged in activity, decrease in aggressive behavior, increase in adaptive behavior, and increase in reciprocal communication /meaningful engagement with peers)

5. How will you demonstrate and report that you achieved your outcomes: How will you know you were successful? (For example, how will you gather the data? Through surveys, direct observation, individuals’ self- reports?)

6. Who will be responsible for managing the purchase and use of funds for your organization (N/A for individual or family requests)?

7. Where and when do you intend to purchase the needed items? Will you need the assistance of the Arc of NJ to make this purchase? Can you commit to making needed purchases within 10 days of grant approval? Note: receipts of purchase must be maintained and provided to The Arc New Jersey.

**Required Attachments:**

1. Certificate of Incorporation (for organizations).

2. Funding Request Budget Form. Please attach additional documentation to the budget form to detail anticipated expenses such as print outs from the internet.

3. Other documents you feel would support your proposal.

***NOTE: Please number your application pages***

Email the Application and the Funding Request Budget Form to: MPearson@arcnj.org

If you do not receive confirmation that your email was received, contact Michael Pearson at 732-246-4897

I certify that the information I have provided with this application is true to the best of my knowledge and acknowledge that any omissions or incorrect information will be grounds for disqualification of the proposal and/or subject to repayment. I certify that all authorized funding will be used exclusively for the intended individual(s) with I/DD and/or their families.

Printed Name of Individual/Family or Organizational Leader:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual/Family or Organizational Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Contact Person for this proposal (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This project was supported in part by grant number CFDA 93.630, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.