**Instructions:**

*Please answer the questions below as best you can. The Share Your Idea Committee will review your idea, and will let you know if any additional information is needed. To make sure that the form works correctly, make sure to “enable editing.” If you’re copying/ pasting from another document, first click on the grey box in the field before pasting.*

***Thanks for sharing your idea!***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Name:** |  | **Department:** |  | **Date:** |  |

**Executive Summary**

1. **Your Specific Idea:**

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1. **What is your timeframe for implementation of your idea?**

1-3 months

3-6 months

6-9 months

9-12 months

Other:

1. **Who needs to be involved? What responsibilities will they have?**

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| --- |
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1. **What are the potential costs? *Provide an overview below, and use the Budget Table below to list specific categories and amounts.***

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| --- |
|  |

1. **Budget table**

**Start-Up Costs**

|  |  |
| --- | --- |
| **Category (e.g. materials, staff time, equipment purchases)** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |

**On-Going Costs**

|  |  |
| --- | --- |
| **Category (e.g. materials, staff time, equipment purchases)** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |

**Problem Statement**

1. **Why are you proposing this idea, and why is it meaningful to you?**

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1. **Are you aware of any risks, concerns, or drawbacks?**

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1. **What things would need to be changed? What would we need to do more of, less of, eliminate, or introduce to develop this idea?**

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**Proposed Solution:**

1. **What is the expected outcome of your proposed idea? What would success look like?**

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1. **Who will benefit from this and how? *(e.g. services, families, individuals, employees, etc.)***

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**Method:**

1. **What data will be collected?**

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1. **How will this information be gathered?**

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| --- |
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1. **From whom will the data be gathered and for how long?**

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**Results:**

1. **If you have already gathered any data, what have you found?**

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|  |

**Discussion/Conclusion:**

1. **Which of the Strategic Priorities does this idea work towards fulfilling? (check all that apply)**

1) Invest in a high performing workforce dedicated to empowering people with disabilities.

2) Create opportunities through technologies to leverage resources and enhance the lives of the people we serve.

3) Increase organizational autonomy by diversifying and maximizing our resources.

4) Promote a self-reliance and “Do It Yourself” vision across all services.

5) Remain the community’s premier experts in the field of intellectual developmental disabilities.

1. **Explain why you chose this priority/ these priorities:**

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| --- |
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1. **What is your commitment level to this idea?**

High, I want to be involved in every step of implementation.

Average, I would like to be involved in some steps of implementation.

Low, I would like to just be informed with how things are going.

None, I would not like to be involved.

1. **May we share your idea with others outside of the committee?**

Yes

No

**Send your completed form to:**

[**ShareYourIdea@imaginecolorado.org**](mailto:ShareYourIdea@imaginecolorado.org)