

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

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REQUEST FOR PROPOSALS:

**EMPLOYMENT OF INDIVIDUALS
WITH DEVELOPMENTAL DISABILITIES**

JUNE 2019

PART I: PROJECT INFORMATION

TITLE: EMPLOYMENT OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

ISSUED BY: Minnesota 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
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I.A. Authority and purpose

Funding source. The federal funds available under this Request for Proposal (RFP) are provided to the State of Minnesota from the Administration on Intellectual and Developmental Disabilities (AIDD), Administration for Children and Families, United States Department of Health and Human Services, as authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act). The Minnesota Governor's Council on Developmental Disabilities (GCDD) uses these funds to support grant projects and activities that reflect the values and outcomes contained in the DD Act and result in the *increased independence, productivity, self determination, integration and inclusion(IPSII) of people with developmental disabilities and their families in the community.*

Purpose of funds: Funds for this project must be used to further the employment of people with developmental disabilities according to the Goals and Objectives in the GCDD's Five Year State Plan for FFYs 2017 – 2021, as follows:

Increase opportunities and the supports needed by individuals with developmental disabilities to be employed in integrated settings at or above minimum wage and benefits by:

- A. Educating and building the capacity of employers, and implementing employer incentives that contribute to workforce development;
- B. Providing individualized, person centered supports that may include technology and are necessary for a broad range of employment options including competitive, customized, or self employment;

- C. Increasing and improving access to inclusive postsecondary education and other career focused training opportunities; and
- D. Raising the expectations of individuals and families about the importance of work experiences prior to and during high school (transition years) and increasing their involvement by using and building their relationships and their personal networks to reach public and private sector employers, and identify job experiences in the community.

A total of \$80,000 is available to carry out this project. A single award will be made.

1.B. Due Date

Proposals must be received at the GCDD, by mail or hand delivery, **no later than 3:00 p.m. on Friday, July 19, 2019**. You must deliver fifteen (15) paper copies of the complete proposal, each copy stapled or bound. An original authorized signature must be on the proposal cover. The GCDD does not accept proposals through fax or e-mail.

PLEASE NOTE: Late proposals will NOT be considered.

Part 2: Proposal Requirements

2.A. Who Can Apply

Proposals can be submitted by any public organization, private sector business, or private non-profit organization that has 501(c)(3) tax-exempt status from the Internal Revenue Service (applicants must include a document confirming their status).

The GCDD is seeking proposals from organizations or businesses regarding the following:

1. Experience in working with individuals with developmental disabilities and families regarding employment;
2. Established partnerships/relationships with companies that are committed to a diverse workforce that includes employees with developmental disabilities and/or a sound understanding of the dynamics involved in building those relationships;
3. Partnerships with schools and post-secondary institutions;
4. An understanding of person centered planning principles and practices, and application to employment; and
5. An understanding of delivery systems that provide employment services and supports.

2.B. Project Length

This RFP covers up to a five year period. Funds are available and can be awarded for a one-year period only. Renewal of the grant depends on the availability of federal funds, and the satisfactory performance of the organization in assuming responsibility for completing all duties and performance goals.

2.C. Project Evaluation

The GCDD's programs and projects are evaluated in a variety of ways:

- a. Education and training sessions, and speaker or presenter are evaluated in terms of knowledge gained, usefulness of information, and quality of presentation. Results should be reviewed and shared with speakers, and used to make improvements.
- b. The AIDD requires the collection of customer satisfaction data that include demographic information, and the extent to which transition students and adults with developmental disabilities, who are job seekers, are satisfied with the services received and the job that best matched their skills and abilities, their needs and preferences, participation in advocacy activities, and IPSII measures; and training sessions that may be conducted with individuals with developmental disabilities or family member. The Customer Satisfaction Surveys are included with this RFP.

These AIDD customer satisfaction data must be collected during the program year. Results are reported to the GCDD and included in an annual report that is submitted to the AIDD.

- c. During the GCDD's Five Year State Plan for FFYs 2017-2021, the AIDD developed **Revised Performance Measures** (dated June 2016) and required additional data regarding **Family Advocacy Annual Performance Measures**; and **Systems Change Annual Performance Measures**. The following **Measures** apply to the Employment goal:
 1. At least ten (10) adults with developmental disabilities will be directly employed in jobs of their choice in a broad range of competitive integrated employment settings;
 2. 100% of the participating adults with developmental disabilities will speak up and be able to express themselves about the services and supports they need or what's important to them in terms of employment services;
 3. At least 90% (9) of the adults with developmental disabilities will report satisfaction with the employment services received;

4. At least ten (10) transition students will be enrolled in post secondary education programs or employed in a broad range of inclusive employment settings;
5. 100% of the participating transition students will speak up and be able to express themselves about the services and supports they need or what's important to them in terms of employment services;
6. At least 90% (9) of the transition students will report satisfaction with the employment services received;
7. At least ten (10) family members will participate in this employment project;
8. At least 90% (9) family members will report satisfaction with their participation in this employment project;
9. Two policies will be created or changed;
10. Two policies will be improved and implemented;
11. Two statutes or regulations will be created or changed;
12. Two statutes or regulations will be improved and implemented
13. Two promising practices will be created and supported;
14. At least twelve (12) individuals (not individuals with developmental disabilities or families) will be trained/educated through a systemic change initiative;
15. Two promising or best practices will be improved and implemented.

2.E. Required Activities

Use of Funds. At least seventy-five (75) percent of the grant funds must be expended for the Employment project. Total administrative costs, including indirect costs, must not exceed twenty-five (25) percent of the total grant.

State partnership. A successful applicant must work with GCDD staff on an ongoing basis to discuss overall project implementation; assure that performance goals and reporting requirements are met (both program and financial), expenditures are in keeping with the approved budget; and that the Baldrige Criteria and quality principles are fully utilized. The Baldrige Criteria offer a set of tools and techniques that help businesses/organizations operate more effectively and efficiently, and focus on common

needs and results. This is a customer driven and results oriented approach that assesses the strengths and identifies areas for improvement to increase customer satisfaction with the business/organization's products and services.

The GCDD will expect the applicant organization to document improvements that can increase/improve the efficiency and effectiveness of the Employment project and increased IPSII results for participants.

Project reporting. If your proposal is accepted, you will prepare and submit narrative and financial reports to the GCDD on a monthly basis that describe progress being made in achieving performance goals specified in the Grant Contract. A face to face performance review with the Grant Review Committee is also scheduled about midway through the program year.

Part 3: Proposal Writing Instructions

3.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 application cover.

3.B. Program Summary

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

3.C. Program Narrative

Limit the narrative portion of your proposal to no more than ten (10) pages. Use a type size that is standard (12 point) or larger. Include the following in the 10-page narrative section:

1. Describe the current status of employment in Minnesota for individuals with developmental disabilities, businesses, and employer/employee relationships.
2. Describe what you consider to be the most important strategic direction in addressing employment issues of people with developmental disabilities.
3. In addressing this strategic direction, describe the approach you are proposing. The approach can include business relationships, transition, post-secondary education, job discovery, and matching individual interests and skills with business needs/available positions.
4. Considering the Workforce Innovation and Opportunity Act of 2014 (WIOA), the emphasis on the need for youth with disabilities to have more opportunities to

consider their career interests and get real world employment experience; and the emphasis on competitive, integrated employment through customized employment, supported employment, and other individualized services, discuss the following:

- a. The approach and process you would use to assure that adults with developmental disabilities would be employed in a broad range of inclusive employment settings;
- b. Outreach to schools including post secondary institutions, and employers to assist in identifying and selecting adults with developmental disabilities and youth in transition for employment;
- c. Training opportunities you would offer to individuals with developmental disabilities and their families on the importance of paid work, and the use of personal and community networks to increase employment;
- d. How you would include and apply a discovery and person centered planning approach to assure that adults with developmental disabilities and transition students are directly employed in jobs of their choice, paid at least minimum wage, and offered competitive integrated employment and self employment opportunities.

3.D. Performance Measures

NOTE: Please limit this section to no more than two (2) pages.

1. Describe how you will make sure that self advocates (adults with developmental disabilities and transition students) will have a good understanding of the key program results: *increased independence, productivity, self determination, integration and inclusion (IPSII)*. Explain what approach or approaches you may use so self advocates can best assess themselves during the program or project year.
2. Describe the process that will be used to meet all evaluation requirements for the Employment Project. These include:
 - Evaluations of speakers and presenters for education and training sessions (knowledge gained, usefulness of information, quality of presentations), and how evaluation results will be used to improve training sessions.
 - Customer Satisfaction Survey (required by the Administration on Intellectual and Developmental Disabilities).

- AIDD Revised Performance Measures – Individual and Family Advocacy Performance Measures and Systems Change Performance Measures.

3.E. Budget and Budget Justification

Limit this section to no more than four (4) 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 NOTE: Respondents should make sure that the proposed Budget and Budget Justification match in terms of dollar amounts, that math calculations are correct, and that the budget is reasonable and directly related to what is proposed in the Program Narrative.

For example, if postage is a necessary expense and included in the proposed Budget, the Budget Justification must explain how that dollar amount was arrived at and the math calculation must be accurate – Postage for _____ (state the purpose); estimated at 125 pieces X \$0.55/piece (current rate) = \$62.50.

3.F. Letters of Support

Include three letters of support or recommendation that are directly related to your knowledge and experience in working with people with developmental disabilities who are seeking employment; programs that provide services and supports for these individuals; and public and private sector businesses that welcome and are committed to a diversified workforce that includes individuals with developmental disabilities.

PLEASE NOTE: Support letters must be included as part of your application. Letters that are sent directly to the GCDD, or arrive outside of the completed application, will not be accepted.

Part 4: Proposal Review and Evaluation Process

4.A. Grant Review Committee

The GCDD's Grant Review Committee (Committee) reviews proposals submitted in response to this RFP. Committee members will make a funding recommendation to the full GCDD. Staff of the GCDD review proposals for completeness only.

PLEASE NOTE: Proposals must contain all required sections and fit within the maximum page limitations as specified. Twelve copies must be submitted with an original signature in **blue ink** on the Application Cover of one copy. Incomplete proposals will be withdrawn from further consideration and not reviewed by the Committee.

Each proposal is reviewed and rated by members of the Committee according to the Evaluation Criteria included in this RFP. 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.

The GCDD retains the right to reject all proposals.

PLEASE NOTE: Continuation funding is based upon the availability of federal funds, the performance of the contractor, and the reauthorization of the DD Act.

4.B: Evaluation Criteria

The Grant Review Committee uses the following Evaluation Criteria when rating proposals. In addition to providing scores for each item, Committee members may write comments such as strengths or weaknesses, concerns or clarifications on their rating sheets. (The number in parentheses after each item is the maximum number of possible points for that item).

1. The current status of employment in Minnesota for individuals with developmental disabilities (5).
2. Most important strategic direction to address employment issues for individuals with developmental disabilities and your proposed approach (15).
3. Approach and process for assuring that transition students have meaningful, paid work experiences and adults with developmental disabilities are employed in a broad range of inclusive employment settings (10);
4. Outreach to schools, post secondary institutions, and employers to identify and select transition students and adults with developmental disabilities for employment (10);
5. Education and training sessions for individuals with developmental disabilities and families about the importance of paid work and personal/community networks to identify potential employment opportunities (10)
6. Application of discovery and person centered planning principles and practices to employment in competitive integrated employment (20);
7. Budget is reasonable and sufficient for work plan activities. (30)

The Committee also will confirm that the 501 (c)(3) status of an applicant non-profit organization has been documented, and that three letters of support or recommendation are included with the application.

Part 5: Additional Information

5.A: Definitions from the Developmental Disabilities Assistance and Bill of Rights Act (DD Act)

DD Act Terms

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;
6. When applied to infants and young children, individuals from birth to age nine, inclusive, with a substantial developmental delay or specific congenital or acquired conditions may be considered to have a developmental disability if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Employment related activities:

The term “employment related activities” is defined in the DD Act as follows:

Advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community.

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.

5.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 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, December 14, 1988.

Amended by the Council, August 1, 1990.

Amended by the Council, December 7, 1994.

5.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 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.

5.D: Reminder Checklist

Following is the first of two checklists to help you prepare your proposal. This first checklist is simply a reminder of some important information already given in this RFP.

Reminders:

- Your proposal must be received on time. If a courier service fails to deliver your proposal by the deadline, the responsibility still lies with you, and the proposal will not be considered for funding.
- Your proposal must be prepared according to the instructions in Part 3 and must include all sections.
- The proposal must be produced by a computer, not handwritten, and pages must be numbered.
- Those who write letters of support or recommendation on behalf of your proposal should be reminded that the letters must be sent to you so that you can include the letters with your application. Letters that are not included in your application will not be accepted.
- A suggestion: If your proposal is clear and concise, it will be easier for the GCDD to understand what you propose. Proposals that are too wordy or full of jargon are difficult to read and it may hurt your review score.

Be sure to include:

- A completed one-page Application Cover, with the **original signed in blue ink**. A blank copy of the required form is included with this RFP.
- A Program Narrative. No more than ten (10) pages describing your knowledge and experience, and all items identified in the Narrative section above.
- A document (such as from the IRS) confirming your status as a public organization or as a 501(c)(3) non-profit organization, if applicable. Remember, this document counts toward the ten-page limit for your Program Narrative.
- No more than two pages describing your Performance Measures, including how IPSII will be measured.
- A Program Budget and Budget Justification Narrative. A blank copy of the required form is included with this RFP. Together, the budget and the budget justification should be no more than four (4) pages.
- Three letters of support or recommendation.
- Fifteen (15) complete copies of the entire proposal. Each copy should be stapled or bound.
- Make sure the address is correct:

Minnesota Governor's Council on Developmental Disabilities
370 Centennial Office Building
658 Cedar Street
Saint Paul, Minnesota 55155

Part 6: Required Forms

Attached are copies of the forms required for an application:

Application Cover Sheet.
Line Item Budget Form.

PLEASE ALSO NOTE:

Applicants with an annual income of under \$ 25,000 or who have not been in existence long enough to have completed IRS Form 990 or an audit must submit their most recent board approved financial statements.

Applicants with total annual revenue of under \$ 750,000 must submit their most recent IRS Form 990.

Applicants with total annual revenue of over \$ 750,000 must submit their most recent certified financial audit.

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 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, in blue ink, on original copy)

Title: _____ Date: _____

BUDGET

Expense Category	COUNCIL FUNDS	LOCAL MATCH
Personnel		
Salary		
Fringe		
Rent		
Travel		
Staff		
Mileage/pkg		
Food/Lodging		
Participants		
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		
Respite/Child Care		
Personal Care Assistance		
Interpreter/Facilitator		
TOTAL		

Council Customer Satisfaction Survey

The Minnesota Governor’s Council on Developmental Disabilities funded this project.

Date: _____ Project Activity: Employment



[For GCDD Use Only – Goal/Objective: Transition Students and Adults with Developmental Disabilities Employed Using the Discovery Process

Race/Ethnicity	Gender	Geographic Area
<input type="checkbox"/> White, alone	<input type="checkbox"/> Female	<input type="checkbox"/> Urban
<input type="checkbox"/> Black or African American, alone	<input type="checkbox"/> Male	<input type="checkbox"/> Rural
<input type="checkbox"/> American Indian or Alaska Native, alone	<input type="checkbox"/> Other	
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> Asian, alone		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander, alone		
<input type="checkbox"/> Two or more races		
<input type="checkbox"/> Race unknown		









Please check the statement that best describes you. Check one box only.

<input type="checkbox"/> I am an individual with a developmental disability.	IFA 1.1
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Are you satisfied with this project activity? Yes (thumbs up) or No (thumbs down).

<input type="checkbox"/>  YES, I am satisfied.	<input type="checkbox"/>  NO, I am not satisfied.	IFA 3
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Please answer these questions with a Yes (thumbs up) or No (thumbs down).
Because of this project activity:

<input type="checkbox"/> 	<input type="checkbox"/> 	I am increasing my advocacy.	IFA 2.1
<input type="checkbox"/> 	<input type="checkbox"/> 	I am better able to say what I want, and what is important to me.	IFA 2.3
<input type="checkbox"/> 	<input type="checkbox"/> 	I am now participating in advocacy activities.	IFA 2.4
<input type="checkbox"/> 	<input type="checkbox"/> 	I am serving on a cross-disability coalition, policy board, advisory board, governing body and/or serving in a leadership position.	IFA 2.5

IPSII



Please help us to know how your levels of independence, productivity, self-determination, integration and inclusion (IPSII*) have increased as a result of using the Discovery Process to find a job that matches personal interests, preferences, and abilities. Evaluate yourself on a scale of 1 (👎 lowest) to 5 (👍 highest) for each measure.

1. Independence: *Since participating in this Employment Project, I have become more **independent*** at work, home or school:*

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	



**Independence* means the extent to which individuals exert control and choice over their own lives.

2. Productivity: *Since participating in this Employment Project, I am more **productive.****

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	



**Productivity* means starting employment or a positive change in one's employment situation (better wages, hours, benefits, improved status, or job advancement).

3. Self Determination: *Since participating in this Employment Project, my **self-determination*** has increased.*

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	

**Self-determination* means the freedom to choose where and with whom to live or taking personal responsibility for personal decisions about needed supports and services.

4. Integration and Inclusion: *Since participating in this Employment Project, I have experienced more community **integration and inclusion.****

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	

**Integration and inclusion* means using the same community resources that are available to other citizens or fully participating in community activities.

Council Customer Satisfaction Survey

The Minnesota Governor's Council on Developmental Disabilities funded this project.

Date: _____

Project Activity: Employment



[For GCDD Use Only – Goal/Objective: Employment Related Training Sessions

Race/Ethnicity	Gender	Geographic Area
<input type="checkbox"/> White, alone	<input type="checkbox"/> Female	<input type="checkbox"/> Urban
<input type="checkbox"/> Black or African American, alone	<input type="checkbox"/> Male	<input type="checkbox"/> Rural
<input type="checkbox"/> American Indian or Alaska Native, alone	<input type="checkbox"/> Other	
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> Asian, alone		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander, alone		
<input type="checkbox"/> Two or more races		
<input type="checkbox"/> Race unknown		

Please check the statement that best describes you. Check one box only.

<input type="checkbox"/> I am an individual with a developmental disability.	IFA 1.1
<input type="checkbox"/> I am a family member of an individual with a developmental disability.	IFA 1.2









Are you satisfied with this Employment Related Training Session? Yes (thumbs up) or No (thumbs down).

<input type="checkbox"/>  YES, I am satisfied.	<input type="checkbox"/>  NO, I am not satisfied.	IFA 3
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On a scale of 1 to 10 (10 = highest), how would you rate this Employment Related Training Session in terms of usefulness and helpfulness?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	6	7	8	9	10	
	Not at all Useful or Helpful										Extremely Useful or Helpful

Please answer these questions with a Yes (thumbs up) or No (thumbs down).
Because of this Employment Related Training Session:

<input type="checkbox"/>		<input type="checkbox"/>		I am increasing my advocacy.	IFA 2.1
<input type="checkbox"/>		<input type="checkbox"/>		I am better able to say what I want, and what is important to me.	IFA 2.3
<input type="checkbox"/>		<input type="checkbox"/>		I am now participating in advocacy activities.	IFA 2.4
<input type="checkbox"/>		<input type="checkbox"/>		I am serving on a cross-disability coalition, policy board, advisory board, governing body and/or serving in a leadership position.	IFA 2.5