Foothills Gateway Grant Application

Updated 6/17/2026

Section I: Organization Information

Name of agency: **Date:**
Agency street address:
City: **State:** **Zip:**
Agency website:
Agency representative:
Representative phone number:
Representative email address:

Is your agency a Program Approved Service Agency (PASA)?
If no, is your agency a provider of Medicaid-funded services?
Agency mission:

Agency vision:

How much funding are you requesting?

Time period of the request? *(Must be within the July-to-June fiscal year)*

Please provide a summary of your grant proposal in 100 words or less.

<u>Briefly</u> describe your organization's main programs/services including population served.
Please note if population served has been determined to be eligible for IDD services:

Section II: Need Statement

Use the following questions to guide the creation of your statement of need:

- **What is the need for the project?**
- **Is it a serious problem or issue, or a lack of a needed service?**
- **Describe what is currently available locally to address the problem.**
- **What are the facts and the sources that support the need for the project?**
- **Describe the target population group(s) and geographic location.**
- **Present the solution to the problem, including the benefits to the target audience(s).**

Statement of Need:

Section III: Project Goals

What is the target goal of your project funding request? (Choose one)

- ☐ **Capacity building with the outcome of alleviating long waiting lists for IDD services.**
- ☐ **Providing supports to meet unmet needs for IDD adults and children in increased stability, camp supports, community and connection activities, technology projects, social groups, and other related options.**
- ☐ **Offering supports to help individuals with IDD get connected and/or maintain their connection to the IDD system, i.e., assistance with developmental disability determination testing and other pre-enrollment supports, assistance with completion of the Medicaid application, and/or assistance with Medicaid redetermination.**
- ☐ **Expansion of service options to provide longer service periods. For example, increased numbers of hours per day, increased numbers of days per week, or other related strategies.**
- ☐ **New service delivery options.**
- ☐ **Other (describe):**

Is this need being met elsewhere in the Larimer County, Colorado, community? If not, what research have you conducted to confirm no other resources are supporting your project vision?

Who will benefit from the project? How will they benefit? Define the audience by location and demographics.

Define how you will account for and assure that only Larimer County residents with IDD receiving case management from Foothills Gateway Inc. will receive the services/opportunities developed using these funds:

Number of people who will benefit from the request:

Please include any bids, proposals, SOW, or invoices that support your budget statement and show breakdown of requested funds. Indicate which financial documents you are attaching to this application:

- ☐ **Line-item budget (personnel, materials, overhead, etc.)**
- ☐ **Total project cost vs. requested amount (include explanation of any requests in excess of project cost)**
- ☐ **Other funding sources (please indicate secured or pending)**
- ☐ **Proof of property ownership (Capital projects only) in Larimer County**

Provide a detailed projected timeline for the use of the granted dollars, including key milestones, project activities, and projected start/end dates.

How will you measure the benefit to participants and determine your project's outcomes?

Describe how this funding will help you achieve intended outcomes for people with IDD.

How will you communicate your outcomes and lessons learned with others?

How will you measure your project's effectiveness?

Describe how your project could partner with other community entities or organizations for successful and collaborative implementation.

How will this project move forward in the future without grant funds? What is your sustainability plan if this project is successful? If this is a one-time expense or project, please indicate that here as well.

PLEASE RETURN COMPLETED GRANT APPLICATION AND ALL RELATED MATERIALS TO:
FGI Development & Communications Director at jeffw@foothillsgateway.org
Call Jeff White at 970-821-6842 with any questions.