

MINNESOTA GOVERNOR'S COUNCIL
ON DEVELOPMENTAL DISABILITIES
370 CENTENNIAL OFFICE BUILDING
658 CEDAR STREET
SAINT PAUL, MINNESOTA 55155

REQUEST FOR PROPOSALS:

ONE-STOP FAMILY SUPPORT CENTER
FOR THE JORDAN COMMUNITY

OCTOBER 2004

Minnesota Governor’s Council on Developmental Disabilities

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

REQUEST FOR PROPOSALS GUIDELINES

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Part I: Request for proposal summary

TITLE: One-Stop Family Support Center for the Jordan Community

ISSUED BY: Minnesota Governor's Council on Developmental Disabilities
370 Centennial Office Building
658 Cedar Street
Saint Paul, Minnesota 55155
Email: *admin.dd@state.mn.us*
Voice: (651) 282-2899
Toll free: (877) 348-0505
Fax: (651) 297-7200
TTY: (800) 627-3529 Minnesota Relay Service

Authority and purpose

The funds available under this Request for Proposals (RFP) are provided by a grant to Minnesota from the Administration on Developmental Disabilities, Administration for Children and Families, Department of Health and Human Services (HHS-2004-ACF-ADD-DN-003; CFDA Number 93.631).

In 2003, the Minnesota Department of Administration and the Governor's Council on Developmental Disabilities (GCDD) received a grant from the Administration on Developmental Disabilities to develop plans for a one-stop center for families of children with developmental disabilities. Minnesota has now received a second grant for the establishment and operation of a family center, to be located in the Jordan community of Minneapolis. The operational grant is for one year, beginning Oct. 30, 2004, and could be continued for up to four more years, dependent upon the availability and level of ADD funding.

ADD expects the family center to: Enhance the capabilities of families in assisting individuals with developmental disabilities to achieve their maximum potential; Support the increasing ability of individuals with developmental disabilities to exercise greater choice and self-determination and to engage in leadership activities in their communities; and Ensure the protection of individuals with developmental disabilities' legal and human rights.

The grant was awarded to the Minnesota Department of Administration and is coordinated by the Minnesota Governor's Council on Developmental Disabilities. The Council receives funding as authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) (P.L. 106-402). The results that the Council must report annually, and that each funded project or program must achieve, are: the increased independence and self-determination, productivity, integration and inclusion (IPSII) of people with developmental disabilities and their families in the community.

Due date

Proposals must be received at the Council office, by mail or hand delivered, **no later than 3:00 p.m., on Wednesday, November 17, 2004**. Please submit twelve (12) copies of the proposal. Please do not fax or email your proposal to the GCDD office.

Description

The Department of Administration, through the Minnesota Governor's Council on Developmental Disabilities, is seeking proposals to provide for the administration, delivery of services, and operation of a proposed one-stop support center for families of children with developmental disabilities. The proposed family center must be located in the Jordan community of Minneapolis, and must serve at least 50 families in that community. The project is for one year, with the possibility of renewal for up to four more years, depending upon the availability of funds. The maximum funding for this year is \$245,000.

Proposals are sought from culturally competent nonprofit agencies or organizations, or faith communities, who have demonstrated success in providing services to families in the Jordan community of north Minneapolis, have an ongoing service relationship with Jordan residents, and are committed to a family-centered service approach.

The DD Act recognizes that people with developmental disabilities are capable individuals, with unique strengths and abilities, and the right to be supported and encouraged in reaching their personal life goals. The DD Act defines cultural competence as services, supports, or other assistance that are provided to individuals in a way that is responsive to their beliefs, interpersonal styles, language and behaviors, and in a way that is most likely to ensure their maximum participation in available programs and services.

Questions

Questions regarding 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
Saint Paul, Minnesota 55155
Email: admin.dd@state.mn.us
Voice: (651) 282-2899
Toll free: (877) 348-0505
Fax: (651) 297-7200
TTY: (800) 627-3529 Minnesota Relay Service

Part II: Program information

The federal Administration on Developmental Disabilities (ADD) has made clear what it requires Minnesota to do during the year in which a one-stop family support center is created. Jordan community residents who may use the family center have made clear what they expect from a family center. Based on these two sets of information, Minnesota has created a set of performance measurements for this project. In evaluating proposals, Minnesota will look for a contractor who addresses the requirements, the expectations, and the performance measures, and describes how these will be achieved during the project's first year.

Section A: ADD requirements

Following are some of the key ADD requirements during the year of the family center creation. (A complete list is included in an attached background report). Minnesota and the contractor must provide:

1. A meaningful role for families in implementing the one-stop center;
2. The criteria to be used to establish if a family has achieved the outcomes in its family-centered plan;
3. A description of the operations and procedures relating to the following
 - a. Outreach to and recruitment of families;
 - b. Information and referral to families, community organizations assisting families in need (including those involved in family strengthening), and others;
 - c. Intake, assessment, and determination of eligibility of families;
 - d. Development and monitoring of Individualized Family Plans (the process for developing and implementing the plans, including who will be involved in the plan development and who will monitor progress, and the types of intervention to be pursued when a targeted family experiences problems related to its plan);
 - e. Records maintenance (access to and retrieval of files, and protection of the confidentiality of the families' personal information),
4. The staffing patterns and staff requirements, including training plans for staff members and a plan for securing key personnel who have substantial experience living with a developmental disability or who have direct substantial experience living with or assisting individuals with developmental disabilities;
5. The roles and responsibilities of the participating agencies, partners, and organizations.
6. Space and equipment requirements, including communication and information technology, for the one-stop family center;
7. A timetable for completing the activities for implementing the State's plan for the family center;
8. Budget requirements for the family center;
9. A plan of action for sustaining the activities of the family center after the closure of the implementation grant from ADD.

Section B: Consumer expectations

As part of the family center planning, GCDD engaged the Inter-Race Institute to listen to residents' ideas about the need for a one-stop center in the Jordan community. Working with

churches, non-profit organizations and informal networks, the Institute held four focus groups involving 27 neighborhood residents who are potential consumers of the family center.

Two critical messages emerged from those meetings. The first is that the family center needs to be a truly welcoming place, a place where all family members can feel comfortable and secure. The second is that families need guidance as they try to understand, and use, the delivery systems for family supports and services.

Following are some observations that build on these two key messages:

- An important point is that the need for such a family center is great. Families of children and adults facing complex developmental disability issues related numerous stories of problems about access to services as well as being heard and treated with respect by people “in the system.” Repeatedly, focus group participants said not only that such a family center is needed, but also that it must be planned and staffed with care so as not to repeat the problems currently experienced.
- Participants emphasized that well-trained, informed, caring and culturally competent staff are key to making the family center a success. During the family center’s operation, it is important that service providers and center leadership listen to the needs and concerns of targeted families. Since the community is multi-cultural, interpreter services will be needed for people whose primary language is not English, including Somali and Spanish.
- People with complex needs and their families want very much to be a part of the continued planning to help ensure that the family center will be user-friendly, culturally sensitive, and welcoming.
- Families often are not using, or are even aware of, existing services and supports for which they are eligible. Priority should be given to information, referral and assistance; personal help navigating the service delivery systems; and an understanding of rights and service eligibility. Childcare assistance, in varied forms, is important to allow families to involve themselves in service delivery systems.

Section C: Performance measures

The main purpose of the one-stop family center is to preserve, strengthen, and maintain the family unit. Based on the federal requirements and the community expectations, Minnesota has set the following performance measures:

1. An inviting, welcoming, accessible one-stop center will be established in the Jordan community.
2. Individualized family plans will be developed, and implemented and monitored. The family center will have a process for addressing problems that arise for families using center services.

3. Services based on the needs of families will be provided. These will include information, referral and assistance (through service navigators), parent training, and onsite childcare assistance for families using center services.
4. At least 50 families with children with developmental disabilities from the Jordan community will participate in family center services, develop an individualized family plan with specific goals, and will track their progress in achieving the goals.
5. A working alliance of agencies and organizations with an interest in family strengthening activities will contribute services, training and other resources to assist the families. This alliance also will assist in developing an action plan to sustain the family center.
6. Training will be provided to service navigators, including core learning about developmental disabilities, quality principles, and a range of services available to families.
7. Consumer satisfaction with the family center and services provided will be measured and assessed, and center improvements will be guided by consumer feedback.

Section D: Additional background

Following is information that helps in developing a plan to reach these performance measures. More information is found in two background reports attached to this RFP.

Family support concept

Family Support has had significant growth both as a philosophy and as a service methodology for people with developmental disabilities and their families. In the last 30 years, policy initiatives have demonstrated the potential to dramatically and positively impact the lives of families with children with developmental disabilities. These changes are based on the broad concept of “family support” which includes whatever it takes to keep families together and assure that all children, including children with developmental disabilities, have the chance to grow up in their natural family environment. This growth, however, has not benefited many families from diverse communities who are not reached by service methodologies now in place.

Jordan location

In its planning, the State identified as a geographic locus the Jordan community of Minneapolis, an urban neighborhood with predominately poor and minority residents. While residents represent diverse cultural, racial and ethnic backgrounds, most are African Americans, with a growing population of African-born refugees and immigrants. The community is marked by relatively high crime and unemployment rates.

Family center planning

Family center planning activities have included a demographic analysis of the community, community participation through focus groups of potential center participants, and a legal advice clinic staffed by advocates and attorneys of the Minnesota Disability Law Center. The planning process included analysis of relevant topics, and a needs assessment and design of an information system with a single point of entry. Other efforts included identification of training

and educational needs for staff members and others who will work with the targeted families, and identification of existing State and local resources for targeted families. These resources include services and supports available from community groups and faith-based organizations particularly those that provide family strengthening services, resulting in an initial database and potential catalog of services and supports to be used both by staff and by targeted families. The planning process examined the range of services that could be a focus for individualized planning, including: healthcare and mental health services, eligibility for personal assistance and supports (for example, access to direct care workers, respite care, food stamps, and cash assistance), accessible transportation, childcare services, family strengthening services (for example, parenting education and marriage education), housing and employment-related assistance.

Contract award

The GCDD intends to award a single contract. The contractor will work with established procedures between state and local entities on key issues for implementing the one-stop family center. While the mission of the family center has been set during the planning process, work such as detailed roles and responsibilities would be an immediate next phase. With a basic framework in place, procedures still need to be negotiated with the contractor, and must address the basic elements of: outreach to and recruitment of targeted families; information, referral and assistance to targeted families and community organizations; intake, assessment and eligibility determination; development and monitoring of individualized family plans; records maintenance; service financing; staffing patterns and requirements; roles of participating agencies and organizations; an organizational chart; space and equipment requirements; an implementation timetable; and family center budget requirements.

Proposed services

During the planning process, a wide range of service needs was identified. From the perspective of potential targeted families in the community, the most pressing needs were in the areas of health care, personal assistance services, and education. The focus group sessions demonstrated that the greatest service barrier is an inability to successfully move through the myriad service networks. For a variety of reasons – lack of knowledge or awareness, service provider indifference, service system complexity, family instability, bureaucratic roadblocks, lack of self-advocacy skills – families were unable to connect with, and use, the services that they need.

Some services can be provided by other agencies and organizations serving the community. Among the services to be offered directly by the family center, two have been identified as priorities: service system navigators; and the development of an information, referral and assistance (IR&A) program in collaboration with the Aging and Disability Resource Center (ARDC).

System navigators. Families in planning focus groups made clear that their primary need was not the development of any particular new service. Rather, the most strongly identified concern was their inability to navigate the complexity of multiple delivery systems in order to get needed services. In part, the inability has been due to inherent system complexity, but exacerbated by the apparent unwillingness of service providers to assist them through the confusion. Coupled with other life conditions, including underemployment, lack of education and unfamiliarity with

technology, there is little or no accessibility to existing services. In response, the family center will develop the concept of service system “navigators,” employing people with a designated role of assisting members of targeted families in understanding and using available service delivery systems, by providing knowledge, support and coaching as needed. The contractor is expected to work with faith-based organizations and community groups to recruit residents who are culturally competent and interested in performing this new role.

Information, referral and assistance. Minnesota has received federal funding to develop an Aging and Disability Resource Center (ADRC), intended to help consumers make informed decisions about service and support options and to serve as the entry point to delivery systems. The IR&A service of the family center will be integrated into this system, working in cooperation with Hennepin County. The County also will assist in developing a web-based form to assist navigators to coordinate each family’s effort to access available family supports.

Part III: 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 one copy.

Section B: Program summary

Prepare a one-page summary of your proposed program. This is Page 2 of your proposal.

Section C: Program narrative

Limit the narrative portion of your proposal to no more than twelve (12) pages. Use a type size that is standard (12 characters per inch) or larger. Include the following in the 12-page narrative section:

Organization profile

1. Describe your organization in relation to the Jordan community, through: (a) physical location; (b) general membership; (c) board of directors or similar leadership; (d) staff; and (e) programs and activities. Describe how your organization communicates with Jordan residents, and what helps you understand changing community needs.
2. Describe your organization's success in: (a) helping individuals and families in identifying needs and potential resources, (b) finding barriers to services and your strategies to address the barriers; and (c) assuring that individuals and families receive appropriate services. Describe your organization's success in working with: people with any disabilities, people in poverty, and people with any barriers to services.
3. Describe your success in building working alliances with agencies and organizations involved in delivering services to people.
4. Describe your understanding of developmental disabilities and your experience in services and issues affecting people with developmental disabilities and their families.

Family center creation

5. Describe how you would recruit at least 50 participating families: what community resources will assist you with recruiting, how the center will be promoted in the community, and how local leaders may help with recruitment. Describe how you would recruit service system navigators. Describe how you would provide navigators with initial and ongoing training.
6. Describe how you would make families feel welcome, how you would involve them in the growth of the family center, and how you will make sure that you understand their changing needs. Note how onsite childcare and other help will support your effort. Describe how you would measure family satisfaction with the center.

7. Describe how you would help families to understand what services and supports are available, how you would help them set their own goals and priorities, and how you would help them receive services and supports.
8. Provide a workplan and a timeframe for how you intend to start, develop and operate the one-stop family center. Describe how your budget will support your workplan.
9. Describe how you would develop alliances and working relationships with public and private service providers, faith communities and other organizations and resources in the Jordan community. Describe how you would work with other organizations and agencies to make the family center self-sustaining beyond the term of the grant.

Section D: Narrative attachments

Provide the following information. Note that this does not count as part of the ten-page limit on the narrative.

1. Include the resume of the person who would work fulltime as the family center director (one page maximum). Include the resume of the person in the organization to whom the family center director would report (one page maximum).
2. Give the name and address of the barrier-free facility proposed as the one-top family center location. Describe the spaces (including dimensions, security, furnishings, phone/Internet wiring and after-hours access) available to the family center on an exclusive basis and on a shared basis. Name and describe all other programs and activities using or intending the use space in the same facility (two page maximum).
3. Provide documentation about the legal status of your nonprofit organization or faith community.

Section E: Program budget and justification

Complete a proposed budget according to the line item categories listed on the attached Budget Form. The Budget Justification is a narrative that explains the costs that you allocate under each major line item. Please follow the Budget Information/Summary guidelines that follow the Budget Form to prepare this part of your proposal. Both the Budget Form and the Budget Justification must be included.

Section F: Letters of recommendation

Include at least three (3) letters of recommendation that address your capabilities, knowledge and experiences that are relevant in providing the proposed family center. Please do not include form letters. Letters must be submitted with your proposal. Letters submitted directly to the GCDD will not be accepted.

Part IV: Proposal review and evaluation process

The Grant Review Committee (Committee) is responsible for reviewing proposals and making a recommendation to the full GCDD regarding the outcome of their review process. Staff of the GCDD review proposals for completeness only.

Please note:

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

Each proposal is reviewed and rated by members of the Committee according to the criteria on the Proposal Evaluation Form (included in this section of the RFP packet). Scores and comments/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, a recommendation is made to the full GCDD.

After review and evaluation of the proposals, and prior to a recommendations being made to the full GCDD, the Committee may need and request further information or clarification from one or more applicants. This includes questions regarding the Budget or Budget Justification. The Committee also may need to tour a proposed family center facility. A decision about the review process will be made as soon as possible after December 1, 2004. 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 to be used by the Grant Review Committee

One-stop family support center for the Jordan community

Complete a Proposal Evaluation for each proposal received in response to the RFP. Score each item on a scale from 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 what specifically needs further explanation.
- Note suggestions/recommendations for improving specific items.

Total score: _____

Applicant name: _____

Reviewer name: _____

		Maximum score	Applicant score
1	Connection to the Jordan area through location, membership, leadership, staff, programs and activities; and through community communication.	5	
2	Success in: (a) assisting people to identify needs and resources, (b) finding barriers to service and strategies to address the barriers; and (c) assuring that people receive appropriate services (d) working with people with: disabilities; poverty; and barriers to service access.	10	
3	Experience and success in building working alliances with agencies and organizations involved in service delivery systems.	5	
4	Understanding of developmental disabilities and experience in services and issues affecting people with developmental disabilities and their families.	5	
5	Recruiting 50 participating families: use of community resources, promotion in the community, use of local leadership. Recruitment of navigators. Providing navigators with initial and ongoing training.	15	
6	Plan to make families welcome and to involve them in growth of the one-stop family center (including childcare and other help); and strategies to understand their changing needs, and measure family satisfaction.	20	

7	Plan to ensure that families understand available services and supports, set their own goals and priorities, and receive needed services and supports.	20	
8	A workplan and timeframe to start, develop and operate the one-stop family center, and how the budget supports the workplan.	5	
9	A plan to develop alliances and working relationships with public and private service providers, faith communities and other organizations and resources in the community. A plan to try to make the family center self-sustaining after the grant period.	5	
10	Budget is clear, explained, and reasonable	10	
11	A description of the barrier-free facility in the Jordan community is provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Documentation of the organization's legal status is provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Three letters of support are submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments/concerns/clarification regarding any of above items (specify item):

Comments/concerns/clarification regarding Budget and Budget Justification:

Add additional pages if necessary.

Part V: Additional information

Section A:

Definitions from the Developmental Disabilities Assistance and Bill of Rights Act (DD Act)

DD Act Terms

Culturally competent.

The term “culturally competent” means services, supports or other assistance that are conducted or provided in a manner that is responsive to the beliefs, interpersonal style, attitudes, language and behaviors of individuals receiving services, and in a manner that has the greatest likelihood of ensuring maximum participation in the program.

Developmental disability.

The term “developmental disability” is defined in the DD Act as a severe, chronic disability of an individual from birth that:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
2. Is manifested before the individual attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, and economic self sufficiency; and
5. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic care services, supports or other assistance that is of lifelong or extended duration and is individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Unservd and underserved.

The term “unserved and underserved” includes individuals from racial and ethnic backgrounds, disadvantaged individuals, individuals with limited English proficiency, individuals from underserved geographic areas (rural or urban), and specific groups of individuals within the population of individuals with developmental disabilities, including individuals with developmental disabilities attributable to physical impairment, mental impairment, or a combination of physical and mental impairments.

DD Act Outcomes (IPSII)

Independence refers to

- The extent to which individuals with developmental disabilities exert control and choice over their own lives.

Productivity refers to

- Engagement in income-producing work that is measured by increased income, improved employment status, or job advancement; or
- Engagement in work that contributes to a household or community.

Self Determination refers to

- The freedom to choose how, where and with whom to live; freely created relationships; contributing to the community in a meaningful way;
- Taking responsibility for personal decisions and actions; making decisions about financial resources, needed supports, and hiring/evaluating direct care providers;
- Dignity and respect of and for people with disabilities;
- Whatever it takes to remove system barriers, achieve what may seem impossible, and do no harm.

Integration and Inclusion refers to

- The use by individuals with developmental disabilities of the same community resources that are used by and available to other citizens;
- Living in homes close to community resources, with regular contact with citizens without disabilities in their communities;
- The full and active participation by individuals with developmental disabilities in the same community activities and types of employment as citizens without disabilities, and utilization of the same community resources as citizens without disabilities, living, learning, working, and enjoying life in regular contact with citizens without disabilities;
- Having friendships and relationships with individuals and families of their own choosing.

Section B: 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 to 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 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 or a 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, December 14, 1988
Amended by the Council, August 1, 1990
Amended by the Council, December 7, 1994

Section C: 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 Chair 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 the Evaluation of Proposal form in Part IV of this RFP packet);
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 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.

Background document 1: The federal family support center concept

The following is excerpted from the competitive grant announcement from the Administration on Developmental Disabilities (ADD), Administration for Children and Families, Department of Health and Human Services, that appeared in the Federal Register, June 17, 2004 (Volume 69, Number 116), pages 33905-33923 (Funding Opportunity Number: HHS-2004-ACF-ADD-DN-0003; CFDA Number: 93.631). The Minnesota Governor's Council on Developmental Disabilities received a Family Support 360 planning grant, and has now been awarded an implementation grant, up to five years, as described in the following request for proposals.

General description

The Administration on Developmental Disabilities (ADD) seeks to accomplish the following with these grant awards: Enhance the capabilities of families in assisting individuals with developmental disabilities to achieve their maximum potential; Support the increasing ability of individuals with developmental disabilities to exercise greater choice and self-determination and to engage in leadership activities in their communities; and Ensure the protection of individuals with developmental disabilities' legal and human rights.

Through the Projects of National Significance (PNS) grant program, ADD awarded funding to 31 States/Territories for Family Support 360 planning grants to plan multi-agency partnerships to design one-stop centers to assist unserved and underserved families with a member who has a developmental disability in Fiscal Year 2003. The main purpose of the one-stop centers is to preserve, strengthen, and maintain the family unit. Each grantee was designated by the Governor as the lead agency for their State or Territory. Project partnerships were required to involve at least one elected official, the State Developmental Disabilities Council, the Protection and Advocacy System, the University Center(s) for Excellence on Developmental Disabilities in the State, and others interested in strengthen families (including faith-based organizations). The 31 planning grantees each received up to \$100,000 for one year of funding.

For purposes of this Program Announcement, the term "targeted families" refers to poor and/or geographically unserved or underserved families (including underserved families from racial, ethnic or cultural minority backgrounds) with a child or adult member with a developmental disability. Additionally, the term "youth" is defined as individuals with developmental disabilities between the ages of 13 and 17 while "emerging leaders" refers to individuals with developmental disabilities between the ages of 18 and 30 with the desire and interest to engage in community leadership and policymaking activities.

Background on ADD and ADD programs

ADD is located within the Administration for Children and Families (ACF) at the Department of Health and Human Services (DHHS). ADD shares common goals with other ACF programs that promote the economic and social well-being of families, children, individuals, and communities.

ACF and ADD envision: Families and individuals empowered to increase their own economic independence and productivity; Strong, healthy, supportive communities having a positive impact on the quality of life and the development of children; Partnerships with individuals, front-line service providers, communities, States, and Congress that enable solutions that transcend traditional agency boundaries; Services planned and integrated to improve access to programs and supports for individuals and families; A strong commitment to working with unserved and underserved persons with developmental disabilities and their families; A community-based approach that recognizes and expands on the resources and benefits of diversity; and A recognition of the power and effectiveness of public-private partnerships, including collaboration among a variety of community groups and government agencies, such as a coalition of faith-based organizations, grassroots groups, families, and public agencies to address a community need.

The goals, listed above, will enable more individuals, including people with developmental disabilities, to live productive and independent lives integrated into their communities. The Projects of National Significance (PNS) Program is one means through which ADD promotes the achievement of these goals. ADD is the lead agency within ACF and DHHS responsible for planning and administering programs to promote the self-sufficiency and protect the rights of persons with developmental disabilities. ADD implements the Developmental Disabilities Assistance and Bill of Rights Act, the DD Act, which was reauthorized by Congress in 2000.

The DD Act of 2000 (42 U.S.C.15001, et seq.) supports and provides assistance to States, public agencies, and private nonprofit organizations to assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports, and other assistance and opportunities that promote independence, productivity, integration, and inclusion into the community.

As defined in the DD Act, the term “developmental disabilities” means a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments that is manifested before the individual attains age 22 and is likely to continue indefinitely. Developmental disabilities result in substantial limitations in three or more of the following functional areas; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and capacity for economic self-sufficiency. An individual from birth to age 9 who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria if the individual, without services and supports, has a high probability of meeting those criteria later in life.

A number of significant findings are identified in the DD Act, including: Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity for independence, productivity, integration, and inclusion into the community; Individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely; and Individuals with developmental disabilities often require lifelong specialized services and assistance, provided in a coordinated and culturally competent manner by many agencies, professionals, advocates,

community representatives, and others to eliminate barriers and to meet the needs of such individuals and their families.

The DD Act also promotes these policies: Individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of achieving independence, productivity, integration, and inclusion into the community, and often require the provision of services, supports, and other assistance to achieve such; Individuals with developmental disabilities have competencies, capabilities, and personal goals that should be recognized, supported, and encouraged, and any assistance to such individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual; and Individuals with developmental disabilities and their families are the primary decision makers regarding the services and supports such individuals and their families receive, and play decision making roles in policies and programs that affect the lives of such individuals and their families.

Priority area background information

Purpose: To implement the State's Family Support 360 plan for one-stop center(s) to assist the targeted families to preserve, strengthen, and maintain the family unit. In Fiscal Year 2003, ADD awarded funding to 31 Family Support 360 planning grants to plan multi-agency partnerships to design one-stop centers to assist unserved and underserved families with a member who has developmental disabilities. The main purpose of the one-stop centers is to preserve, strengthen, and maintain the family unit. Each grantee was designated by the Governor as the lead agency for their State or Territory for the planning grant. Project partnerships were required to involve at least one elected official, the State Developmental Disabilities Council, the Protection and Advocacy System, the University Center(s) for Excellence on Developmental Disabilities in the State, and others interested in strengthening families (including faith-based organizations). This Priority Area provides the 31 States who received a Family Support 360 planning grant last year with the opportunity to compete for a Family Support 360 Pilot Implementation Grant this Fiscal Year.

The Centers for Medicare & Medicaid Services (CMS), in partnership with the Administration on Aging (AoA), funded 12 State grants to develop Aging and Disability Resource Center programs to help consumers make informed decisions about their long-term care service and support options and to serve as the entry point to the long-term service and support system in FY 2003. Aging and Disability Resource Centers will serve the elderly and at least one other target population of individuals with disabilities. Additional States may be funded in FY 2004 pending the availability of funding. To learn more about the Resource Center grant program and the 12 grantees visit <http://www.adrc-tae.org>. Applicants to the ADD's Family Support 360 program are encouraged to collaborate with Aging and Disability Resource Center program efforts in those States where they exist.

Minimum requirements for project design

General parameters for services and supports to targeted families: Implementation plans for the one-stop center must address the following parameters: Information and referrals, as well as in-depth planning for services and supports with at least 50 families on an annual basis. The

families projected to be served would have access to individualized family-centered assessment and planning for services and supports. Individualized planning may focus on one or more of the following areas of need: healthcare and mental health services, eligibility for personal assistance and supports (e.g., access to direct care workers, respite care, food stamps, and cash assistance), accessible transportation, childcare services, family strengthening services (e.g., parenting education and marriage education), early intervention, education, housing, and employment-related assistance. The individualized planning and assessment through the one-stop must involve at least three services in the first year of the grant, with three additional services being made available each year of the grant. The selection of services to be offered in any year should be those that the eligible targeted families will most likely need throughout the grant year.

Specific requirements for the implementation plan

Building upon the activities and outcomes of the State's Family Support 360 planning grant, each applicant must submit a plan for implementing at least one one-stop center to assist targeted families to preserve and strengthen the family unit. The implementation plan must address serving at least 50 unserved and/or underserved families in the community each year for the three years of the grant. At a minimum, the implementation plan contained in the State's application package must include the following information:

1. A meaningful role for targeted families in implementing the one-stop center(s);
2. An analysis of existing State and Federal laws, programs, and resources impacting the lives of the targeted families;
3. The criteria and process for selecting the targeted families to be served by the one-stop center(s);
4. The criteria to be used to establish if a family has achieved the outcomes in its family-centered plan;
5. A description of the operations and procedures relating to the following
 - a. Outreach to and recruitment of targeted families;
 - b. Information and referral to targeted families, community organizations assisting families in need (including those involved in family strengthening), and others;
 - c. Intake, assessment, and determination of eligibility of families;
 - d. Development and monitoring of Individualized Family Plans (the process for developing and implementing the plans, including who will be involved in the plan development and who will monitor progress, and the types of intervention to be pursued when a targeted family experiences problems related to its plan);
 - e. Records maintenance (access to and retrieval of files, and protection of the confidentiality of the families' personal information); and
 - f. Financing of services (a description of how funding for the services and supports in a family's plan could be secured);
 - g. Copies of memorandums of understanding (MOUs) or other mechanisms reflecting commitments with one-stop partners.
6. The staffing patterns and staff requirements, including training plans for staff members and an outline of a recruitment and hiring plan for securing key personnel who have substantial experience living with a developmental disability or who have direct substantial experience living with or assisting individuals with developmental disabilities;

7. An assurance of compliance with the Americans with Disabilities Act, where applicable, and Section 504 of the Rehabilitation Act of 1973 as amended by the Rehabilitation Act Amendments of 1998;
8. The roles and responsibilities of the participating agencies, partners, and organizations, including at least one elected official, the State Developmental Disabilities Council, the State Protection and Advocacy System, and the University Center(s) on Developmental Disabilities in the State/Territory, as well as others interested in family strengthening activities.
9. An organizational chart for the one-stop center(s);
10. Space and equipment requirements, including communication and information technology, for the one-stop center(s);
11. A timetable for completing the activities for implementing the State's plan for the one-stop center(s);
12. Budget requirements for the one-stop center(s);
13. A mechanism for disseminating the outcomes of the one-stop center(s);
14. A plan of action for sustaining the activities of the one-stop center(s) after the closure of the implementation grant from ADD. And
15. Project Meeting: Each applicant's proposed project budget must include estimated travel expenses (airfare, ground transportation, lodging, etc.) for at least one key project staff member to attend a three day meeting in Washington, DC with Federal staff on project issues and/or for training and technical assistance.

Background document 2: The Minnesota family support center plan

The following is taken from the grant proposal submitted by the State of Minnesota and accepted for funding by the Administration on Developmental Disabilities (ADD), Administration for Children and Families, Department of Health and Human Services, that appeared in the Federal Register, June 17, 2004 (Volume 69, Number 116), pages 33905-33923 (Funding Opportunity Number: HHS-2004-ACF-ADD-DN-0003; CFDA Number: 93.631). The Minnesota Governor's Council on Developmental Disabilities is coordinating the implementation grant which will be funded on an annual basis for up to five years.

The Minnesota Department of Administration (Department), designated by the Governor of Minnesota as lead agency, and the Governor's Council on Developmental Disabilities (GCDD), designated by the Governor as coordinator, submit this proposal to establish a one-stop family support center to serve at least 50 minority families with a child or adult member with a disability (targeted families) in the Jordan neighborhood of North Minneapolis. Planning and design of a one-stop center to preserve, strengthen and maintain the family has been conducted during the past year with families and with multi-agency partners (Allies).

Objectives and need for assistance

Family Support has had significant growth both as a philosophy and as a service methodology for people with developmental disabilities and their families. This growth has not benefited many families from diverse communities. Families from diverse communities are not reached by service methodologies now in place.

Background: family support

In the last 30 years, policy initiatives have demonstrated the potential to dramatically and positively impact the lives of families with children with developmental disabilities. These changes are based on the broad concept of "family support" which includes whatever it takes to keep families together and assure that all children, including children with developmental disabilities, have the chance to grow up in their natural family environment.

A major shift in thinking about family support occurred in the 1980s, when many professionals and advocates believed that families should be at the center of the service delivery system, with services designed around the family's individual needs. Family support became a priority, and family support programs continued to grow through the 1990s.

Minnesota has played a leadership role in the development of family support programs and policies, both as a concept and as a reality.

- In the 1970s Minnesota became the second state to create a state family subsidy program, intended to help prevent out-of-home placement and keep families together.

- In the 1980s, Minnesota was one of the first states to implement the Katie Beckett waiver. State legislation funded the home and community-based waiver that has become the largest funding source for today's family support.
- In the 1990s, the Minnesota family support program continued to develop and expand.

The GCDD has addressed family support issues through state policies that place resource control and program design in the hands of the families. For nearly 20 years, the GCDD has researched, created and delivered leadership programs for people with developmental disabilities and their families.

- In 1987, the GCDD developed Partners in Policymaking®, a leadership training program designed for adults with disabilities and parents of young children with developmental disabilities to teach best practices, and the communication and organizing skills needed to influence systems change in concert with elected officials.
- In 1993, the GCDD began an outreach and leadership training program in the African American community. The purpose was to provide information about available services and how to access them, and introduce the concepts of the Partners program to families in a minority community. The expectation was that graduates would be better equipped to ask for and get necessary services for themselves and their families. Encouraged by these initial successes, they would be motivated to further develop their leadership potential by participating in the Partners program.
- In 1997, a similar program began in the Native American community and expanded to the Hispanic community in 2002.
- In 2004, an outreach program was begun in the Asian community. Partners graduates have been instrumental in continuing the cultural outreach programs, building capacity within the minority communities, and preparing a diverse leadership to be part of the growing network of Partners graduates in Minnesota.

Minnesota's approach has shown its value in the progress reported by participating families. However, the program has inherent limitations. The conditions of poverty make it difficult for parents to regularly attend a training program. Limited English proficiency and illiteracy also have been barriers. It continues to be true that families from diverse communities need access to a comprehensive system of services that are family-centered and family-directed. Families should have the greatest possible decision making authority and control regarding the nature and use of services and supports for themselves and family members with disabilities, and the opportunity to participate in the design of family support services. Initiatives that involve and center on families, and promote and encourage interagency coordination and collaboration can contribute to family preservation and strengthening.

With the initiative undertaken by the Administration on Developmental Disabilities (ADD) to revitalize family support, Minnesota applied for and received a Family Support 360 planning grant in 2003. In collaboration with multiple agencies, the design for a one-stop center was created. From Minnesota's perspective, the planning opportunity came at an ideal time. The State, and the GCDD in particular, had identified the issues related to one-stop service delivery along with the consequences for family life, and was ready to explore options and opportunities for family-centered system redesign.

Minnesota's planning process

In its initial proposal, the State identified as a geographic locus the Jordan community of Minneapolis, an urban neighborhood with predominately poor and minority residents. For grant purposes, an underserved population could be described in a variety of ways, including: Medicaid eligibility, geographic isolation or insularity, cultural minority backgrounds, or TANF eligibility. All of these descriptors are appropriate for the Jordan community. While residents represent diverse cultural, racial and ethnic backgrounds, most are African Americans, with a growing population of African-born refugees and immigrants. The community is marked by relatively high crime and unemployment rates. With few non-profit service providers based in the neighborhood, there are few potential sites for a Center location.

Center planning activities have included a demographic analysis of the community, community participation through focus groups of potential center participants, and pilot testing of appropriate legal services. The planning process included analysis of relevant topics, including a legal analysis of eligibility summarizing funding streams for services and supports, legal and policy barriers for targeted families to achieving self-sufficiency, and eligibility criteria and other program requirements that may pose obstacles to serving targeted families. Planning included a needs assessment and design of an information system with a single point of entry. Other analysis included identification of training and educational needs for staff members and others who will work with the targeted families, and identification of existing State and local resources for targeted families. These resources include services and supports available from community groups and faith-based organizations particularly those that provide family strengthening services, resulting in an initial database and potential catalog of services and supports to be used both by staff and by targeted families. The planning process examined the range of services that could be a focus for individualized planning, including: healthcare and mental health services, eligibility for personal assistance and supports (for example, access to direct care workers, respite care, food stamps, and cash assistance), accessible transportation, childcare services, family strengthening services (for example, parenting education and marriage education), housing and employment-related assistance.

Community perception of need

As part of the Center planning, GCDD engaged the Inter-Race Institute to listen to residents' ideas about the need for a Center in the Jordan neighborhood for families in need of family support services. Working with churches, non-profit organizations and informal networks, the Institute held four focus groups involving 27 neighborhood residents who are potential consumers of the Center.

The most important "take away" noted was that the need for such a Center is great. Families of children and adults facing complex developmental disability issues related numerous stories of problems about access to services as well as being heard and treated with respect by people "in the system." Repeatedly, focus group participants said not only that such a Center is needed, but also that it must be planned and staffed with care so as not to repeat the problems currently experienced.

Participants emphasized that well trained, informed, caring and culturally competent staff are key to making the Center a success. During the Center's operation, it is important that service providers and Center leadership listen to the needs and concerns of targeted families. Since the community is multi-cultural, interpreter services will be needed for people whose primary language is not English, including Somali and Spanish. People with complex needs and their families – such as the focus group participants – want very much to be a part of the continued planning to help ensure that the Center will be user-friendly, culturally sensitive, and welcoming.

Benefits and contributions

An ultimate benefit is that in the most underserved and unserved neighborhood in a large urban community in Minnesota, a community that is predominately African American, the lives of families with children with developmental disabilities can be strengthened and the neighborhood itself can become self-directed and stable. The family life of people with developmental disabilities will be strengthened through access to coordinated services and supports offered through a convenient, accessible and culturally competent Center. These families will gain access to information and opportunities for self-determination found in the broader disability community, but not found in all racial and ethnic communities.

Plan of action

Upon confirmation of an ADD grant award, the State, through the Department of Administration and the GCDD, will award a single contract. The contractor will work with established procedures between state and local entities on key issues for implementing the Center. While the mission of the Center has been set during the planning process, follow-up mission clarifiers, such as detailed roles and responsibilities, would be an immediate next phase.

The basic framework of the implementation plan for a Center has been developed during the planning project. Procedures still need to be negotiated with a contractor, and must address the basic elements of: outreach to and recruitment of targeted families; information, referral and assistance to targeted families and community organizations; intake, assessment and eligibility determination; development and monitoring of individualized family plans; records maintenance; service financing; staffing patterns and requirements; roles of participating agencies and organizations; an organizational chart; space and equipment requirements; an implementation timetable; and Center budget requirements.

Management approach

The GCDD has adopted a quality and productivity management approach as a standard for all of its programs and activities. The approach is premised upon the core values and concepts of the Malcolm Baldrige National Award Criteria for Performance Excellence, which is recognized as a focal point of quality and management efforts in the United States. The application of Baldrige Criteria to center activities will be directed through consultation with Bill Harreld, president of Quality Culture Institute, Rochester, MN.

Proposed services

During the FY2004 planning process, a wide range of service needs was identified. From the perspective of potential targeted families in the community who participated in focus groups, the most pressing of their service needs were in the areas of health care, personal assistance services,

and education. The focus group sessions demonstrated that, for most of the potential targeted families, the greatest barrier is their inability to successfully move through the myriad service networks. For a variety of reasons – lack of knowledge or awareness, service provider indifference, service system complexity, family instability, bureaucratic roadblocks, lack of self-advocacy skills – families were unable to connect with, and use, the services that they need.

Initial service. As a pilot effort to guide the Center planning process, the Minnesota Disability Law Center, in its role as the State’s protection and advocacy system, began a legal advice clinic in July 2004 in the neighborhood. In clinic sessions, a rotating schedule of subject areas were addressed, including: assistive technology; special education; services in the developmental disability system; and Social Security and related employment, training and transition issues. Fact sheets on issues such as landlord/tenant law and creditor/debtor law were provided. In addition to providing on-the-spot advice and referrals to families, cases could be opened and legal representation provided for complex issues.

Service priorities

Based on the initial success of this approach, legal clinics will be continued as one of the first services offered following the formal opening of the Center. Additional services will be offered as identified in the targeted family focus groups and continuing consumer feedback. However, two services have been identified as priorities for implementation during the first year of Center operation – the service system navigators; and the development of an information, referral and assistance (IR&A) program in collaboration with the Aging and Disability Resource Center (ARDC). In addition, an existing state planning tool will be modified for use by the navigators as they develop and monitor individualized family plans.

System navigators. Targeted families who participated in planning year focus groups made clear that their primary need was not necessarily the development of any particular new service. Rather, the most strongly identified concern was their inability to navigate the complexity of multiple delivery systems in order to get needed services. In part, the inability has been due to inherent system complexity, but exacerbated by the apparent unwillingness of service providers to assist them through the confusion. Coupled with other life conditions, including underemployment, lack of education and unfamiliarity with technology, there is little or no accessibility to existing services.

In response, the agencies and organizations involved in Center planning have developed a concept of service system “navigators,” people with a designated role of assisting members of targeted families in understanding and utilizing the available service delivery systems, by providing knowledge, support and coaching as needed.

Working with the Contractor and faith-based organizations and community groups in the Jordan neighborhood, the Center will recruit local residents who are culturally competent and interested in performing this new role. The navigators will reflect the diversity and experience of the families who use the Center. A primary attribute will be an ability to relate to, and work with, the targeted families. An understanding of developmental disabilities, available services and supports, and a practical grasp of the city, county and state service delivery systems will be important in their work. However, this knowledge will not be a prerequisite for the position as

the Allies involved are committed to training and orientation for culturally competent members of the Jordan neighborhood.

In Minnesota, there are no similar positions or roles in any service networks. An intent of this project is to develop and refine the navigator role, and to encourage its use, not only for the developmental disabilities systems, but other systems of community supports.

The GCDD, the Minnesota Board on Aging, and Hennepin County will collaborate in developing an integrative approach to information, referral and assistance (IR&A) services in the State. In FFY 2003, Minnesota was one of 12 states to receive funding from the Centers for Medicare & Medicaid Services (CMS) in partnership with the Administration on Aging (AoA) to develop an Aging and Disability Resource Center (ADRC). The program is intended to help consumers make informed decisions about service and support options and to serve as the entry point to delivery systems. The IR&A service of the Center will be integrated into this system.

While many states move toward a single point of entry design for their information systems, Minnesota is developing a “no wrong door” approach, compatible with developmental disabilities information. The system is designed so that, regardless of point of entry, consumers received consistent, quality support facilitated by a comprehensive online database that links the IR&A system with county-based assessment and program eligibility functions. In effect, any “door” should lead to a one-stop experience.

The Board on Aging’s primary contractor is Hennepin County, the county in which the Jordan neighborhood is located. The Board and County will provide the Center with effective, consumer-friendly, robust decision support web-based tools to access information for planning and decision-making.

Individualized planning tool. The two service elements – navigators and an IR&A program – will share a similar tool to develop and monitor individualized family plans. The Center will refine and use Minnesota’s Individual Interagency Intervention Plan (IIIP), which is emerging as both a process and a document. Like many states, Minnesota has developed a variety of coordinating tools to simplify the planning process for families with children with developmental disabilities who have, until now, encountered a multiplicity of plans by different agencies that have hindered rather than promoted service coordination. The State Legislature has required a standardized written plan describing those programs or services and accompanying funding sources available to eligible children and their families. The current document is still under revision.

The Center, working with the IR&A system, will develop a Web-based IIIP document that assists navigators and targeted families to coordinate each family’s effort to access available family supports. The Minnesota System of Interagency Coordination is a multi-agency effort to simplify the current way of providing services to children and youth with disabilities and their families. Consistent with the Center, this is an effort to reduce duplication and increase user-friendly access to services that are coordinated and delivered in a way that makes sense

Data to be collected

The project's key results are: customer satisfaction with the services received, achievement of individualized family plan goals, and IPSII measures.

The project's evaluation measurement and analysis system will include quantitative and qualitative measures of effectiveness and impact, data sources, data collection methods and instrumentation, and data analysis and summary. Bill Harreld will work with the contractor in leading the evaluation effort. In addition to quantitative data, the GCDD anticipates that stakeholders will want agencies to conduct qualitative case studies that will describe more holistically the impact of a culturally competent one-stop family support center. All analytical and evaluative products will be delivered as attachments to quarterly and annual reports. In addition, the working meetings described above will assure that the needs of the ADD and other stakeholders are addressed.

APPLICATION COVER

**GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES
MINNESOTA DEPARTMENT OF ADMINISTRATION
370 CENTENNIAL OFFICE BUILDING
658 CEDAR STREET
ST. PAUL, MINNESOTA
(651) 282-2899 VOICE (877) 348-0505 TOLL FREE
(800) 627-3529 TTY – Minnesota Relay Service
Email: admin.dd@state.mn.us**

1. Organization:

Name: _____

Address: _____

Phone: (____) _____ FAX (____) _____

Contact: _____

Title: _____

MN Tax ID Number: _____ FEIN: _____

2. Project Title: _____

3. Budget Summary:

Council Share: \$ _____ %

Local Match: \$ _____ %

Total Cost: \$ _____ %

4. 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 program will be conducted according to this proposal, the requirements of the Governor's Council on Developmental Disabilities, Department of Administration, and provisions of the standards for programs funded under P.L.106-402; and that the local match will be contributed as proposed. I also certify that the applicant organization has authorized me, as its representative, to give these assurances and submit this proposal.

Signature: _____ (original signature on original copy)

Title: _____

Date: _____

BUDGET FORM

1. EXPENSE CATEGORY

2.COUNCIL FUNDS

3. LOCAL MATCH

A. PERSONNEL

Salary
Fringe

B. RENT

C. TRAVEL

Staff

Mileage/pkg
Food/lodging

Non-staff

Mileage/pkg
Food/lodging

D. SUPPLIES

Office (consumables)
Program materials
AV equipment

E. COMMUNICATIONS

Phone/FAX
Internet/email
Postage
Copying
Alternative formats

F. OTHER

Indirect costs/audit
Speakers/presenters
Interpreters

BUDGET INFORMATION FOR JUSTIFICATION

Please prepare your Budget Justification narrative using the following guidelines:

1. The Budget Form includes GCDD funds and local match for the entire project period. Enter the total amount that you expect to expend in GCDD funds and local match under each expense category (major line item noted in bold on the budget Form);
2. Include a separate Budget Justification narrative to 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 should be part of the local match. Rent includes utilities, building/maintenance costs if paid (note separately and the amount), and the percent allocated to this program;
 - c. **TRAVEL:** Include local mileage and parking costs. If personnel/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 included in your budget, explain the purpose for this travel, destination, length of stay, food and lodging allowances, any other transportation costs, and who will be traveling.

Include the same information for non-personnel/staff who might be involved with the project. All local transportation costs should be included under this expense category.

The reimbursement rate **MUST** be the same for everyone.

- 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, i.e. Braille or other language translations, should be included in this expense category;

- f. **OTHER:** Indirect costs and audit cost 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 targeted families.

Identify the individuals and their respective organizations, if applicable, who may be involved in training/education activities related to project implementation and the total cost (or estimated cost). If a speaker/presenter's name is not yet available, indicate the topic area and a reasonable estimate of the cost allocated.

PLEASE NOTE:

1. When preparing fiscal reports, actual costs must be reported. Costs as proposed or costs averaged during a reporting period will not be accepted.
2. All proposed costs must be reasonable to carry out the program and achieve the intended program results.
3. GCDD funds are federal funds. If dollars are used to meet any part of your local match requirement, those match dollars cannot be federal dollars.
4. Funds cannot be advanced to a supplier/grant recipient. You must have sufficient cash flow to cover program expenses during the first reporting period.
5. Funds can not be advanced to anyone who is involved in any way with the program. This includes personnel/staff or those who may be involved in training and education activities.

You must have a secure system of checks and balances in place and clear reimbursement processes.

6. Funds cannot be used for capital expenditures (construction or equipment).