

Section 2. Description of the Project

1. PROJECT TITLE

2. IS THIS A NEW PROJECT OR AN EXTENSION OF A PREVIOUS SCPRP PROJECT TO A NEW PROVIDER / HOME?

New Extension

If extension, what is the contract number on the previous project?

3. TIMELINE FOR PROJECT

Length:

Start date:

Projected end date:

4. PROJECT CATEGORY

Culture Change / Direct Improvements to Quality of Life

Direct Improvements to Quality of Care

Training

Client Information

Quality Assurance and/or Performance Improvement

Other, please specify:

5. DESCRIBE THE PROJECT AND ITS PURPOSE

6. DESCRIBE THE BENEFIT TO CCRSS CLIENTS

7. PROVIDED THE AMOUNT REQUESTED FOR THE PROJECT.

Total amount requested: \$

Total non-SCPRP funds received or anticipated for the project: \$

8. HAVE YOU ATTACHED A DETAILED LINE ITEM BUDGET TO THIS APPLICATION?

Yes No (Note that applications received without a detailed line item budget will be considered incomplete. Use DSHS 19-237, Application Budget template.)

9. EXPLAIN THE CALCULATION OF COSTS AND THE METHODOLOGY AND JUSTIFY INDIRECT COSTS AND COST-SHARING.

10. DESCRIBE ANY OUTSIDE FUNDING SOURCES OR OUTSIDE PARTNERS ON THE PROJECT.

Section 3. Project Deliverables and Monitoring

1. LIST ANY ITEMS THAT WILL BE DELIVERABLES AS A RESULT OF FUNDING THIS PROJECT (E.G, ELECTRONICS, TRAINING MATERIALS, CURRICULA, ETC.).

2. DESCRIBE HOW THE PROJECT'S PERFORMANCE WILL BE MONITORED OR EVALUATED, INCLUDING SPECIFIC METRICS AND THE INTENDED OUTCOMES

These metrics will be submitted upon completion of the project or as required by the contracting authority.

Section 4. Conflicts of Funding or Other Requirements

1. DESCRIBE HOW THIS PROJECT DOES NOT DUPLICATE EXISTING REQUIREMENTS FOR THE PROVIDER OR OTHER FEDERAL OR STATE SERVICES.

2. DESCRIBE HOW THIS PROJECT DOES NOT DUPLICATE FUNDING FOR SERVICES.

Section 5. Risks and Sustainability

1. DESCRIBE HOW THE PROJECT OR OUTCOMES BE SUSTAINED AFTER SCPRP FUNDING CONCLUDES.

2. DESCRIBE POTENTIAL RISKS OR BARRIERS ASSOCIATED WITH IMPLEMENTING THIS PROJECT AND THE PLAN TO ADDRESS THESE CONCERNS.

Section 6. Applicant Certification Signature

APPLICANT'S SIGNATURE

DATE

APPLICANT'S PRINTED NAME