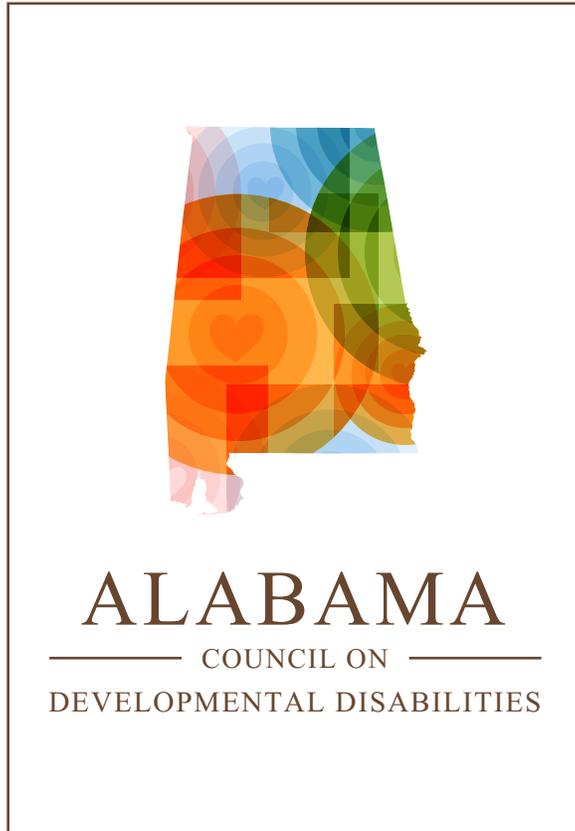


Alabama Council on Developmental Disabilities  
Grant Application Packet



Please Submit Completed Packet To:

Alabama Council on Developmental Disabilities  
RSA Union Building, Suite 498  
100 North Union Street  
Montgomery, AL 36104-1410

Or

Alabama Council on Developmental Disabilities  
P.O. Box 301410  
Montgomery, AL 36130-1410

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## Alabama Council on Developmental Disabilities

By federal law, Councils on Developmental Disabilities are established in the 55 states and territories to engage in systems change, advocacy, and capacity building. The Alabama Council was established in 1971 by Executive Order of the Governor.

The council receives funding authorized by the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402) to provide assistance in the development and coordination of services and other assistance and opportunities needed by people with developmental disabilities and their families.

In accordance with the law, Developmental Disabilities Councils support specific priority areas (Areas of Emphasis). The Alabama Council on Developmental Disabilities (ACDD) selects state priority areas from the list of allowed federal Areas of Emphasis based on local and state needs identified through state-wide public forums, surveys, public comments, etc. Requests for Proposals (RFPs) and grant award decisions are based on these federal, state, and local priorities and needs.

### **Definition of Developmental Disability**

Section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act 2000 defines developmental disability as follows:

- (A) IN GENERAL - The term ‘developmental disability’ means a severe, chronic disability of an individual that--
- (i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (ii) is manifested before the individual attains age 22;
  - (iii) is likely to continue indefinitely;
  - (iv) results in substantial functional limitations in three 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
  - (v) 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.
- (B) INFANTS AND YOUNG CHILDREN - An individual from birth to age 9, inclusive, who has 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 (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

### **ACDD Mission Statement**

The mission of the Alabama Council on Developmental Disabilities is to promote and support independence, advocacy, productivity, and inclusion for Alabamians with developmental disabilities.

### **ACDD Vision**

All Alabamians, regardless of disability, will live, learn, work, and play in inclusive communities, where the worth of every person is valued, individual needs are supported, and opportunities are barrier-free.

### **ACDD 2012-2016 State Plan Goals**

**Goal 1 (Access):** To increase opportunities so that people with developmental disabilities and their families improve their access to and use of services and supports in the communities of their choice.

**Goal 2 (Education):** Provide education/information and public awareness so that people with developmental disabilities and their families participate in the communities of their choice.

**Goal 3 (Public Policy):** ACDD will promote and support public policy that improves productivity, independence, and inclusion of people with developmental disabilities.

**Goal 4 (Advocacy):** ACDD will support statewide advocacy for people with developmental disabilities.

## Request for Proposal Instructions

### Format Requirements

The Council encourages those who are submitting proposals to be brief and clear in the presentation of their ideas. The length of the proposal is open to the needs of each applicant. However, please note that the Council does not consider the length of the proposal to be an indication of the importance of the information it contains. Proposals that are unnecessarily long, too wordy, or too full of jargon may detract from readability and will not improve the proposal evaluation score.

Applicants are encouraged to develop innovative and creative proposals for fostering inclusion of individuals with developmental disabilities.

The following basic formatting instructions are required:

1. Use the Project Profile Form as the cover sheet (see Appendices). Please do not add an additional cover letter or other cover.
2. The Assurance Form (see Appendices) must be signed and placed after the Project Profile Form.
3. Include Table of Contents after Assurances page. Please include page numbers for each section, heading, and sub-heading.
4. Proposals must be typewritten.
5. Use “People First” language – in other words, write about the “person with a disability” not the “disabled person”.
6. All seven Sections, their headings, and sub-headings must be included and labeled as specified in the Content Requirements section.
7. Each page of the proposal must be numbered, beginning with the Project Profile Form. Please consecutively number the narrative and all forms.  
*(Note: Be sure to include Assurance Form, Project Management Plan pages, Budget Form, Letter(s) of Support, and Appendices).*
8. Submit 1 loose-leaf hard copy secured by clip(s) and 1 stapled hard copy of the proposal. Soft-sided binders or covers may be used.
9. Submit 1 electronic file (USB flash drive or CD) of the proposal. File should be a Word document.

### Content Requirements

#### *Section 1: Project Profile Form*

Complete form as specified. Note the following definitions for the terms used on the form:

1. Contracting Entity: The fiscal agent responsible for receipt of ACDD funds, disbursement of funds to the implementing entity as requested by the implementing entity, and submission to ACDD of vouchers/invoices for expenditures made by the implementing entity. The contracting entity must have a federal identification number, or, in the case of an individual submitting an application, a Social Security number.

2. **Implementing Entity:** The implementing entity is the individual, group, or agency responsible for the implementation of the project. It may or may not be the same as the contracting agency.
3. **Project Director:** The individual who will be making programmatic decisions throughout the funded period.
4. **Authorized Official:** The individual who will be responsible for contractual agreements and fiscal accountability. It may or may not be the same individual as the project director.

### *Section 2: Abstract*

The abstract should be between one paragraph and one page long and must succinctly state goal(s), objective(s), methods used to achieve objective(s), and anticipated measurable impact (outcomes) of the project.

### *Section 3: Narrative*

The narrative should include the following content with sub-headings:  
*(Note: Please label all headings and sub-headings.)*

#### A. Purpose of Project

- Need/Problem Statement
- Project Proposal (i.e., how you intend to address the need/problem)
- Project Significance

#### B. Methods

- Goals and Objectives
- Strategies to achieve goals and objectives

#### C. Impact of Project

- Measurable Outcomes  
*(Note: This section must include measurable outcomes.)*

#### D. Description of Population Served

- Geographic Description
- Cultural, Ethnic, Racial, and Economic Diversity
- Participation of Individuals with Developmental Disabilities and Minorities  
*(Note: Describe steps your project will take to ensure active and meaningful participation of individuals with developmental disabilities and minorities in your project. Such involvement should be, at a minimum, representative of the diversity of your geographic area.)*

#### E. Values and Principles

- Description of how project responds to the principles of ACDD  
*(Note: Please see Appendices for ACDD Principles Table.)*

#### F. Innovation

- Description of how project differs from other efforts in Alabama

#### G. Coordination

- Involvement of Individuals with Developmental Disabilities and/or Their Families  
*(Note: Describe how these individuals and their family members will be involved in planning, implementation, and evaluation of the project.)*
- Other Stakeholder Involvement  
*(Note: Describe how those other entities that will be impacted by the project (i.e., agencies, commercial and community entities, support groups, schools, etc.) will be involved in the planning, implementation, and evaluation of the project.)*

#### H. Project Continuation (Sustainability)

- How project will be continued after the ACDD funding period is complete

#### I. Personnel

- Authorized Official
  - Name of individual who has authority to make contractual and fiscal decisions
- Project Coordinator
  - Name of the individual who will be coordinating or organizing the project
- Other Key Personnel
  - Names of all key personnel and/or a description of the required qualifications for each key position
  - Job description for each key position
  - Location(s) from which key personnel will be conducting project activities
- Administrative support that will be provided to the proposed project
- Stakeholders
  - List of stakeholders
  - Plans must be described that indicate how the project will collaborate with stakeholders to design, implement, and evaluate project *(Note: Letters of Support must be included in your application from representatives of the identified stakeholder groups [see Letters of Support Section].)*
- Experience
  - Describe how your experience(s) specifically relate to the work proposed in your project *(Note for systems change projects: Previous experiences may not be directly related to the work proposed in your project. In such situations, you may describe how your experiences have generally prepared you to complete your proposed work successfully.)*
- Prior Council Experience
  - Describe involvement, if any, or project staff with current or past Council grants, Council members, or Council employment

## Section 4: Project Management Plan

### A. Methods and Impact

The Project Management Plan describes how you are going to achieve your objective(s) and goal(s), as well as the expected impact of the project. Please follow the guidelines below to complete the Project Management Plan Form (See Appendix 4). *(Note: Make additional copies of the Project Management Plan Form, as needed, to include all goals, objectives, and activities.)*

### B. Steps in Completing Project Management Plan

1. State goal clearly and simply
2. Define objective briefly, using only the words necessary to describe the components that are needed to achieve the goal
3. List specific tasks, methods, and/or procedures in the Activities Column
4. State who will be responsible for each activity
5. State a specific time frame in which you will be implementing each activity.

Remember to include all activities you indicated in your narrative that you would be doing, as well as how and when you will include stakeholder coordination and project continuation activities.

*Note: See Page 10 for sample form that demonstrates the preceding steps and guidelines.*

### C. Guide to Project Management Plan Terms

1. **Goal:** The goal statement is the ultimate outcome that you want to achieve. The statement must be brief and include *only* what you plan to impact. (i.e., “20 individuals with developmental disabilities obtain jobs of their choice.”)

Each word in a goal statement must indicate an impact you want to achieve. After you have developed your goal statement, go through it word by word to be sure that every impact you want to achieve is stated and the results you do not want to seek have not been included. *(Note: The sample goal indicates the project will result in individuals with developmental disabilities obtaining jobs of their choice. If these words are used in the goal statement, then activities would have to be included in the project that facilitate individuals in making choices, as well as obtaining jobs.)*

2. **Objective:** An objective statement describes what you want to do to obtain your goal (i.e., “50 Students will participate in employment activities in the classroom and community to develop career interests.”). *(Note: You may need more than one objective to achieve a goal.)*

3. **Federal Outcomes:** The federal government collects data for these outcomes. Generally, these outcomes are stated in the Request for Proposal (RFP). When selecting federal outcomes for your project management plan, choose those for which your

outcome measures provide data. *(Note: If you do not know the federal outcomes, you may leave boxes in this column blank. Some of your project's outcome measures may not have Federal Outcomes.)*

**4. Activities:** These are a series of steps (tasks, methods, and/or products) that you will implement to reach your objective as well as your goal.

For instance, the following activities might be listed under the sample objective:

(1) Students' interests and skills are surveyed relating to various employment options. (2) Classroom lessons are presented regarding skills needed for successful employment. (3) Contacts are made with area businesses in students' areas of interest. (4) Students participate in job-shadowing tours at area businesses. (5) Students participate in mock interviews. . . (10) Students submit job applications *(Note: Enter one activity per cell in the Activities Column.)*

**5. Outcome Measures:** These are statements of how you are going to measure the *outcomes* of each activity. *(Note: Each activity must have an outcome measure. Your series of activities and their outcomes should lead you to reaching your objective and your goal.)*

**6. Timeline:** This indicates when each activity is expected to begin and end (this may be indicated by month or by fiscal quarter).

For instance, the following time-lines might be targeted: (1) Sept 07 – Oct 07 *(surveys)*; (2) Oct 07 – Dec 07 *(classroom lessons)*; (3) Nov 07- Dec 07 *(businesses contacted)*; (4) Jan 08 – March 08 *(job shadowing)*; (5) April 08- May 08 *(mock interviews)* . . . (10) May 08 - Sept 08 *(obtained jobs of their choice)*.

**7. Responsible Person:** The individual who is responsible for implementing each activity.

For instance: (1) Jane Smith, classroom teacher and John Doe, Job Coach *(surveys)*; (2) Jane Smith *(classroom lessons)*; (3) John Doe *(businesses contacted)*; (4) Jane Smith, John Doe *(job shadowing)*; (5) John Doe, Selected Area Businesses *(mock interviews)*... (10) John Doe *(facilitating obtaining jobs of student's choices.)*

D. Sample Project Management Plan Form

RFP/Project Title				
Goal: 20 individuals with developmental disabilities obtain jobs of their choice				
Objective: 50 students will participate in employment activities in the classroom and community to develop career interests				
Federal Outcomes	Activities	Outcome Measures	Timeline	Responsible Person
	Students' interests and skills are surveyed relating to various employment options	50 students will have interest and skill surveys completed	Sept 07 – Oct 07	Jane Smith, classroom teacher; John Doe, Job Coach
People trained in employment	Students participate in lessons	50 students participated in lessons	Oct 07 – Dec 07	Jane Smith
	Contacts are made with area businesses in students' areas of interest	25 area businesses were contacted that had potential job opportunities that met students' interests and skill levels	Nov 07- Dec 07	John Doe
People facilitated employment	Area businesses provide job shadowing tour opportunities	10 businesses provided job shadowing opportunities	Jan 08 –March 08	Jane Smith, John Doe
	Area businesses provide mock interview opportunities	5 businesses participated in mock interviews	April 08 - May 08	John Doe, Area Businesses
	<i>Series of activities may continue...</i>			
	Students submit job applications	20 students obtained jobs in the businesses of their choosing	May 08 - Sept 08	John Doe

*\*Note: Not all activities will have corresponding Federal Outcomes – if you are uncertain of the federal outcomes, you may leave this column blank.*

### *Section 5: Consumer Satisfaction Data*

In this section, provide a description of the method(s) you will use to collect the required consumer satisfaction data. (*See Federal Consumer Satisfaction Survey Form in Appendix 5*) Data must be collected at least annually for grants continued beyond the first year.

### *Section 6: Budget*

The budget must be completed using the budget form included in the Appendices of this application packet (*See Appendix 6*). The grant request (Federal Share) and the applicant's contribution (Local Match) must be specified for each line-item.

The Budget Section must include the following two documents:

- A. Budget Form, completed as specified
- B. Line-Item Budget Justification Addendum

The Line-Item Budget Justification Addendum must justify *each* of the items indicated on the Budget Form. The budget justification must state how each item will use grant funds to meet objectives of the proposed project.

Federal Grant funds are intended to maximize gaps in services and increase the independence, productivity, integration, and inclusion of individuals with developmental disabilities and their families into the community.

Project costs must include all proposed necessary charges to be made by the grantee in accomplishing the objectives of the grant during the specified grant period. These funds may not be used for activities that duplicate or supplant what is already available or required under existing laws and/or regulations.

*Note: Any costs associated with grant preparation cannot be reimbursed by the Council.*

**Federal Share (ACDD Funds):** This is the federal fund portion of the grant. The ACDD Federal Share is the amount you are requesting from the Alabama Council on Developmental Disabilities. If your proposal is accepted, funds will be *granted based on availability of federal funds* appropriated by the U.S. Congress.

**Local Match:** This is the portion of the grant for which the grantee is responsible. All grantees are required to contribute at least 25% match of the total project budget.

The Local Match Share may consist of in-kind value and/or non-federal cash contributions. Your match can be used only for approved grant activities.

The total cost of the project equals the federal share *plus* the local match share.

A non-federal share "in-kind" Local Match can be calculated by counting donated person-hours, cost of equipment, rent, utilities, or supplies that are necessary for the operation of the ACDD funded project.

*Note: To calculate the local match share for the 25% required match, divide the amount of federal dollars you are requesting by 3. Then to calculate the total grant amount, combine the one-third figure with the federal dollar requested (see example below).*

### General Formula

$$\text{Step 1: } \frac{\text{Federal Request}}{3} = \text{Local Match}$$

Example:  $\frac{75,000}{3} = \$25,000$

$$\text{Step 2: } \text{Federal Request} + \text{Local Match} = \text{Total Grant}$$

Example:  $\$75,000 + \$25,000 = \$100,000$

**Personnel:** The personnel section of your proposed budget should show each position by job title, the number of hours per week that each person will work on the project, and each position's hourly rate of pay. Fringe benefits are to be shown as a separate line-item in the personnel category. The distribution between the federal and local (if applicable) shares must be specified for each item.

**Operations:** The operating expenses of your proposed budget should include all items that are not related to personnel or equipment costs. Included in operational expenses are sub-grant costs, consultant costs, travel costs, and leased equipment costs, etc. Again, the federal and local (if applicable) shares must be specified for each item.

**Travel:** Travel expenses must be detailed and may include mileage, per diem, and other travel costs. Each item must be justified on the Budget Justification Addendum.

**Equipment:** The Council does not encourage contractors to purchase major equipment unless a direct and imperative relationship to the project can be adequately described. The budget shall show, by line-item, each item to be purchased or to be used as the local match share under the grant. Each item to be purchased with Federal funds must be justified in the Budget Justification Addendum.

**Indirect Costs:** 1) If you have a federally approved, negotiated indirect cost agreement, you may use that rate. The approved agreement must be attached to your budget. 2) If you do not have a federally approved rate, attach a justification to your budget that specifies the rate you are

claiming and what is included in your indirect cost(s). An 8% indirect cost rate is the maximum allowed by the Council. 3) If you have more than one ACDD contract, your indirect cost rate is subject to negotiation.

*Section 7: Letters of Support*

A letter of support from each entity that is included in activities described in your proposed project must be included in the appendices of your proposal. A letter of support from a representative of each group of stakeholders is recommended. Additional letters of support may be attached from other entities that have in the past, or will be in the future, a part of the collaborating force involved in your project. All letters of support must be current, signed originals.

## **Grant Selection Process**

The grant selection process is highly competitive. The ACDD Program Planning Committee will recommend the proposal(s) that fully meet the intent of the Request for Proposal (RFP) as set forth by ACDD. The recommendation is usually based on the highest scoring proposal; however, this may not always be the case if other ranked proposal(s) more adequately meet the RFP intent or have greater statewide significance or impact. Proposals recommended by the Program Planning Committee are forwarded to the full Council for a vote. ACDD awards contracts to applicants submitting proposal(s) offering the best value on the basis of meeting the intent of the RFP and providing the most optimized quality and cost efficiency.

## **ACDD Rights Reserved**

As part of the grant award process, the grantee and ACDD must establish a mutually agreed upon Project Management Plan which becomes the contract deliverable. ACDD reserves the right to:

1. Reject an application that does not meet the intent of the RFP.
2. Negotiate with applicants regarding Project Management Plan, Budget levels and other issues within the RFP review to achieve maximum impact from the grant award and serve the best interests of the State of Alabama.
3. If unable to negotiate the contract with the selected applicants within 90 days, ACDD may begin contract negotiations with the next highest scoring qualified applicant(s).

The issuance of request for proposals does not obligate the ACDD to award grants.

All proposals become the property of ACDD and will not be returned. Late or incomplete proposals will not be accepted.

The Council reserves the right to accept or reject any or all of the responses received as a result of this RFP, or to cancel this request in whole or in part, at any time if it is in the best interest of the Council. The Council also reserves the right to issue amendments to this RFP.

## **Funded Contract Evaluation**

ACDD grants will be evaluated on their relationship to the goals and objectives of the Council and compliance with the proposed and contracted goals, objectives, and timelines specified in the most current Project Management Plan. Compliance will be followed through reports the contractor submits quarterly and an on-site contract compliance review. Continuation of a grant beyond the first year is not guaranteed and is based on the Council's desire to commit additional funding based on the merits of the grant's program activities and impact.

## **Appendices**

1. Assurance Form
2. Project Profile Form
3. ACDD Principles
4. Project Management Plan Form
5. Federal Consumer Satisfaction Form
6. Budget Form
7. Letters of Support

## Appendix 1

### Assurances

The grantee assures:

1. Any product printed, published, and/or produced under the grant will be submitted for Council review and authorization; and, if approved, will include the following statement on the face of the product:

*"The contents of this product were developed under a grant from the Alabama Council on Developmental Disabilities (ACDD). However, these contents do not necessarily represent the views or policies of the Council."*

2. The grantee assures that ACDD funds will not be used for capital expenditures or acquisition.
3. The grantee assures the adequacy of financial accounting.
4. The grantee assures non-discrimination and affirmative action in hiring and service provision.
5. The grantee assures that each individual who is provided ACDD funded services will receive individualized services.
6. The grantee assures that all aspects of the ACDD funded services will meet all ADA requirements and be fully accessible.

In addition, each grantee will be required to assure provisions required by both federal and state law that include, but are not limited to the above stated assurances.

I have read the assurances described above and understand contracting with the Alabama Council on Developmental Disabilities (ACDD) will require compliance with these assurances.

---

Agency Authorized Signature

## Appendix 2

### Project Profile Form

<b>RFP/Project Title</b>			
<b>Area of Interest</b>			
<b>Contracting Entity</b>	Name		
	Address		
	Entity Type: <input type="checkbox"/> State Agency		<input type="checkbox"/> Private Non-Profit Agency
	<input type="checkbox"/> Other Public Agency	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
	Counties or Region Served		
	Federal Identification Number		
	SSN (if applying as an Individual)		
<b>Implementing Entity</b>	Name		
	Address		
	Telephone #	Fax #	
<b>Project Director</b>	Name		
	Title		
	Address		
	Telephone #	Fax #	
<b>Authorized Official</b>	Name		
	Title		
	Address		
	Telephone #	Fax #	
<b>Project Financial Information</b>	Start Date		End Date
	Federal DD Dollars		Percentage
	Matching Share		Percentage
	Cash	In-kind	
	Total		
<b>For DD Council Use Only</b>			
<input type="checkbox"/> Awarded	<input type="checkbox"/> Not Awarded	<input type="checkbox"/> Full Funding	<input type="checkbox"/> Partial Funding
Grant Award \$		<input type="checkbox"/> Full/Partial with Contingencies	
		Applicant Notified By:	
		Date of Notification:	

## Appendix 3

### ACDD Principles

1. People with developmental disabilities, including individuals with the most severe disabilities, are capable of achieving independence, productivity, integration, and inclusion within the community.
2. Individuals with developmental disabilities and their families have competencies, capabilities, and personal goals that should be recognized, supported and encouraged. All assistance to such individuals should be provided in an individualized manner.
3. Individuals with developmental disabilities and their families are the primary decision makers regarding the services and supports such individuals and their families receive, and should play decision-making roles in policies and programs that affect the lives of such individuals and their families.
4. Services, supports, and other assistance are provided in a manner that demonstrates respect for individual dignity, personal preference, and cultural differences.
5. Specific efforts must be made to ensure that individuals with disabilities from under-represented groups enjoy effective and meaningful opportunities for full participation in the developmental disabilities service system.
6. Recruitment efforts of professionals to work in the field of developmental disabilities must focus on bringing additional numbers of under-represented groups into the field in order to provide the appropriate skills, knowledge, role models, and sufficient human resources to address the growing needs of an increasingly diverse population.
7. With education and support, communities can be responsive to the needs of individuals with developmental disabilities and their families, and are enriched by the full and active participation and contributions of the individuals with developmental disabilities and their families.
8. Individuals with developmental disabilities must have access to opportunities and the necessary supports to be included in community life, have interdependent relationships, live in homes and communities, and make contributions to their families, community, state, and nation.
9. Efforts undertaken to maintain or expand community-based living options for individuals with developmental disabilities should be monitored in order to determine and report to appropriate individuals and entities the extent of access by individuals with developmental disabilities to those options and the extent of compliance by entities providing those options with quality assurance standards.
10. Families of children with developmental disabilities need to have access to and use of safe and appropriate child care and before-school and after-school programs, in the most integrated settings, in order to enrich the participation of the children in community life.
11. Individuals with developmental disabilities need to have access to and use of public transportation, in order to be independent and directly contribute to and participate in all facets of community life.
12. Individuals with developmental disabilities need to have access to and use of recreational, leisure, and social opportunities in the most integrated settings, in order to enrich their participation in community life.

## Appendix 4

### Project Management Plan Form

RFP/Project Title				
Goal				
Objective				
Federal Outcomes*	Activities	Outcome Measures**	Timeline	Responsible Person

*\* Federal Outcomes: Federal outcomes are listed on the Request for Proposal (RFP). Indicate which of the federal outcomes applies to each specific activity you have chosen.*

*\*\* Outcome Measures: Indicate measurable outcomes (target **NUMBERS**).*

## Appendix 5

### Federal Consumer Satisfaction Administration Instructions

#### Individual Format

The consumer satisfaction individual format determines satisfaction from the perspective of the individual with a developmental disability, family member, and others directly involved in Council activities. Results collected from this consumer satisfaction form will meet the requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and allow the Administration on Intellectual and Developmental Disabilities to analyze and report a uniform set of data that are reflective of all state councils.

The form can be administered in a variety of ways. It can be handed out to groups of individuals, mailed to participants, or it can be completed through face-to-face or telephone interviews.

Consumer Satisfaction Survey Form			
Project Activity			
Directions: Please check the category that best describes you.			
Individual with disability	Family member	Other	
Directions: Please circle either Yes or No to tell us your opinion about the following statements.			
1.	I (or my family member) was treated with respect during this project activity.	Yes	No
2.	I (or my family member) have more choice and control as result of this project activity.	Yes	No
3.	I (or my family member) can do more things in my community as a result of this project activity.	Yes	No
Directions: Please circle the number that best describes your opinion.			
4.	I am satisfied with this project activity.		
4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
5.	My life is better because of this project activity.		
4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
6.	What has been helpful or not helpful about this project activity?		
Questions 7 & 8 are <b>optional</b> questions to be used when a project activity includes rights and protection issues. <b>Directions:</b> Please circle either Yes or No to tell us your opinion about the following statements.			
7.	Because of this project activity, I (or my family member) know my rights.	Yes	No
8.	I (or my family member) am more able to be safe and protect myself from harm as a result of this project activity.	Yes	No

## Appendix 6

### Budget Form

Grantee Name			
Grant Period	From:	To:	
Budget Category	DD Federal Share	Local Match Share	Total
Personnel Title			
Fringe Benefits			
<b>Subtotal Personnel</b>			
Operations			
<b>Subtotal Operations</b>			
Indirect Costs			
<b>Subtotal Indirect Costs</b>			
<b>Total</b>			

## **Appendix 7**

### Letters of Support

Include current, signed, and original letters of support.