

Attachments for  
**Request for Proposals, SEEDS**  
Federal Fiscal Year 2018



1. SEEDS Grant Application Form
2. VTDDC Five-Year State Plan Goals and Objectives
3. State of Vermont Grant Agreement Attachment C: State Customary Provisions for Contracts (revised: 9/1/2015)
4. State of Vermont Grant Agreement Attachment F: AHS Customary Contract Provisions (revised: 12/31/2016)
5. State of Vermont Grant Agreement Attachment E: Business Associate Agreement (revised: 7/7/2017)

**Please note: Attachment E is not required in a grant agreement unless the grantee will have access to protected health information as a result of grant activities.**

# Vermont Developmental Disabilities Council

## Application for SEEDS Projects

Please carefully read the instructions in Section 3.2 of the Request for Proposals



### 1. Project and Applicant Information

Applicant/Organization Name	
Primary Contact Person	

<b>Physical Address</b>	<b>Mailing Address</b>	<b>Phone(s)</b>	
		<b>Email</b>	
		<b>Website</b>	

<b>Federal ID No.</b>	<b>VT Business No.</b>	<b>Fiscal Year</b>
		<i>Federal Fiscal Year 2018</i>

<b>Type of Applicant</b>	
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<b>Project Name</b>			
<b>Brief Summary</b>			
	<b>Start Date</b>		<b>End Date</b>

#### Budget Summary (transfer final totals from page 4)

<b>VTDDC's Grant</b>	<b>Match Funding</b>	<b>Total Project Cost</b>

<b>Who will act as the sponsoring nonprofit organization?</b>	
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*I certify that the information in this application is true and accurate and that the applicant will comply with federal, state, and agency requirements.*

<b>Name and Title</b>	<b>Date</b>

**2. PROJECT NARRATIVE QUESTIONS** – you may attach additional pages if needed, but applicants are encouraged to keep their proposals short.

**2.1 Provide a *one paragraph* summary that clearly states the project's goal.**

**2.2 What issue or problem for people with developmental disabilities does this project address?**

**2.3 How will this project help VTDDC to accomplish one of the goals or objectives in its Five-Year State Plan?**

**2.4 Describe your organization’s qualifications to implement the proposed project.**

**2.5 How will you measure your success?**

**2.6 What role will people with I/DD or their family members play?**

**2.7 Will your project benefit people with developmental disabilities and their families living in underserved rural areas of Vermont? How?**

**2.8 What will happen to your project once the SEEDS grant ends?**

**3. PROJECT BUDGET PLAN**

**BUDGET SUMMARY SECTION**

Category	VTDDC's Grant (75% of category cost)	+	Matching Funds (25% of category cost)	=	Project Costs (total category cost)
1. Staff					
2. Subcontracted Services					
3. Travel					
4. Supplies					
5. Other Direct Costs					
6. Indirect Costs					
7. Other:					
8. Other:					
9. Other:					
<b>TOTALS</b>					