

SERVICE PROVIDER APPLICATION
2023 Home and Community-Based Settings (HCBS) Funding Opportunity
FY2022-2023

Please complete all sections on the application. Incomplete applications will not be considered. **Applications are due by 5pm on May 31, 2024.** Applications should be submitted by email to hcbs@ggrc.org.

APPLICANT IDENTIFICATION

Applicant/Agency Name: _____

Vendor Number(s): _____

Service Code(s): _____

Contact Person(s): _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

APPLICANT QUESTIONNAIRE

Are you a current GGRC vendor (provider)? ☐ YES ☐ NO

Has your organization or agency previously received funds from DDS for HCBS compliance projects? ☐ YES ☐ NO

Amount of Request: _____

Submitted By:

Name (print): _____

Date: _____

APPLICATION QUESTIONNAIRE**Please complete within the application in the space provided.**

1. Please provide a brief description of your service or setting.
(maximum of 1000 characters)

2. Please tell us how you would use the funds to increase HCBS Final Rule compliance and describe the anticipated outcomes.
(maximum of 1000 characters)

3. Please provide the proposed budget for the project. Reminder: the budget must be \$10,000 or less.
(maximum of 1000 characters)

4. What are the milestones (steps) you will take to complete the project?
(maximum of 1000 characters)

5. How will this project increase your HCBS Final Rule compliance?
(maximum of 1000 characters)

6. What is the timeline for the project?
(Reminder, project activities must be completed no later than February 28, 2025.)
(maximum of 1000 characters)

7. Explain why this project needs extra funding beyond what is typically covered by GGRC funding. For example, if this is a maintenance or home improvement project, why are you unable to use your current funds set aside for maintenance and repairs for this project?
(maximum of 1000 characters)

8. How will your services consider the cultural and linguistic needs and preferences of those you support?
(maximum of 1000 characters)

9. How will your services be person-centered, identifying and supporting the desires, choices, and voice of each person your services support?

(maximum of 1000 characters)

10. How will each person in your program or home benefit from the services?

(maximum of 1000 characters)

11. If you will collaborate with other providers or organizations, please describe your plan and indicate those involved in the project.

(maximum of 1000 characters)