

Mississippi Council on Developmental Disabilities (CDD)

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Request for Proposal (RFP)

Council Investments

FY 2010 (10/01/2009 - 9/30/2010)

State Plan Year FY 2006-2011

CDD funded services promote community inclusion for people with developmental disabilities and their families. CDD funded services may include one-time projects, special events, support for training activities, short term demonstrations, product development activities and special focus investments.

CDD Investments must support as least one of the following Administration on Developmental Disabilities (ADD) Areas of Emphasis:

- A. **Employment** - People get and keep employment consistent with their interests, abilities and needs.
- B. **Transportation** - People have transportation services for work, school, medical, and personal needs.
- C. **Housing** - Adults choose where and with whom they live.
- D. **Quality Assurance** - People have the information, skills, opportunities and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights
- E. **Formal and Informal Community Supports** - Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.
- F. **Education and Early Intervention** - Students reach their educational potential and infants and young children reach their developmental potential.
- G. **Recreation** - People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities.
- H. **Child Care** - Children and families benefit from a range of inclusive, flexible child care options.
- I. **Health** - People are healthy and benefit from the full range of needed health services.

Funds Available:

The Mississippi Council on Developmental Disabilities Allotment for FY 2010 is \$957,347.00. A percentage of these funds are for new investments and maintaining previously awarded investments from the prior year.

Eligibility:

Applications will be accepted from public and private non-profit agencies and organizations operating within the State of Mississippi. Applicants must be registered as a non-profit entity as evident by **possession of a charter from the office of the Mississippi Secretary of State.**

Selection Criteria:

Initiatives/proposals are selected through the membership of the Mississippi Council on Developmental Disabilities. Funding priorities are established through needs assessment activities, conducted by the CDD, that are projected in the CDD State Plan. Therefore, considerations for funding must include:

1. Investments which support concepts of inclusion and integration.
2. Only programs and projects which use an outcome framework to identify, measure and report results will be invested in by the Council.
3. Projects worthy of replication.
4. Services that have a potential for continuing after the CDD investment has ended.

Required Format:

- A. Applications must be type written, double spaced on 8 ½ inch by 11 inch paper in accordance with the format in the attached instructions.
- B. Applications not following the required format will not be considered for funding.
- C. Applications must not exceed 25 pages for new and 30 pages for continuation initiatives.
- D. Grant Submissions/Funding Proposals should be **emailed** to the Council Office (edie.hayles@dmh.state.ms.us) and include **electronic signatures**.
- E. An email verifying (Grant submission received) will be sent to each applicant.
- F. Matching ratios are 75-25 for all projects except those operating in poverty areas. In these areas the matching ratio is 90-10. A geographic location within Mississippi being justified as a poverty area is the responsibility of the grant applicant.

G. Applications not funded will not be returned.

Nothing in the request for, submission of, and/or acknowledged receipt of any application shall be considered as a guarantee of, and/or an implication of a guarantee of funding. The CDD reserves the right to reject any and all proposals submitted under this announcement.

Format or Narrative For
Mississippi Council on Developmental Disabilities
New Initiatives/Proposals

The following format ***must*** be followed:

Rated Points

- | | |
|---|----|
| <p>(I). A. <u>DDP-01</u> This form must be completed with the pertinent information as requested. <i>(Please Add email address & Phone # for both, contact person & Authorized Official).</i></p> | 2 |
| <p>(II). <u>Justification of Need for Service</u></p> | |
| <p>(II). A. Identify your service mission as applicable to one of the CDD Area(s) of Emphasis. (1 Area Only)</p> | 2 |
| <p>(II). B. Tell why this service is needed including any surveys, studies or other data which supports or justifies the need.</p> | 10 |
| <p>(II). C. Identify existing or similar services/projects in the area or state with emphasis on how your service will not duplicate others and how you will provide coordination with others.</p> | 5 |
| <p>(III). <u>Replication and Continuation of Project/Service (s)</u></p> | |
| <p>(III). A. Describe the proposal replication value of your service or project, if applicable, and/or how will others be able to gain from this CDD investment?</p> | 17 |
| <p>(III). B. Describe the potential for continued funding following the CDD investment.</p> | 6 |
| <p>(IV). <u>Characteristics of the Project/Service</u></p> | |
| <p>(IV). A. Describe the target group or population(s) to be served, including location (city/county/statewide).</p> | 3 |
| <p>(IV). B. Identify and describe very specific outcomes you will accomplish within your Areas of Emphasis. <i>Please refer to the form called Developmental Disabilities Council Annual Program Performance Report (Performance Target Numbers).</i></p> | 20 |

- (IV). C. Describe your **data collecting and outcome performance reporting system** (quarterly and annually) to the Council. 5
- (V). **Service/Project Organization and Staffing**
- (V). A. **Timelines** Specify timelines by a timeline flow chart indicating start-up and implementation of all project activities. 11
List activities for each quarter during the year of funding. (Activities are used to meet specific grant outcomes you will accomplish within your Area of Emphasis.
- (V). B. **Organization Structure** Describe the organizational structure to include the administrative aspect of the service and provide an organizational chart of your program/agency. 2
- (V). C. **Job Descriptions** (If applicable)-Include a job description for all jobs in the service. Describe the job titles, duties, and responsibilities, also qualifications needed, percentage of time devoted to the program, and line of supervision. 5
- (V). D. **Staff Vitae/Resume** (If Applicable)-Provide Vitae or Resume for each person anticipated to be paid by these funds or used as match for said funds. Each attached vitae/resume should detail the individual's education, training, and experience that is relevant to the job classification. 3
- (VI). **Department of Mental Health Documentation Forms**
- (VI).A. **Budget** Complete all budget forms applicable and **include a detailed budget justification for each line item and a narrative budget summary.** If listing grant personnel on the DMH-100-2 Form, Fringe is @ 28%. Any salaries over \$40,000 use Actual Fringe. Any request for equipment must describe the item in detail and cost listed. 7
2
- (VI). B. **Bonding** A copy of the current surety (honesty/dishonesty) bond for all employees responsible for funds. This must be included with the application.
- *******Assurances** The 7 pages of Assurance Forms are no longer required for Grant Applications.

Total Possible Points New Grants: 100

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
Bureau of Intellectual/Developmental Disabilities
Application for Council on Developmental Disabilities Funds**

Applicant Organization and Address	(Leave Blank - DMH/BMR Use Only) A. Date Received _____ B. Grant Number _____
Name and Title of the Official Authorized to Sign Application	Proposed Title _____ _____ _____ Budget Period _____
Proposed Cost: BIDD/DD Share \$ _____ Sponsor Share \$ _____ TOTAL \$ _____	Type of Organization: Public _____ Private _____
Type of Application: New _____ Continuation _____ Revision _____	<p align="center">_____ (Signature of Authorized Official)</p> <p align="center">_____ (Title)</p> <p>Telephone: _____</p> <p align="center">_____ (Date)</p>
Contact Person: _____ Telephone: _____ EMAIL: _____	

Summary: **Briefly describe** the project/service including your Area(s) of Emphasis, Project Activities and Outcomes. Include the Following:

DEPARTMENT OF MENTAL HEALTH

PROPOSED BUDGET

SERVICE PROVIDER NUMBER: _____

SERVICE PERIOD: _____

SERVICE PROVIDER NAME: _____

ADDRESS: _____

PROPOSED BUDGET FOR FISCAL YEAR BEGINNING _____ AND ENDING _____

CATEGORY OF EXPENSE	TOTAL	FUND SOURCE		
		FEDERAL	STATE	LOCAL
I. PERSONNEL				
II. TRAVEL				
III. CONTRACTUAL SERVICES				
IV. COMMODITIES				
V. EQUIPMENT				
SUBTOTAL I - V				
VI. INDIRECT COST				
TOTAL I - VI				

SUBMITTED BY: _____

TITLE: _____

DATE: _____

TELEPHONE: _____

PAGE _____ OF _____

DEPARTMENT OF MENTAL HEALTH - PROPOSED BUDGET

SERVICE PROVIDER #: _____ SERVICE PROVIDER: _____

SECTION I – PERSONNEL

POS. #	POSITION	% OF TIME	MONTHLY SALARY	SOC.SEC.	RET.	LIFE INS.	HEALTH INS.	UNEMP. INS.	W/C	TOTAL	FUND SOURCE		
											FEDERAL	STATE	LOCAL
SUBTOTAL MONTHLY COST													
TOTAL YEAR COST													

DEPARTMENT OF MENTAL HEALTH -- PROPOSED BUDGET

SERVICE PROVIDER NO. _____

SERVICE PROVIDER: _____

	TOTAL	FUNDING SOURCE		
		FEDERAL	STATE	LOCAL
<u>SECTION II - TRAVEL</u>				
<u>SECTION III - CONTRACTUAL SERVICES</u>				
Telephone				
Utilities				
Postage				
Building Rent				
Equipment Rent				
Repair & Maintenance				
Insurance				
Dues & Subscriptions				
Professional Fees				
Professional Fees, Other				
Medical Fees				
TOTAL				
<u>SECTION IV - COMMODITIES</u>				
Food				
Office Supplies				
Program Supplies				
Janitorial Supplies				
Household Supplies				
TOTAL				
<u>SECTION V - EQUIPMENT</u>				
Office Equipment				
Program Equipment				
Furniture				
TOTAL				
TOTAL SECTIONS I THRU V				

Format or Narrative For
Mississippi Council on Developmental Disabilities
Continuation Initiatives

The previous format and rating scale is to be used followed with all Continuation Initiatives except for the following addition:

(I). B. Justification for Continuation of Service

Describe your accomplished outcomes from the previous year (October 1-September 30) as identified in your grant. This section should be at least one paragraph and no more than one page. The Justification for Continuation of Service section should follow the DDP-01 Sheet and come before the Justification of Need for Service section. Please label as **Section (I). B.** **Also, indicate in Document Heading “Continuation Initiative.”**

(I). B. Rated Points 50