Dan Thompson Account Application

Submit the application as a PDF file to [ApplyDanThompson@dshs.wa.gov](mailto:ApplyDanThompson@dshs.wa.gov) no later than 5:00 pm PST on January 19, 2024. Email any support materials as a single PDF file. The email subject line should start with your organization’s name or acronym to aid in sorting the emails received. Email attachments are limited to 10 MB in size.

All proposals must relate to ***one or more topics*** from **A**. and ***meet all the*** ***criteria*** in **B**.

1. Create a proposal under one or more of these topics
2. Improve or enhance **housing** related supports, including but not limited to, modifications for accessibility, housing navigators, housing related education/marketing, housing focused training curriculum, etc.
3. Improve or enhance **recreation**, including but not limited to, recreation related education/marketing, recreation focused training curriculum, expanding access to opportunities for bowling, yoga, dance, music, sports, movies, etc.
4. Improve or enhance **transportation**, including but not limited to, vehicles, transportation related education/marketing, transportation focused training curriculum, etc.
5. Criteria
6. Demonstrate clearly how the proposal will provide a primary benefit directly for people who are eligible to receive services from the DSHS’ Developmental Disabilities Administration. This includes 1) people who are currently receiving DDA services, as well as 2) people who are on the No Paid Services caseload and not currently receiving DDA services, and 3) people with developmental disabilities who are not on any DDA list and are not receiving services.

**and**

1. Improve or expand services available under the Medicaid [State Plan](https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid/what-state-plan) / Managed Care or Home and Community Based Services [waiver](https://www.dshs.wa.gov/dda/consumers-and-families/home-and-community-based-waivers-hcbs) (Individual and Family Services, Basic Plus, Children's Intensive In-home Behavioral Supports, Core, Community Protection).

**and**

1. Do not duplicate services for eligible persons (e.g., see #1 above for definition of eligible person) when contracted to provide the same service

**and**

1. Do not duplicate goods or services available through Washington Medicaid (Apple Health or Managed Care such as durable medical equipment, OT, PT, SLP, ABA, etc.), Medicare, or federally funded resources (e.g., school-based services, etc.).

Application Scoring Rubric

* There are 30 points possible for the technical section of the application. Each sub-bullet is worth five points.
  + Is the proposal understandable, doable, and impactful?
  + Are the objectives broken down into clear achievable actions?
  + Does the proposal benefit people eligible to receive DDA services?
  + Is the timeline realistic?
  + Do the reporting metrics effectively measure the implementation of the proposal?
  + Does the proposal clearly demonstrate improvement or enhance services?
* There are 20 points possible on the management section of the application. Each sub-bullet is worth five points.
  + Does the organization possess the knowledge and skills to implement the proposal?
  + Are risks appropriately identified and mitigated?
  + Can the proposal be sustained beyond the performance period of the grant?
  + Are the financials reasonable and the budget economical?

See the ***Dan Thompson Account Application 2023 – Guidance*** document for more information.

Note that Chinese, Russian, Spanish, and Vietnamese versions of the guidance and application are in the works and will be posted to the DDA website at <https://www.dshs.wa.gov/dda/dan-thompson-account> and the DDC website at <https://www.ddc.wa.gov/council-activities/dan-thompson-memorial-development-disability-fund> when they become available. If you need a translation in a different language, please email [ApplyDanThompson@dshs.wa.gov](mailto:ApplyDanThompson@dshs.wa.gov) to request accommodations or a translation. Translations take at least 2-3 weeks to complete.

There will be two technical assistance sessions. DDA staff will be available to answer questions on the application template, solicitation process, and contract requirements. You may submit questions prior to the technical assistance session(s) via email to [ApplyDanThompson@DSHS.wa.gov](mailto:ApplyDanThompson@DSHS.wa.gov) and we will answer them during the session. The technical assistance sessions are not intended to discuss the likelihood of your proposal being awarded.

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| Dan Thompson Account Grant Application Technical Assistance Sessions | | | |
| Session | Date | Time | Zoom link |
| 1 | December 5th | 9 am to 10 am | <https://us06web.zoom.us/j/83918913338?pwd=Se11fm1f0S8dvnJxhfWX9p2pmxPN3H.1>  Meeting ID: 839 1891 3338  Passcode: 115190 |
| 2 | December 11th | 11 am to 12 am | <https://us06web.zoom.us/j/81217707692?pwd=Yh5C1tK4WNt8UxybUagZaWZu4fAOIh.1>  Meeting ID: 812 1770 7692  Passcode: 197339 |

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| **Dan Thompson Memorial**  **Developmental Disabilities Community Services Account**  **Application** | |
| Organization | Click or tap here to enter text. |
| Contact Person | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Website URL | Click or tap here to enter text. |
| Social media handle | Click or tap here to enter text. |
|  | |
| Enter the Requested Amount of Funds: | **$** Click or tap here to enter text. |
| Choose the Primary Activity from pull down options: | **Choose an item.** |
|  | |
| Technical Section (30 points) | |
| Describe the proposal in three sentences or less (e.g., an elevator pitch or headline news version). | |
| Click or tap here to enter text. | |
| Describe how the proposal will improve or expand the Medicaid State Plan or the Home and Community Based Services waivers. | |
| Click or tap here to enter text. | |
| List the objectives (goals) and the outputs (deliverables) of the proposal. The output describes how to achieve the objective (e.g., if the objective is to increase respite services to non-waiver individuals with I/DD, then the output is offering accessible yoga classes twice a day). Define any terms and jargon specific to your proposal. Include milestones and timelines to achieve each output. | |
| Objective 1 Click or tap here to enter text.  Output 1 Click or tap here to enter text.  Output 2 Click or tap here to enter text.  Output 3 Click or tap here to enter text.  Objective 2 Click or tap here to enter text.  Output 1 Click or tap here to enter text.  Output 2 Click or tap here to enter text.  Output 3 Click or tap here to enter text.  Objective 3 Click or tap here to enter text.  Output 1 Click or tap here to enter text.  Output 2 Click or tap here to enter text.  Output 3 Click or tap here to enter text. | |
| Describe the area to be served by your proposal (city, county, region, statewide - e.g., Everett, eastern Pierce County, Spokane Valley). | |
| Click or tap here to enter text. | |
| Describe how your proposal provides a primary benefit directly for people who are eligible to receive DDA services. | |
| Click or tap here to enter text. | |
| Describe how you will collect the data and measure the impact of your proposal. | |
| Click or tap here to enter text. | |
| Describe the need for your proposal and why your solution is the best compared to what else is happening in your local area, county, and region to solve the problem. | |
| Click or tap here to enter text. | |
| Describe the roles and responsibilities of each person, partner, contractor, and subcontractor in your proposal. | |
| Click or tap here to enter text. | |

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| Management Section (20 points) |
| Describe the knowledge and skills possessed by the organization that are needed to implement the proposal (e.g., a staff member has 15 years of experience teaching youth with I/DD). |
| Click or tap here to enter text. |
| Describe how you will ensure the people eligible for DDA services are directly benefiting from your proposal (e.g., submit monthly visit logs showing 60% of participants are DDA eligible individuals). |
| Click or tap here to enter text. |
| Describe your proposal’s risks and their mitigation strategies (e.g., recruitment and hiring delays, supply chain bottlenecks, outreach obstacles, partner and/or contractor collaboration challenges). |
| Click or tap here to enter text. |
| Describe all funding received or anticipated to receive, from any other source, for any aspect of this proposal. |
| Click or tap here to enter text. |
| Describe the sustainment of the proposal’s activities and outputs after the award ends. |
| Click or tap here to enter text. |

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| **Budget Section** (scored as part of the management section)  Provide a Budget for the Proposal on the Template below  [note: Add rows as needed to enter your activities / items and costs] | |
| **Budget Category** | **Budget Amount** |
| Personnel (e.g., salaries, benefits, direct staff costs) | |
| Click or tap here to enter text. e.g., person 1 | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., person 2 | Click or tap here to enter text. |
| Professional Services and Contractors | |
| Click or tap here to enter text. e.g., contractor 1 | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., contractor 2 | Click or tap here to enter text. |
| Equipment and Supplies (e.g., equipment is an item that lasts more than a year like a vehicle while supplies are typically consumed within a year like pens and paper) | |
| Click or tap here to enter text. e.g., equipment 1 | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., equipment 2 | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., supplies | Click or tap here to enter text. |
| Housing related modifications (e.g., accessibility, etc.) | |
| Click or tap here to enter text. e.g., home modification 1 | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., home modification 2 | Click or tap here to enter text. |
| Training (e.g., staff, clients, partners) | |
| Click or tap here to enter text. e.g., course 1 | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., conference 1 | Click or tap here to enter text. |
| Travel (e.g., staff and/or clients) at Washington state per diem rates | |
| Click or tap here to enter text. e.g., meetings with partners | Click or tap here to enter text. |
| Click or tap here to enter text. e.g., conference 1 | Click or tap here to enter text. |
| Indirect (cannot exceed 15% of direct costs) | |
|  | Click or tap here to enter text. |
| **Total** | **Click or tap here to enter text.** |

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| **Supplemental Section** (not scored) | |
| Will you be using Clients’ personal identifiable information? | No  Yes |
| Are you registered to do business in Washington State?  See [Business Licensing and renewals FAQs | Washington Department of Revenue](https://dor.wa.gov/open-business/business-licensing-and-renewals-faqs#UBI) or [Home | WA Secretary of State](https://www.sos.wa.gov/) Corporations and Charities web page. | No  Yes  If yes, provide UBI number:  Click or tap here to enter text. |
| Are you a small business owned and controlled by a minority, women, or socially and economically disadvantaged persons, or a veteran owned business?  See [Certification | Office of Minority and Women's Business Enterprises (wa.gov)](https://omwbe.wa.gov/certification) | No  Yes |
| Do you work with under-served communities besides those related to developmental disabilities? | No  Yes |
| I understand no work described in this application can start before a signed and fully executed contract is in hand. | Acknowledged |
| I understand this is a reimbursement-based contract with no advanced payments allowed. | Acknowledged |