

**REQUEST FOR PROPOSALS**  
**AND**  
**APPLICATION**  
**FOR**  
**FEDERAL FISCAL YEAR 2009 FUNDS**

Connecticut Council on Developmental Disabilities  
460 Capitol Avenue  
Hartford, CT 06106  
<http://www.ct.gov/ctedd>  
(860) 418-6160/(860) 418-6172/(TTY) 1-800-653-1134

**CT COUNCIL ON DEVELOPMENTAL DISABILITIES**

**APPLICATION FOR 2009 FUNDS**

**COVER PAGE**

**1. Applicant Organization**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax I.D. # or Social Security #: \_\_\_\_\_

**2. Main Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

**3. Area of Emphasis: STATEWIDE YOUTH EVENT**

**4. TOTAL COUNCIL FUNDS REQUESTED \$ \_\_\_\_\_**

## Budget

**Organization:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

	A. Total Funds	=	B. Council Funds Requested	+	C. Non-Federal Funds
<b>1. Personnel Services</b>					
Position	<i>Hours/ Week</i>		<i>Hourly Rate</i>		<i>Weeks/ Year</i>
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
<i>Subtotals</i>	_____		_____		_____
<b>Fringe Benefits</b>	_____		_____		_____
<b>Total Personnel Services</b>	=====		=====		=====
<b>2. Consultant Services</b>					
Title			<i>Rate of Payment</i>		
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
<b>Total Consultant Services</b>	=====		=====		=====

	A. Total Funds	=	B. Council Funds Requested	+	C. Non-Federal Funds
<b>3. Supplies</b>					
Office Supplies	_____		_____		_____
Educational Supplies	_____		_____		_____
Consumable Supplies	_____		_____		_____
Workshop Supplies	_____		_____		_____
_____	_____		_____		_____
Other (explain)					
<b>Total Supplies</b>	=====		=====		=====
<b>4. Equipment (list items)</b>					
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
<b>Total Equipment</b>	=====		=====		=====
<b>5. Other Costs</b>					
Heat, Lights, Janitorial	_____		_____		_____
Rent	_____		_____		_____
Travel	_____		_____		_____
Telephone	_____		_____		_____
Postage	_____		_____		_____
_____	_____		_____		_____
Other (explain)					
<b>Total Other Costs</b>	=====		=====		=====
<b>6. Indirect Cost</b>					
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
<b>Total Indirect Cost</b>	=====		=====		=====

$$\text{A. Total Funds} = \text{B. Council Funds Requested} + \text{C. Non-Federal Funds}$$

7. **Total Amount** \_\_\_\_\_

8. **Total Required for Non-Federal Funds (i.e. Local Contribution)**

*All applicants are required to contribute a portion of the funds for the project for which Council's funds are being requested. This contribution (i.e. non federal funds ) must be at least 25% of the total cost for the initiative. However, if the initiative will occur in a poverty area, the Non Federal Funds must be at least 10%*

\*

**Please Complete:**

Total Council Funds Requested (from Line 7) \_\_\_\_\_

Divided Total Council Funds by 3 = **Non-Federal Match (i.e. Local Contribution )** \_\_\_\_\_

NON-FEDERAL FUNDS+ Council Funds Requested =Total Amount \_\_\_\_\_

9. **Source of Non-Federal Funds (i.e. Local Contribution)**

Please Itemize Sources and Amounts:


**Total Non-Federal Match** \_\_\_\_\_

Please see <http://www.census.gov>. for the definition regarding a poverty area.

**FEDERAL DEFINITION OF THE DEVELOPMENTAL  
DISABILITIES ACT**

*PUBLIC LAW 106-402 – OCTOBER 30, 2000*

**The term "developmental disability" means a severe, chronic disability of an individual that:**

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the individual attains age 22;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in **3 or more** of the following areas of major life activity:
  - (I) Self-care.
  - (II) Receptive and expressive language.
  - (III) Learning.
  - (IV) Mobility.
  - (V) Self-direction.
  - (VI) Capacity for independent living.
  - (VII) Economic self-sufficiency; and
- (E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- (F) **INFANTS AND YOUNG CHILDREN.** An individual from birth to age 9, inclusive, 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 described in clauses (A) through (D), if the individual, without services and supports, has a high probability of meeting those criteria later in life.

## APPLICATION INFORMATION

The following items must be addressed in your application:

- A) ***Innovative:*** New, creative approaches that will empower individuals with developmental disabilities and their families to participate fully in community life.
- B) ***Cost-Effective:*** The expected results will be worth the effort and the expense incurred.
- C) ***Timeliness:*** The time frame must be reasonable in order to have successful outcomes.
- D) ***Funding:*** Council initiatives are funded for a period of one year, usually during a fiscal year of January 1st to December 31st. Initiatives may be renewed based upon the Council's continuing interest in the initiative areas, outcomes of site evaluations by Council members and reports by Council staff. **Funds must be applied for annually.** ( NOTE: The Council will rarely continue an initiative for longer than three years) By federal law, the Council may support and conduct, **on a time-limited basis**, activities to demonstrate new approaches to serving individuals with developmental disabilities that are part of an overall strategy for systems change.
- E) ***Satisfaction:*** At the end of each year, people with disabilities/families must be surveyed for their satisfaction with the initiative.
- F) ***Priority:*** Applications must address the area of emphasis as stated in the request for proposals.
- G) ***Compliance with the Americans with Disabilities Act:*** Applicants are prohibited from discriminating against job applicants and employees with disabilities. Applicants must have a process to decide at what point providing "reasonable accommodation" to employ a person with a disability, or to provide a program, service or activity to a person with a disability, causes "undue hardship." Applicants may not refuse to allow a person with a disability to participate in services, programs or activities simply because the person has a disability. Applicants must furnish auxiliary aids and services to ensure effective communication with people with disabilities. People with disabilities must be allowed an opportunity to participate as members of applicant's governing, planning or advisory boards. Services, programs and activities must be provided in an integrated and wheelchair accessible setting. If physical barriers are not removed, services, programs or activities must be provided through alternative, non-segregating methods.
- H) **Council Funds may not be used for the following:** construction, litigation or lobbying; duplication, replacement, or supplementation of private, state or federal funding; support an initiative that segregates people; support of activities that take place in facilities inaccessible to people in wheelchairs.
- I) **Council Funds must** address people with developmental disabilities.

**J) Application Format:**

- a. **The application must be complete and may not exceed twelve (12) pages INCLUDING cover page, abstract, budget pages, and narrative. Please DO NOT ATTACH OR SEND charts, letters of support or other material.**
- b. **All pages must be sequentially numbered.**
- c. **The original AND the copies of the proposal MUST be stapled.**
- d. **The application must be typed double-spaced on a single side of an 8 1/2" x 11" plain white paper with 1" margins on all sides; using black print; and using only 12 point Times New Roman Font**
- e. **The first page must be a one page abstract that summarizes the initiative.**

<p><b>Any application that does not comply with these format requirements will be rejected regardless of the goal or content of the proposal.</b></p>
---

**K) Due Date:** All applications must be received at the Council office on **Tuesday, February 17, 2009 and no later than 4:30 p.m. EASTERN TIME.** We will not accept any applications that are late, faxed, E-mailed, not collated, not stapled, or incomplete.

**N) Copies:** Please submit your original application along with **5 copies.** The original copy needs to be one-sided whereas the copies may be double-sided.

**O) Decisions:** The Council will make its decision approving new initiatives on **Tuesday, March 10, 2009.**

Please send your application to:

**Connecticut Council on Developmental Disabilities  
460 Capitol Avenue  
Hartford, CT 06106**

**ATTN: Application**

**GUIDELINES**

The following is a recommended outline that may assist you in writing your application.

**I. One Page Abstract**

- A. Briefly describe the initiative in one paragraph.
- B. Concisely describe how this initiative will address people with developmental disabilities.

## II. Plan of Operation

- A. Specify *goals and objectives* for the initiative. Objectives should be stated in measurable terms.
- B. Describe the *activities* to be undertake to meet these objectives.
- C. Objectives and activities should include a plan to *disseminate* and *report* results.
- D. The Plan of Operation will be evaluated based on inclusion of the following criteria:
  - 1. Explanation of how objectives and activities will result in *systems change*;
  - 2. Effective *dissemination* and *reporting* of results;
  - 3. A specified *continuation plan* for the initiative at the end of the funding period;
  - 4. *Measurable objectives and outcomes*;
  - 5. Fosters *inclusion and self-determination*;
  - 6. Positively influences the lives of *people with developmental disabilities* and their families;
  - 7. *Reasonable timeline* for completion of objectives;
  - 8. Specified *satisfaction* survey procedures.

## III. Organizational Capability

- A. Describe initiative *personnel*.
- B. Describe the applicant agency's *ability* to support and manage the initiative's operation.
- C. Organizational capability will be evaluated by the following criteria:
  - 1. Initiative director has knowledge and experience in the specific initiative as well as administrative and supervisory abilities. This person will devote a major portion of his or her time to the initiative;
  - 2. Other initiative personnel are *qualified* for their assigned responsibilities;
  - 2. Personnel responsibilities have a *reasonable relationship* to initiative objectives.

## IV. Match Example

Total Council Funds Requested:	\$10,000	
Divide \$10,000 by 3 =	<u>\$3,333</u>	Minimum Match Required
Add \$10,000 + \$3,000 =	\$13,333	Total Initiative