

MINNESOTA GOVERNOR'S COUNCIL
ON DEVELOPMENTAL DISABILITIES
370 CENTENNIAL BUILDING
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SAINT PAUL, MINNESOTA 55155

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REQUEST FOR PROPOSAL:

ESTABLISHING A STATEWIDE SELF ADVOCACY NETWORK FOR
PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

JUNE 2007

Part I: Request for Proposal Summary

TITLE: STRENGTHENING SELF ADOCACY IN MINNESOTA THROUGH A STATEWIDE COORDINATING EFFORT

ISSUED BY: Minnesota Governor's Council on Developmental Disabilities
370 Centennial Office Building
658 Cedar Street
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1. Authority and Purpose

The state funds that are available under this Request for Proposal (RFP) are provided to the Governor's Council on Developmental Disabilities (GCDD) under the Omnibus State Government Finance Bill (HF 548, 2nd Engrossment) as passed by the Legislature on May 22, 2007 and signed by Governor Pawlenty on May 25, 2007.

The purpose of this RFP is to fulfill the legislative language "...establishing a statewide self-advocacy network for persons with intellectual and developmental disabilities. The self advocacy network shall

- (1) ensure that persons with ID/DD are informed of their rights in employment, housing, transportation, voting, government policy, and other issues pertinent to the ID/DD community;
- (2) provide public education and awareness of the civil and human rights issues persons with ID/DD face;
- (3) provide funds, technical assistance, and other resources to self-advocacy groups across the state; and
- (4) organize systems of communications to facilitate an exchange of information between self-advocacy groups."

2. Due Date

Proposals must be received at the GCDD office, by mail or hand delivery, no later than 3:00 p.m. on Monday, July 16, 2007. Please submit twelve (12) copies of the proposal. Please do not fax or email your proposal to the GCDD office.

3. Description of Self Advocacy

There are several ways that people with developmental disabilities describe and define self advocacy. These include:

- Speaking up for themselves;
- Making their voices heard;
- Making their views known;
- Making choices and changes in their own lives;
- Coming together to support each other and have a say in the policies and practices that affect their lives.

4. General Guidelines

To qualify for this grant, an applicant must do the following:

1. Work with the GCDD staff to understand:
 - The purpose of the program;
 - The results that have to be achieved;
 - Reports that must be made.
2. Meet with GCDD staff every three (3) months and report on the progress you are making.
3. Use at least 75% of the grant funds for self advocacy activities. The remaining funds - no more than 25% of the total - may be used for administrative purposes that are related to carrying out the self advocacy activities.
4. Make sure the funds are used for the purpose that the Legislature intended.

A total of \$280,000 is available for a two-year project, \$140,000 for each year. A grant contract will be prepared with the successful applicant for a two year period. Continuation of this project is dependent upon the availability of funds and the results of the state legislative appropriations process in future bienniums.

5. Questions

Questions about proposal preparation should be directed to:

Mary Jo Nichols
Grants Administrator
Minnesota Governor's Council on Developmental Disabilities
370 Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155
Voice: (651) 282-2899
Fax: (651) 297-7200
Email: admin.dd@state.mn.us
MN Relay Service: (800) 627-3529

Part II: Proposal Writing Instructions

Section A: Application cover

Complete the attached Application Cover form. This is Page 1 of your proposal. An original signature, in blue ink, is needed on the cover.

Section B: Project Summary

Prepare a one-page summary of your proposed project.

Section C: Project Narrative

The Project Narrative should be no more than five (5) pages. Use a type size that is 12 characters per inch or larger. Include the following in the five (5) page Project Narrative:

1. Describe your knowledge and experience of self advocacy or advocating for people with developmental disabilities.
2. Describe your knowledge and experience in creating networks, working with local groups to develop personal networking skills, and coordinating and strengthening a larger/statewide networking effort.
3. Describe your work plan for creating a statewide network that will support local self advocacy groups across the state in terms of funding and

technical assistance; ensure that self advocates are informed of their rights particularly about issues related to employment, housing, transportation, voting, and government policy; provide public education and awareness about the human and civil rights issues facing people with ID/DD; and help self advocates in the local groups to learn how to best communicate, exchange information, and work together on common issues through an organized communications system to strengthen a statewide self advocacy network.

This work plan should describe the self advocacy activities you plan to carry out, the individuals responsible for those self advocacy activities, and timelines for completing all work.

4. Identify the individuals who will be working with the self advocates to complete the work plan; and their background and experience in self advocacy, leadership training, and networks and networking.
5. Provide documentation about the legal status of your organization (non profit or other type of organization).
6. Provide assurance that, if applicable, a financial audit for the most recent business year has been completed and all Minnesota business reporting forms have been completed and filed, including federal Form 990.

Section D: Performance Measures

This section should be no more than one page. Please identify the various self advocacy activities you are planning; how many people will be involved in each of the activities; how you will evaluate progress being made to establish a state advocacy network, and provide education and training on the specific issues identified in your work plan; and skills learned by self advocates to strengthen that network.

Section E: Project Budget and Justification

This section should be no more than four (4) pages. Please complete a proposed Project Budget according to the line item categories on the Budget Form.

The Budget Justification is a narrative that explains the costs that you allocate to each line item category. Please follow the Budget Information Summary guidelines that follow the Budget Form to prepare your Budget Justification.

PLEASE NOTE: Both the Proposed Budget and Budget Justification must be included in your proposal.

PART III: PROPOSAL REVIEW AND EVALUATION PROCESS

The Grant Review Committee (Committee) of the GCDD is assigned to this Request for Proposal. The Committee is responsible for reviewing proposals and making a recommendation to the full GCDD for their view process. Staff of the GCDD only review proposals for completeness.

PLEASE NOTE:

1. Proposals that do not contain all required sections, exceed the maximum number of pages as specified for each section, do not contain an original signature on the Application Cover page of one copy, or are not submitted in the required quantity (12 copies) will be withdrawn from further consideration and will not be reviewed by the Committee.
2. You are responsible for making sure that your proposal is complete and meets of the requirements in this RFP.

Each proposal is reviewed and scored by Committee members according to the criteria on the Proposal Evaluation Form. The Form is included in this section of the RFP packet.

Scores, and comments and feedback are discussed by Committee members. An applicant's past performance may also be reviewed by the Committee if the applicant has received previous grants from the GCDD. Following the review process, the Committee makes a recommendation to the full GCDD.

After review and evaluation of the proposals, and prior to a recommendation being made to the full GCDD, the Committee may need and request further information or clarification from an applicant. This includes questions regarding the Budget or Budget Justification. A decision about the results of the review and evaluation process is expected to be made on August 1, 2007. The successful grantee should be prepared to begin work as soon as the Grant Contract is negotiated and fully executed.

The GCDD retains the right to reject all proposals.

PROPOSAL EVALUATION

(used by the Grant Review Committee)

Complete a Proposal Evaluation for each proposal received in response to the RFP. Score each item on a scale of one to the maximum score (5 to 20) for that item, with the maximum score being the highest. Total the item scores and record on the line below marked "Total Score."

- Note particular strengths or weaknesses in each area that contributed to your score
- Note items that need clarification and who specifically needs further explanation.
- Note suggestions/recommendations for improving specific items.

Applicant Name: _____

Total Score: _____ **Reviewer Name:** _____

		Max Score	App Score
1.	Knowledge/ experience in self advocacy or advocating for people with developmental disabilities.	15	_____
2.	Knowledge/experience in establishing a network, working with local groups to strengthen that network.	15	_____
3.	Knowledge and experience in coordinating a statewide effort/project that involves local groups and supporting people involved in those groups to develop their networking and communication skills.	15	_____
4.	Work plan - include the following:	20	_____
	<ul style="list-style-type: none"> ● Who will do what specific tasks to achieve goals identified in Section C, item 3 of the Project Narrative? ● How will goals/progress be measured related to the education and training that will be provided? ● Are timelines for completing activities included? 		

		Max Score	App Score
5.	Knowledge and experience of supporting staff about self advocacy and self advocacy activities planned for this project.	10	_____
6.	Legal status of the organization.	5	_____
7.	Assurance regarding financial audit and Relevant business reporting forms.	5	_____
8.	Budget is reasonable and sufficient for all Work Plan activities.	15	_____

Comments/concerns about any of the above non-budget items (specify item):

Comments/concerns about the Budget or Budget Justification:

Add additional pages if necessary,

PART V: ADDITIONAL INFORMATION

Section A: Conflict of Interest Policy

Each year, the Governor's Council on Developmental Disabilities (DD Council) makes recommendations regarding the allocation of funds for specific strategies that are directly related to the DD Council's business – information, education and training – and will result in the increased independence, productivity, integration and inclusion of people with developmental disabilities and their families. The process of reviewing applications and making funding decisions must be as free as possible from any conflict of interest.

A conflict of interest exists when members of the DD Council participate in the process that results in recommendations related to funding of programs or projects while, at the same time, they have a direct or indirect personal or financial interest in one or more of these programs or projects. In order to avoid problems in this area, Council members who have a direct or indirect personal or financial interest in an application or proposal or an organization that submitted an application or proposal must abstain from participating in the entire process of reviewing the applications in which the DD Council member has a conflict of interest. In this context, "personal or financial interest" includes, but is not limited to, the following:

1. The Council member or a member of the family is an officer of the applicant organization, serves on a committee that governs the applicant organization, or serves on the Board of the applicant organization;
2. The Council member or a member of the family will be employed by or is a paid consultant to the applicant organization;
3. The Council member or a member of the family is receiving services from the applicant organization in any capacity if the applicant is funded;
4. The Council member or a member of the family is receiving services from the applicant organization, or will receive services from the applicant organization if the application is funded;
5. The Council member or member of the family is a party in any legal action in which the applicant organization is also a party.

Those members of the Council who have, or believe they have, a direct or indirect personal or financial interest in any of the applications being considered by the Council must abstain from participating in the entire process of reviewing the application in which the Council member has a conflict of interest and must be recorded as abstaining when votes are taken.

This policy applies to all Council staff and consultants involved in the grant process.

Approved by the Council, Dec. 14, 1988; Amended by the Council, Aug. 1, 1990; Amended by the Council, Dec. 7, 1994.

Section B: Appeal Process

All applicants are informed, in writing and at the same time, about the results of the DD Council's proposal review process. Applicants who do not agree with the DD Council's decision may appeal. The following steps apply to the appeal process:

1. An applicant who wishes to appeal must notify the DD Council in writing within 15 working days of the date on the letter informing the applicant about the decision;
2. The appeal letter must include the basis for the appeal. The appeal must be based on the criteria used by the Grant Review Committee to review and evaluate each proposal (see Part 4.B: Evaluation Criteria);
3. Upon receipt of the letter of appeal, the DD Council Chair will establish an Ad Hoc Appeals Committee. This committee will be comprised of the DD Council Chair, Grant Review Committee Chair, and at least one DD Council member who is not a Grant Review Committee member;
4. The Ad Hoc Appeals Committee will meet as soon as possible (in no case later than the next regular DD Council meeting) to consider the appeal;
5. The Ad Hoc Appeals Committee will review the deliberations of the Grant Review Committee and information presented by the applicant in the appeal letter. The Grant Review Committee may also request to hear from the applicant;
6. The Ad Hoc Appeals Committee review will determine if the recommendation of the Grant Review Committee appears to have been made according to the criteria contained on the Evaluation of the Proposal

form. Because the appeal letter must be based on these criteria, the information presented by the applicant will also be considered at this time;

7. The Ad Hoc Appeals Committee will present its findings in writing to the applicant and the full GCDD at the next regular GCDD meeting.

APPLICATION COVER

**GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES
MINNESOTA DEPARTMENT OF ADMINISTRATION**

370 Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155
(651) 282-2899 Voice (651) 297-7200 Fax
(800) 627-3529 Minnesota Relay Service
EMAIL: admin.dd@state.mn.us

1. Organization

Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____

Title: _____

MN Tax ID number: _____ Federal Tax ID number: _____

2. Project title: _____

3. Certification:

I certify that to the best of my knowledge and belief, all information contained in this proposal is correct and complete; that, if approved, this project will be conducted according to this proposal, the requirements of the Governor's Council on Developmental Disabilities, Department of Administration, and the State Legislature. I also certify that the applicant organization has authorized me, as its representative, to give these assurances and submit this proposal.

Signature: _____
(original signature, in blue ink, on original copy)

Title: _____ Date: _____

Expense Category	COUNCIL/STATE FUNDS
Personnel	
Salary	
Fringe	
Rent	
Travel	
Staff	
Mileage/pkg	
Food/Lodging	
Participants/local groups	
Mileage/pkg	
Food/Lodging	
Supplies	
Office (consumables)	
Program Materials	
A/V Equipment	
Communications	
Phone/Fax	
Internet/Email	
Postage	
Copying	
Alternative Formats	
Other	
Indirect Costs/Audit	
Consultants/Speakers	
Personal Care Assistance	
Interpreter/Facilitator	

BUDGET JUSTIFICATION

Limit this section to no more than three (3) pages. Complete a proposed Budget according to the line item categories on the Budget Form. The Budget Justification explains the costs that you allocate under each major line item. Both the Budget **AND** the Budget Justification must be included in your proposal.

Please prepare your Budget Justification using the following guidelines:

1. The Budget Form should include the funds for entire two-year project period (\$280,000).
2. A separate Budget Justification - a narrative - must fully explain and justify each expense category. Include the following information for each expense category:
 - a. **PERSONNEL:** Include salaries and wages. Identify the staff who will be working on this project and the hours each will devote to the project. Provide a breakdown of fringe benefits – health insurance, FICA, other insurance/benefits.
 - b. **RENT:** Rent includes utilities, building/maintenance costs if paid (note separately and the amount), and the percent allocated to this project.
 - c. **TRAVEL:** Include local mileage, parking costs, and bus fare. If staff are reimbursed on a per mile basis, include the reimbursement rate that has been approved by your organization.

If out-of-town travel is necessary, explain the purpose for this travel, destination, length of stay, food and lodging allowances, any other transportation costs, and staff who will be traveling.

Include the same information for participants/local groups but do not identify individual participants. All local transportation costs should be included under this expense category.

NOTE: The reimbursement rate for participants/self advocates **MUST** be the same as the reimbursement rate for staff.

- d. **SUPPLIES:** Enter the total cost for all consumable supplies; note the cost for specific types of supplies such as those listed under this expense category.

- e. **COMMUNICATIONS:** Include telephone/fax, Internet and email services that are necessary to carry out this program. Postage and other mailing costs should be noted separately.

Copying costs are costs associated with duplicating or reproducing existing materials; printing costs would be the costs of producing a new product/publication. Converting print materials into other formats such as audiotape or large print, or translating materials, e.g. Braille, should be included in this expense category.

- f. **OTHER:** Indirect costs and audit costs should be included under this expense category. If indirect costs are being expensed, please note your organization's indirect cost rate and what is included in that rate.

Interpreter or facilitator costs may be necessary to assure effective communication with participants. Include personal assistance services that are necessary so individuals can fully participate in the project. Grant funds should be the payer of last resort.

If applicable, identify the individuals and their respective organizations who will be asked to present on a certain topic area(s), and the total cost (or estimated cost). If a consultant/speaker's name is not yet available, indicate the topic area and a reasonable estimate of the cost allocated.

All proposed costs must be reasonable to carry out a quality project and achieve the intended project results.