



Provider Business Enterprise Pilot Grant Application

Application Deadline: 5pm EST June 14th, 2024

OVERVIEW:

Effective June 3, 2024, DDS Qualified Provider Agencies that want to start a new or enhance a current Provider-led business enterprise can apply for a grant of up to \$65,000. Applicants are expected to demonstrate a viable business plan that clearly identifies pathways to Competitive Integrated Employment (CIE) opportunities for individuals with intellectual and developmental disabilities (IDD).

Awards will be subject to approval by the DDS Provider Business Enterprise Review Team. This team is tasked with reviewing applications submissions to ensure applications meet the requirements and guidelines as outlined below. **This opportunity is pursuant to the availability of funds.** Awards are contingent upon approval and availability of funding. **As noted, this is subject to change.**

SUBMISSION INSTRUCTIONS:

- A. All submissions must be complete and **answer all questions in full** to be applicable for review from the DDS Provider Business Enterprise Review Team. **The application template must not be altered or substituted.**
- B. In addition to the application, **Providers must include a detailed accounting of how the grant funds will be spent**, a business plan, and articles of incorporation (*if applicable*).
- C. Providers must submit their application and supporting documentation for approval via email to dds.employment-dayservices@ct.gov by **June 14, 2024, at 5:00pm**. Applications received for this grant after the deadline will be reviewed in the next fiscal year 2025, based on fund availability.
- D. Submissions will be reviewed and approved in accordance with the DDS Provider Business Enterprise Funding Guidelines and Rubric housed in the Employment & Day Services Unit.
- E. Provider agencies will receive an approval/denial letter by June 21, 2024.

ACCEPTABLE USE OF FUNDS

Funds may be used toward costs associated with Business Enterprise start-up/expansion. This includes, but is not limited to, procurement of equipment and/or operating space/location, training, technology systems, research and/or marketing or consulting fees necessary to create the business model identified in the application.

UNACCEPTABLE USE OF FUNDS

- A. Funds are **not permitted to be used toward wages or salaries** of individuals supported by the agency. Funds cannot be used for wages for support staff being compensated concurrently through a waived service (ISE, IDV, etc.).
- B. Funds are **not permitted** to be used toward debt repayment.

ONGOING COMMITMENTS/REPORTING REQUIREMENTS

- A. Ongoing semi-annual reporting to DDS, as well as targeted program evaluation, data sharing, and routine quality monitoring and improvement practices associated with the business.
- B. Provider agencies will meet all legal requirements set forth by the State of Connecticut.
- C. Funds not spent within the parameters of the grant requirements must be refunded to the Department.

QUESTIONS:

Questions regarding the Provider Business Enterprise Pilot can be emailed to dds.employment-dayservices@ct.gov.

GRANT APPLICATION

Note: Applications for this grant **must include a business plan**. Please attach the business plan in your email. Do not copy and paste your business plan into this document. **The application template must not be altered or substituted.**

This grant is for DDS Qualified Providers that 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 (CIE) opportunities for people with Intellectual or Developmental Disabilities (IDD) 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 purchases with the grant funds are required.** Appropriate requests include, but are not limited to, funds for marketing, consultant fees, procurement of equipment and development of technology systems).

Instructions: Please provide responses to each question. All sections and questions 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. Organization Contact Information

Business Name:

Legal Name (*if different*):

Address:

Employer Identification (EIN):

Phone:

Website:

II. Contact for Application

Name:

Title:

Phone:

Email:

Address:

Date Application Submitted: _____

Grant Request Amount: _____

III. Business Status:

Check which one applies.

Limited Liability Company

Corporation Stock

Limited Liability Partnership

General Partnership

Sole Proprietorship

Benefit Corporation

Corporation Non-Stock

Limited Partnership

Religious Corporation or Society

Statutory Trust

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

1. Include history of the business enterprise, mission/purpose and the date the business enterprise was established with the State of CT. If a new business enterprise, please include your proposed mission/purpose.

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

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

4. Identify the goals for your business.

5. Where do you expect the business to be in:

one year?

three years?

five years?

VI. STRATEGY & MANAGEMENT

1. Describe your target market. Where geographically will the business be located? What physical setting, i.e. mall, plaza, home based, online, etc.?

2. Who are your ideal customers? What is the geographic location of your customers?

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

VII. FINANCIALS

1. What is your financial outlook for the business?

2. Itemize **and explain** in detail how awarded funds will be used.

3. 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. **Submissions that do not include P&L statements will not be considered for this grant opportunity.**