

***New York State Association of Day Service Providers***

**2022**

**THE INNOVATIONS GRANT APPLICATION**

Agency Name & Program Name: 

Type of Program (check one): Day Habilitation  Pre-Vocational  SEMP  Community Habilitation

Day Treatment  Other

Program Address:

Applicant Name/Title: 

Applicant Telephone: 

Applicant Email: 

Supervisor Name: (name of person supporting this project): 

Supervisor Email: 

**TITLE OF GRANT: **

DATE OF APPLICATION: 

**Since this space is limited, you may attach additional pages to give thorough explanations. Samples or pictures may be provided electronically and will be forwarded to committee members.**

**E-Mail Application** to: Nancy Champlin at: **champlin@cfdsny.org**

**All applications must be received no later than 9/2/22 to be considered.**

1. Describe the proposed project, including the key features of the project, how the project is innovative, the results that are expected and why you feel this project should be awarded to your program.



1. Has this project already begun implementation?  Yes  No

* If yes, note the implementation date 
* If yes, note how this grant will assist in your efforts:



1. Describe how the project will provide;

* Community Inclusion or Relationship Building:



* Individual Participation:



* Applicability to other day services/programs:



* Community Awareness:



1. Describe the originality of this project. How was it developed? Where did the idea originate, what research went into this request?



1. Describe the cost of the project ***Note: Monies will not be awarded to cover staffing or consultant costs.***

**Item Cost**

 

 

 

 

 

 

 

**Total Amount Requested:** 

1. Describe the agency commitment (funds, equipment, matching funds, administrative support, and itemized expenditures for requested funds).



1. Describe how this project will be sustained by your agency after the use of the grant monies.



 

Applicant Date