

# State Civil Penalty Reinvestment Program Grant Application - Community Residential Services and Supports (CCRSS)

Review the [Instructions](#) document when completing this application. Use this application only when you apply for funding projects benefiting clients of a CCRSS provider. Applications are accepted only between September 1 and October 31. Send any questions or completed applications to [scprprogram@dshs.wa.gov](mailto:scprprogram@dshs.wa.gov).

<b>Section 1. Applicant Information</b>	
1. NAME OF APPLICANT ORGANIZATION	
2. MAILING ADDRESS	CITY STATE ZIP CODE COUNTY
3. PRIMARY CONTACT PERSON	
4. EMAIL	5. TELEPHONE NUMBER (INCLUDE AREA CODE)
6. WEBSITE	
7. IS THE APPLICANT A CCRSS PROVIDER? <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, what type of organization is the applicant? Please also attach references to support your application from a provider, provider association, the ombuds, or other group.	
8. DESCRIBE YOUR ORGANIZATION; IF THE ORGANIZATION IS NOT A CCRSS PROVIDER, DESCRIBE THE RELATIONSHIP WITH CCRSS CLIENTS (E.G. MISSION STATEMENT, NUMBER OF YEARS OF SERVICE, ETC.)	
<b>Section 2. Description of the Project</b>	
1. PROJECT TITLE	
2. TIMELINE FOR PROJECT Length:                      Start date:                      Projected end date:	
3. PROJECT CATEGORY <input type="checkbox"/> Culture Change / Direct Improvements to Quality of Life <input type="checkbox"/> Direct Improvements to Quality of Care <input type="checkbox"/> Training <input type="checkbox"/> Client Information <input type="checkbox"/> Quality Assurance and/or Performance Improvement <input type="checkbox"/> Other, please specify:	

4. DESCRIBE THE PROJECT AND ITS PURPOSE

5. WHY ARE YOU PROPOSING THIS PROJECT FOR THIS GROUP? DESCRIBE THE BENEFIT TO CCRSS CLIENTS, INCLUDING WHY YOU BELIEVE YOUR POPULATION WILL BENEFIT AND BE INTERESTED IN PARTICIPATING IN THE PROJECT. THIS MAY ALSO INCLUDE HOW IT WILL BENEFIT THE HOME OVERALL, SUCH AS STAFF DEVELOPMENT OR QUALITY OF SERVICES PROVIDED, AND ANY RESEARCH THAT HAS BEEN DONE ON THE EFFECT OF THIS TYPE OF PROJECT ON LONG-TERM CARE RESIDENTS.

6. DESCRIBE THE ORGANIZATION'S ABILITY TO COMPLETE THE PROJECT, INCLUDING RESOURCES RELEVANT TO THE PROPOSED PROJECT. WHO WILL BE DOING THE WORK OF THE PROJECT AND WHAT ARE THEIR QUALIFICATIONS?

### Section 3. Description of Costs

1. PROVIDED THE AMOUNT REQUESTED FOR THE PROJECT.

Total amount requested: \$

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

Estimated number of clients who will benefit:

Estimated dollar amount spend per resident: \$

2. 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.)

3. EXPLAIN HOW YOU CALCULATED COSTS. IF THERE ARE COSTS THAT DO NOT DIRECTLY BENEFIT RESIDENTS, EXPLAIN WHY THEY ARE NEEDED.

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

#### **Section 4. Project Deliverables and Monitoring**

1. LIST THE PRODUCTS THAT WILL BE PURCHASED OR PRODUCED FOR THIS PROJECT (E.G, ELECTRONICS OR OTHER EQUIPMENT, TRAINING MATERIALS, CURRICULA, ETC.).

2. WHAT PERFORMANCE METRICS WILL YOU USE TO DEMONSTRATE THE EFFECTIVENESS OF THE PROJECT? PLEASE DESCRIBE HOW YOU WILL DETERMINE IF THE PROJECT IS ACHIEVING THE DESIRED OUTCOMES, PARTICULARLY ANY IMPACT ON ADULT FAMILY RESIDENTS. INCLUDE INFORMATION ABOUT ANY SPECIFIC EVALUATION TOOLS YOU WILL USE IN REPORTS TO THE DEPARTMENT.

**Section 5. 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 6. Risks and Sustainability**

1. HOW WILL YOU CONTINUE THE PROJECT AFTER THE GRANT HAS ENDED?

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

**Section 7. Applicant Certification Signature**

APPLICANT'S SIGNATURE

DATE

APPLICANT'S PRINTED NAME