Foothills Gateway Grant Checklist

APPLICANT NAME: _____

1. Overall

- ☐ Clearly describes the project purpose and goal(s)
- ☐ Identifies target population and community served
- ☐ Summarizes the need and proposed solution
- ☐ Explains total funding amount requested

2. Agency Information

- ☐ Mission and vision clearly stated
- ☐ Demonstrates experience serving the target population
- ☐ Provides contact information and organizational details
- ☐ Is a PASA (Program Approved Service Agency) or a Medicaid Provider serving this population (i.e., PTs/OTs/SLPs)
- ☐ Serves Larimer County residents with IDD

3. Statement of Need

- ☐ Targets a gap in services
- ☐ Supported with data, statistics, or credible sources
- ☐ Explains why the need is important and/or urgent

4. Project Outcomes & Evaluation

- ☐ Defines goals and measurable objectives
- ☐ Includes a clear implementation plan
- ☐ Provides a realistic timeline with milestones
- ☐ Describes data collection and evaluation methods
- ☐ Explains how results will be used

5. Target Population & Impact

- ☐ Specifies who will benefit and how
- ☐ Estimates number of individuals served

6. Sustainability Plan

- ☐ Explains how the project will continue after funding ends
- ☐ Identifies future funding strategies

- ☐ Demonstrates long-term impact and viability

7. Compliance & Accountability

- ☐ Confirms eligibility requirements for beneficiaries of the program
- ☐ Includes reporting and accountability measures
- ☐ Does not request funds that intend to be used for payroll.

Recommendation: ☐ Approve ☐ Conditional ☐ Reject

Key Strengths:

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Key Concerns:

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Conditions (if applicable):

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