



## Project SEARCH: Connecticut Pilot Application

Thank you for your interest in developing and operating a Project SEARCH program. Through a partnership between the Connecticut Department of Developmental Disabilities and Project SEARCH/Cincinnati Children's Hospital, we have a common goal to develop one new *additional* Project SEARCH site in each DDS Region (three in total) in geographic areas currently underserved by such a program.

The goal is to begin the new programs in late August/early September of 2023. DDS has committed to covering the cost of the Project SEARCH training and licensing fees for the organizations chosen for the initial program year. The selected providers will assume these costs after the first year.

This application is for those organizations that are prepared to attend all required trainings during the year leading up to August 2023. While planning should begin immediately upon acceptance, the first training step will **require the participation of all partner team members for a two-day session held at a central location in Connecticut in January 2023**. Applications chosen will be confirmed by the DDS Project SEARCH Advisory Committee.

Please complete the application and return it electronically to Brian Gresko by **November 25, 2022**. Those submitting applications will receive a confirmation email within 2 business days of receipt of the application. Questions can be directed to Brian Gresko at the following email address [Brian.Gresko@ct.gov](mailto:Brian.Gresko@ct.gov). All questions should be received in writing by October 21, 2022. Questions and Answers will be posted in a *Frequently Asked Questions* Document that will be posted to the DDS Website by October 28, 2022.

1. Name and Address of the Organization: \_\_\_\_\_
2. List the partner organizations (and names if you have them) that will serve on your planning/steering team.
  - School District(s): \_\_\_\_\_
  - DDS: \_\_\_\_\_
  - DORS: \_\_\_\_\_
  - Family Members: \_\_\_\_\_
  - Business Partner(s)  
Including potential Host Site: \_\_\_\_\_
  - Others: \_\_\_\_\_

3. How did you learn about Project SEARCH? Please list the names of people you have spoken to about Project SEARCH. Do you feel you understand the expectations for participation?

4. Please list the required components and describe your plan for financially supporting each:

--Site Instructor	<input type="text"/>
--Skills Trainer/Coach	<input type="text"/>
--Job development	<input type="text"/>
--Supervision	<input type="text"/>
--AV and supplies	<input type="text"/>

5. Once fully operational, Project SEARCH sites should serve 8-12 students each year. Briefly describe how you plan to identify and recruit interns, including referral sources, into your Project SEARCH program.

6. Please give details about your potential (or secured) host business site. (type and size of business, plan for securing this business as a host site, current status of their interest in partnering with your team, etc.)

7. Briefly describe the kinds of internships available within the potential host business setting for your Project SEARCH site.

8. Describe your organization's commitment to employment First principles and provide the breadth and length of experience as an organization.

9. Who will be the key staff to implement Project SEARCH at your organization (names, titles, years of employment services and experience).

10. What is the agency experience and commitment to providing/accessing travel training for interns?

11. In what areas do you anticipate needing assistance in order to successfully implement a Project SEARCH program?

Additional Application Requirements:

- A fully signed Commitment letter.
- Sufficient community & business relationships to ensure reasonable match with a host business (provide a representative list as an attachment)
- Agreement to work with other Pilot participants to share learning experience and provide mutual support.
- Provider must be Qualified for Transition Services as this model follows the curriculum DDS is seeking for its Transition Services programs.

NAME AND SIGNATURE

---

Executive Director/CEO (signature, printed name, date)