**Innovation Grant Application**

**Part I: Applicant Information**

Applicant Name (Entity):

Address Line 1:

Address Line 2:

City, County, State, Zip Code:

E-mail Address of Primary Contact:

Telephone Number:

Tax Identification Number:

CMS Certification Number:

Medicaid Provider Number:

Name of Project Leader:

If Different From Above, Please Provide The Name & Information For The Primary Contact Of The Project (i.e., Telephone Number, Address, Email):

Organization History: (Capabilities, Website, etc.):

**Part II: Project Category**

Please select the project category for which you are seeking funding.

Direct Improvement to Quality of Care

Training

Improved Outcomes

Direct Services

Continuum of Care Expansion

Other: Please Specify in the Box Below

**Part III: Funding Request**

Please specify in the box below the amount you are requesting.

Amount Requested: $

**Part IV: Proposed Period of Support**

Please provide a date range for proposed project. Please note: Projects cannot exceed three years.

From:       To:

**Part V: Cover Letter**

Please attach a cover letter with this application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding you are requesting, the population it will serve and the need it will help solve. Make a concerted effort to bring your project to life and actively engage the reader.

**Part VI: Project Abstract**

Please attach an abstract summary of the project that is no longer than one page. Include the requester’s background and qualifications, the need for the project, a brief description of the project and its goal and objectives. Be sure to include a description of metrics used to evaluate program progress and outcomes. Specify the person(s) responsible for the project evaluation.

**Part VII: Program Description**

Please attach a program description, that is no longer than one page, which describes the project or program in detail and how it will be implemented. Include information on what will be accomplished and the desired outcomes. A timeline shall accompany all proposals which outline benchmarks, deliverables, and dates.

**Part VIII: Outcome Based Performance Measurements**

Please attach a description of the methods by which the results of the project will be assessed. Quarterly reports regarding the progress of the project shall be submitted to the LTSS Innovation Grant evaluation team. Outcomes must be SMART: Smart, Measurable, Achievable, Realistic and Timely. Reminder: Additional progress reports can be requested at any time during the course of the project.

**Part IX: Community/Governing Support**

Please attach a description, no longer than one page, of community and/or governing support of the project.

**Part X: Budget and Narrative**

Please attach an Excel spreadsheet with the budget expenses for the project, along with a narrative explanation of the costs. The narrative shall include the specific amount of funds for the project and the time period for such use.

**Part XI: Involved Organizations**

If awarded, the grantees may be expected to provide a list of contact names, addresses, email addresses and telephone numbers of all organizations that will receive funds through their project. Including, any sub-contractors and organizations that are expected to carry out and be responsible for components of the project.

**Part XII: Non-Discrimination Statement**

The State of South Dakota requires that all contractors, vendors, and suppliers doing business with any State agency, department, or institution, provide a statement of non-discrimination. By signing and submitting their proposal, the offeror certifies they do not discriminate in their employment practices with regard to race, color, creed, religion, age, sex, ancestry, national origin or disability.

**Part XIII: Standard Agreement Terms & Conditions**

Any contract or agreement resulting from this application will include at minimum the State’s standard terms and conditions.