**Agency Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of Agency Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
If your application is approved, is the above address where the grant money should be sent? If not, please provide address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What is the main area of interest the grant would be used toward?** (Choose One)Adaptive Equipment \_\_\_\_\_ Sensory Equipment \_\_\_\_ Technology Equipment\_\_\_\_\_  **Is your agency in good standing with DODD? (Not in suspension or the process of revocation): Yes \_\_ No \_\_**

*Agency acknowledges and agrees that we will share the outcome of our project via being featured in newsletters and/ or publications by LCBDD? Yes \_\_\_ No \_\_\_*

**Total amount of money requested (up to $10,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposal Budget Narrative** *(include a completed budget and brief statement providing justification of how and why each expense is necessary):*

|  |  |  |
| --- | --- | --- |
| *Item(s) Requested* | *Expected Cost* | *Brief statement of how and why this is necessary* |
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**Submit all questions and applications via email to** [**LCBDDgrants@19servicesinc.com**](mailto:LCBDDgrants@19servicesinc.com)

**Description of Proposal:**

Please include a brief proposal on agency letterhead that describes how your agency intends to either expand and/or enhance Adult Day and/or Employment services, promote community integration and community employment, and/or helps people achieve their goals related to Adult Day/Employment services & supports.

Grant applications that are MORE likely to be accepted include requests such as:

* adaptive equipment such as changing tables, privacy screens/curtains,
* sensory equipment such as swings, special lighting, fidgets,
* technology equipment to promote Ohio’s Technology First initiative within their program such as training and equipment items used for programming.

Grant applications that are LESS likely to be accepted include requests such as:

* funds to be paid directly to staff
* request for reimbursement for purchases made prior to the grant application/approval
* gaming systems
* agency taxes, fees or of the such required to operate the business

***Application Deadlines for 2023:***

***March 31 July 31 October 31***

Applications must be submitted via email before or on the deadline to: [LCBDDgrants@19servicesinc.com](mailto:LCBDDgrants@19servicesinc.com)

**Grant Evaluation & Application Scoring**

Grants will be evaluated in a fair and equitable manner. Applicant submissions will be reviewed against the intent of the grant, which is to either expand and/or enhance Adult Day and/or Employment services, promote community integration and community employment, and/or helps people achieve their goals related to Adult Day/Employment services & supports.

Scoring will be determined by completeness, eligibility requirements, alignment with intent of grant, feasibility of funds requested and desired outcome. A review committee will complete this process and determine the total score of the application. This will in turn be utilized to select awardees based on highest scoring of the application criteria. Administrator reserves the right to reject any, part of, or all proposals and waive any informalities in the proposal submission process.

Once the highest scoring application(s) have been selected, the committee will convene to vote on awardees based on total number of grants to be distributed during that phase and overall thoroughness of the application. Awardee(s) will then be contacted via email of their approval. Checks will then be mailed to the address listed on the application.

Applicants receiving the grant will be asked to provide the following:

* Receipts for purchases.
* Accounting of how the funds were spent, including a final budget breakdown of how your agency met the objectives of the grant.
* An outcome/success story as a result of receiving the grant. Those awarded the grant will be asked to sign a form giving LCBDD and 19 Services permission to publish their story/outcome.