



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			
Address	Services offered	License Date	License Status
Planned services			
Describe organizational structure and operations including management/staffing patterns connected to service design as well as key roles and responsibilities of staff.			
Enter the number of people currently supported by the provider			
Describe provider's history providing DD waiver services in Virginia or another state			
Indicate if funding will result in the addition of new services or expanded services	<input type="checkbox"/> New service option <input type="checkbox"/> Expanded service option		
Enter the number of people who will be supported in the proposed program as a result of funding			
Enter all cities/counties where services are provided	Enter Locality	Enter Service	
Enter the additional cities/counties where services will be provided as a result of Jump-Start funding	Enter New Locality	Enter Service	
Provide justification of need for new or expanded services			

