

Dan Thompson Memorial Developmental Disabilities Community Services Account Application	
Organization Name	
Date of Submission	
Contact Person	
Business Address	
Phone Number	
Email Address	
Website	

Project Proposal	
Have you applied for Dan Thompson Grant Funding before?	
Requested Amount of Funds	
Topic Area	
Counties impacted (or Statewide)	
Briefly describe your project proposal in three sentences:	
Describe how your project proposal will improve or expand the Medicaid State Plan or the Home and Community Based Services Waivers:	
What are you planning to accomplish, and how will you reach that goal within the contract timeline? Please describe each specific and measurable outcome of your proposal.	
What is the detailed timeline for your project? Describe how you will make sure the project is complete by June 2027.	
Describe how your proposal provides a direct benefit for people who are eligible to receive DDA services.	
Describe how you will collect the data and measure the impact of your proposal	
Describe the roles and responsibilities of each role directly involved with your proposal:	

Describe the knowledge and skills possessed by the organization that are needed to implement the proposal

Describe your proposal's risks

What are your contingency plans?

Describe any additional funding sources for this proposal.

What is the sustainability plan for the project you are proposing?

Please provide budget details below

Budget Item	Budget Amount

Supplemental Section

Are you registered to do business in Washington State?

Yes ☐

No ☐

Are you a small business owner and controlled by a minority, women, or socially and economically disadvantaged persons, or a veteran owned business?

Yes ☐

No ☐

Do you work with under-served communities besides those related to developmental disabilities?

Yes ☐

No ☐

I understand no work described in this application can start before a signed and fully executed contract is in hand

Acknowledged ☐

Name of Applicant:

Click or tap here to enter text.

I understand that I will need to be a registered business in the state of Washington and meet DSHS insurance

Acknowledged ☐

Name of Applicant:

Click or tap here to enter text.



requirements in order to receive a grant award	
I understand this is a reimbursement-based contract with no advanced payments allowed	Acknowledged <input type="checkbox"/> Name of Applicant: Click or tap here to enter text.
Signature	
Date	