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	

Physical Address	**Mailing Address**	**Phone(s)**	
		Email	
		Website	

Federal ID No.	**VT Business No.**	**Fiscal Year**
		Federal Fiscal Year 2018
Type of Applicant		

Project Name	
Brief Summary	

	Start Date		**End Date**	

Budget Summary (transfer final totals from page 4)

VTDDC's Grant	**Match Funding**	**Total Project Cost**

Who will act as the sponsoring nonprofit organization?	

I certify that the information in this application is true and accurate and that the applicant will comply with federal, state, and agency requirements.

Name and Title	**Date**

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:					
TOTALS					