



# DBHDS Jump-Start Funding Application

Contact Information		
Date		
Agency Name		
Agency Mailing Address		
Agency Contact Representative		
Contact Telephone Number		
Contact Fax Number		
Contact Email Address		
Current Services (submit current license and addendum with application, if applicable)		
Enter address of cities/counties where services are offered	Services offered	Enter the number of people currently supported by the provider
Planned Services		
Describe provider's history in providing DD waiver services in Virginia or another state		
Attach organizational structure and staffing patterns. Include a description of the new service (s), including management that is connected to service, and key roles and responsibilities of staff.		
Indicate if funding will result in the addition of new services and/or expanded services and the number of people who will be supported in this proposed program	<input type="checkbox"/> New service(s) option	<input type="checkbox"/> Expanded service(s) option
	Number of additional people to be served in new service(s)	Number of additional people to be served in expanded service(s)
Enter the additional cities/counties where services will be provided as a result of Jump-Start funding	Enter New Cities/Counties	Enter New or Expanded Service(s)
Provide justification of need for new or expanded service(s)		

Indicate the services you are planning to offer with Jump-Start Funding. Funds may be requested up to the indicated amounts. <i>(check no more than two services)</i>	<input type="checkbox"/> Benefits Planning (\$10,000) <input type="checkbox"/> Community Coaching (\$15,000) <input type="checkbox"/> Community Engagement (\$15,000) <input type="checkbox"/> Community Guide (\$15,000) <input type="checkbox"/> Electronic Home-Based Services (\$10,000) <input type="checkbox"/> Employment and Community Transportation (\$25,000) <input type="checkbox"/> Independent Living Supports (\$25,000) <input type="checkbox"/> In-Home Support Services (\$25,000) <input type="checkbox"/> Peer Mentoring (\$10,000) <input type="checkbox"/> Shared Living (\$10,000) <input type="checkbox"/> Supported Living (\$25,000)
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**Development Plan**

Attach a budget and the plan with a timeline for implementing the new service(s); list the sequence of activities.

*[Describe in the attachment a project budget showing line-by-line costs and describe how cost effectiveness is addressed. Also, attach a plan for the new service(s) with a timeline for implementing the different aspects of this service]*

Describe how the individuals identified will benefit from these changes.	
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**Funding Request**

Category	Description	Service	Total for this request

**Statement of Sustainability**

Describe how the provider will sustain service provision beyond receipt of Jump-Start funding.

Click here to enter text

**Signatures**

Provider agrees to participate in a DBHDS program review upon request: Yes No

Provider agrees to share program accomplishments upon request for two years from approval date: Yes  No

**This application is submitted for consideration by:**

**Agency's Name:** \_\_\_\_\_

_____	_____	_____
Print name /Title	Signature	Date signed

**Received by:**

_____	_____	_____
DBHDS representative	Signature	Date signed/received

**Submit the completed application, copy of license, Jump-Start Acknowledgement & Assignment of Award form(s) (must be received before funds are distributed; minimum of three individuals), and program budget by secure email to: [jumpstart@dbhds.virginia.gov](mailto:jumpstart@dbhds.virginia.gov)**