**2022 Innovative Employment Opportunity Grant Program Application**

***CT Department of Developmental Services***

Application Deadline: 5pm EST November 10, 2022

Thank you for your interest in applying for the CT DDS Innovative Employment Opportunity.

Please complete the application and return it electronically to the DDS Employment & Day Services Division at ([dds.employment-dayservices@ct.gov](mailto:dds.employment-dayservices@ct.gov)) by November 10, 2022. Those submitting applications will receive a confirmation email within 2 business days of receipt of the application. Questions regarding the Innovative employment Opportunity can also be directed to ([dds.employment-dayservices@ct.gov](mailto:dds.employment-dayservices@ct.gov)) by November 10, 2022. Questions and Answers will be posted in a Frequently Asked Questions Document that will be posted on the DDS Website by October 31, 2022.

Date Application Submitted:

**The Innovative Employment Opportunity is offering two types of grants: Exploratory and Implementation/Expansion Grant**

**Section I: Only complete if applying for the Exploratory Grant.**

This grant will provide funding for business ideas that need an opportunity to explore the development of a viable business plan. The creation of competitive integrated employment opportunities for people with intellectual and developmental disabilities must be an integral component of the business concept. DDS will award up to $4,000 for this grant.

**Contact Information**

Proposed Business Name:

Address:

**Contact for Application**

Name:

Title:

Phone:

Email Address:

I. Description of Project

i. Use this space to tell us about your business idea. Describe what you do, and tell us why it demonstrates creativity, innovation, and business acumen. What makes your business idea standout?

ii. What product and/or service are you creating, marketing, and/or selling?

iii.  Explain how creating opportunities for competitive integrated employment for people with intellectual and developmental disabilities is central to your business.

II. How will you use the funds?

1. This is your opportunity to explain your business' need for the funds and how you are proposing to use them. Please provide a detailed proposal for how you will use the grant in the next 12 months.

III. Description of end goal

1. Tell us what you expect to achieve in terms of employment opportunities for individuals with intellectual and developmental disabilities if selected to receive the Innovative Employment Opportunity Exploratory Grant.

**Section II: Only complete if applying for the Implementation/Expansion Grant.**

This grant is for applicants who have a business, product or service; targeted market; and/or business goals; and are already in development and ready to implement or expand. The creation of competitive integrated employment opportunities for people with intellectual and developmental disabilities must be an integral component of the business concept. DDS will award grants in three brackets for this type of grant: $10,000; $25,000; or $50,000. Examples of appropriate requests include, but are not limited to, funds for marketing, consultant fees, procurement of equipment and assistive technology, and development of technology systems).

*NOTE: Applications for this grant must include an accompanying business plan.*

Which revenue/grant category are you applying? 1. ☐$10,000 2. ☐$25,000 3. ☐$50,000

**Organization Contact Information**

Business Name:

Legal Name (if different):

Address:

Employer Identification (EIN):

Phone:

Website:

**Contact for Application**

Name:

Title:

Phone

Email

Address:

**Business Status: check which applies**

☐ Limited Liability Company

☐ Benefit Corporation

☐ Corporation Stock

☐ Corporation Non-Stock

☐ Limited Liability Partnership

☐ Limited Partnership

☐ General Partnership

☐ Religious Corporation or Society

☐ Sole Proprietorship

☐ Statutory Trust

Please provide a copy of your current business status including Articles of Incorporation/Organization and/or your IRS determination letter indicating your tax exempt 501(c)(3) status.

All sections and questions on this page require responses for the application to be accepted and reviewed. If a question is not applicable to the proposal, please respond Not Applicable and explain why.

**I. OVERVIEW** (Provide a description of your proposed or expanding business concept)

i. Include history if this is an existing business, Mission/Purpose and the date the business was established with the State of CT

ii. Provide a description of your product and/or service

iii. Explain how creating opportunities for competitive integrated employment for people with intellectual and developmental disabilities is central to your business.

iv. Identify the goals for your business

v. Where do you expect the business to be in one year, three years, five years, etc.?

**II. EMPLOYMENT**

i. Identify the job classifications/job types for direct and indirect labor hours. Include a breakdown for employees with and without disabilities

ii. Estimate the total number of weekly and annual job hours and headcount for your workforce. Provide a breakdown of those total hours for people with disabilities and people without.

iii. What are the projected hourly wages for employees who have disabilities?

**IV. STRATEGY & MANAGEMENT**

i. Describe your target market. Where geographically will the business be located? What physical setting, i.e. mall, plaza, home based, online, etc.? Who are your ideal customers? What is the geographic location of your customers?

ii. Identify your competition and describe what differentiates your business. Who are you up against, and what unique value proposition will you deliver?

iii. Describe your management team. What do they bring to the table that gives your business a competitive edge?

**V. FINANCIALS**

i. What is your financial outlook for the business? Explain exactly how awarded funds will make your business more profitable, allow you to expand or achieve increased employment goals for people with disabilities.

ii.. Please provide a 1 year and follow-on year financial pro forma projection (Profit and Loss Statement) for your existing or proposed business in which the funds will be used.

SUBMISSION INSTRUCTIONS Please email your application, proposal or business plan, and relevant attachments to the DDS Employment & Day Services Division at ([.dds.employment-dayservices@ct.gov](mailto:.dds.employment-dayservices@ct.gov)). Please include your business name and “2022 Innovative Employment Opportunity Grant Application” in the subject line of your message. Please email any questions you may have about the process to the contact above.