

State of Connecticut
Department of Developmental Services

2024 Innovative Employment Opportunity (IEO) Grant Application

Application Deadline: 5pm EST April 12th, 2024

OVERVIEW:

Thank you for your interest in applying for the CT DDS Innovative Employment Opportunity! The Innovative Employment Opportunity will be offering **two types** of grants: The Exploratory Grant and Implementation/Expansion Grant.

Please complete the application for the grant of your choice and return it electronically to the DDS Employment & Day Services Division by **April 12th 2024**

SUBMISSION INSTRUCTIONS:

Please submit your application, proposal or business plan, and relevant attachments to the DDS Employment & Day Services Division email below:

dds.employment-dayservices@ct.gov

Please include your business name and “2024 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.

Those submitting applications will receive a confirmation email within 2 business days of receipt of the application.

Note: Applications for the Implementation/Expansion Grant **must include** an accompanying business plan. Applications will not be accepted without a business plan. Please attach the business plan in your email. Do not copy and paste your business plan into this document.

QUESTIONS:

Questions regarding the Innovative employment Opportunity can also be emailed to DDS Employment and Day services by **March 1st, 2024**

A Frequently Asked Questions (FAQ) Document will be posted on the DDS Website by **March 8th, 2024**

[DDS Employment and Day Services Website](#)

SECTION I: EXPLORATORY GRANT APPLICATION

Exploratory: 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 \$5,000** for this grant.

Date Application Submitted:

Contact Information

Proposed Business Name:

Address:

Contact for Application

Name:

Title:

Phone:

Email Address:

Description of Project – Exploratory Grant

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?

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

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

How will you use the funds?

This is your opportunity to explain your business' need for 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.

Description of end goal

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: IMPLEMENTATION/EXPANSION GRANT APPLICATION

Note: Applications for this grant **must include an accompanying business plan**. Please attach the business plan in your email. Do not copy and paste your business plan into this document.

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 amounts between \$10,000-\$65,000. Itemization and accompanying costs for what is being requested with the grant funds are required in the application. Appropriate requests include, but are not limited to, funds for marketing, consultant fees, procurement of equipment and development of technology systems).

Date Application Submitted:

Grant Request (write in the amount you are requesting): _____

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: 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.

Check which one 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

Instructions: Please provide responses to sections 1-4. **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.)

Include history if this is an existing business, mission/purpose and the date the business was established with the State of CT

Provide a description of your product and/or service.

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

Identify the goals for your business.

Where do you expect the business to be in
one year?

three years?

five years?

II. EMPLOYMENT

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

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.

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

III. STRATEGY & MANAGEMENT

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?

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

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

IV. FINANCIALS

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.

Please **attach** 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.