

**Alabama Council on Developmental Disabilities (ACDD)**

**PO Box 301410 Montgomery, AL 36130-1410**

Toll free: 1-800-232-2158 or 334-242-3973

Web-Site: [www.acdd.org](http://www.acdd.org)

**TRANSPORTATION  
Request for Proposal (RFP)  
#ACDD 092019-02**

**INTRODUCTION:**

The Alabama Council on Developmental Disabilities is one of 56 Councils across the United States and its territories to address identified needs by conducting advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. The Council's mission is to **support independence, advocacy, productivity, and inclusion for Alabamians with developmental disabilities.**

The Council's grant and contractual investments are designed to advance its mission and support the philosophy of full inclusion by working with organizations and communities to achieve our goals. At this time, ACDD announces its intent to support projects in the area of interest **Transportation**. These initiatives should demonstrate collaboration and cooperation with an overall result of a reliable, efficient transportation system to help assure that persons with developmental disabilities have the same opportunities to access their community as other community members. Transportation projects could include ideas to implement activities such as:

- Develop a network of persons with developmental disabilities to identify and share transportation resources, develop strategies, facilitate community education, and provide transportation supports to members.
- Support participants to receive training on transportation strategies, barriers, resources and rights pertaining to transportation for/of persons with developmental disabilities.
- Provide community education and increase public awareness within communities regarding the need of transportation for persons with developmental disabilities and provide technical assistance to agencies/businesses/individuals who express interest in transporting persons with developmental disabilities.
- Ensure the participation of self-advocates in transportation coalitions across the state to provide advocacy in the area of transportation to include legislative advocacy.

## **ACTIVITIES COULD INCLUDE:**

1. Establishing a Volunteer Driver Program/Network to involve individuals in the community providing rides to other community members who need transportation, typically seniors and persons with disabilities.
2. Developing and implementing a curriculum for Travel Training to assist persons with developmental disabilities in navigating transportation systems (i.e. City Transit, Taxis, Uber, Rideshare, etc.)
3. Implementing strategies to reduce the need for transportation by bringing services to unserved or underserved areas to include mobile health clinics, libraries, food markets, dentist, and veterinarians. Providing video internet stations in a local church, library, or community center to provide access to medical care for individuals who do not have Internet.
4. Establishing a Central Call Center/Mobility Manager to schedule all transportation services regionally, to reduce duplication of services while promoting efficiencies for the provider, as described through the National Center for Mobility Management.
5. Develop innovative strategies to utilize available technology such as websites, automotive vehicle locators, mobile data terminals, route/payment apps and kiosks, and updating crosswalks with accessible signals.
6. Develop and institute strategies to consolidate governmental transportation funds and provide public awareness campaigns for each.

## **EXPECTED OUTCOMES:**

1. Stakeholders in the disability community will have increased advocacy efforts related to reporting transportation barriers.
2. Stakeholders in the disability community will have increased voice/input in the design of accessible/available transportation.
3. Individuals with I/DD and/or families will build community networks and have more access to disability-related information.
4. State of Alabama will have more accessible or available transportation.
5. Policymakers will have increased awareness of transportation issues and possible solutions.

Project Outcomes should be measurable. There should be evidence of measurable (data) throughout the conclusion of the project (e.g., pre and post assessments, satisfaction pre and post assessments, satisfaction surveys, interviews, summaries of trends from focus groups).

**ELIGIBILITY CRITERIA** Applicants are welcome from public or private non-profit entities including state and local governments and organizations, faith-based organizations, hospitals, institutions of higher education, and for profit organizations. To apply for a project grant from the ACDD, an organization must be a non-profit entity (as described in Section 501© Internal Revenue Code), for profit corporation, educational institution, state agency, or local government agency. Applicants must be sufficiently organized to stand for an audit of their financial records and be prepared to show that they will not incur a profit from the receipt of these funds.

Applicants must meet the following eligibility criteria in order to submit a proposal in response to this RFP:

1. State of Alabama vendor requirements: In order to do business in the State of Alabama all businesses domestic and foreign must be registered with the Alabama Secretary of State Office;
2. If contracted with the State of Alabama, all vendors must:  
Enroll in E-Verify System thru Homeland Security.  
Register with STAARS Vendor Self Service at:  
<https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>

**DATES AND DEADLINES:** See last page for grants dates and deadlines.

**FUNDING:** The Board has reserved funding up to \$250,000 for this request for proposal. The number of grants awarded depends on the number of proposals submitted and the quality of the proposed projects and funding from the Administration on Intellectual and Developmental Disabilities (AIDD). (In general, transportation within organizations serving individuals with developmental disabilities, awards range from \$25,000 – 75,000 per year.) The initial grants are generally for a one-year period unless otherwise noted. The Council may renew the grant for an additional (12-month period), dependent upon availability of federal funds, performance evaluations of the project, and the recommendations of the ACDD.

**SELECTION PROCESS:** Applications are submitted to the ACDD office and reviewed by staff to determine completeness. Proposals deemed complete are reviewed by the ACDD Program Planning Committee who will in turn make recommendations to the Executive Committee. The Executive Committee will then make recommendations to the full Council membership for final approval. Upon Council approval, Grant Award Notices and letters of approval are issued to applicants whose projects have been approved.

**Content Requirements:**

## **SECTION 1: PROJECT PROFILE FORM (Appendix 1)**

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 applying, 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**

Provide an abstract of the proposed project. The abstract must succinctly state the goals, objectives and activities contained in the proposed project and the specific outcomes expected from the project. Abstract may not exceed one (1) page.

## **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
  1. What is the long term goal(s) of the project?
  2. Explain the role of people with developmental disabilities in the proposed project.
  3. Explain how the proposed project builds capacity and or promises system change or advocacy efforts
  4. How does the proposed project benefit people with developmental disabilities and their families?
  5. Explain how your organization will address the selected Area of Interest highlighted on page one (1) and page two (2) in the RFP. Please indicate only one area per proposer.
- B. Project Management Plan (**Appendix 3**): Project Goal(s) Objectives, Outcomes & Performance Measures: The following elements are required:

1. **Project Goal** – Identify the overall project goal and briefly explain how it will achieve the project’s scope of work.
2. **Objectives** – Identify the project objectives that are specific and measurable and will achieve the selected outcomes.
3. **Activities** – For each project objective, include: a list of all activities (specific tasks, including any project deliverables and products) that will be accomplished; realistic start and end dates for accomplishing each activity; and the primary personnel who will carry out each activity.
4. Any project products should include dissemination plans for potential project replication.

C. Description of Population Served

1. Geographic Description
2. Cultural, Ethnic, Racial, and Economic Diversity
3. 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.)*

D. Coordination

1. 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.)*
2. Other Stakeholder Involvement and Collaboration *(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.)*

E. Project Continuation (Sustainability)

1. Discuss how project will be continued after the ACDD funding period is complete

#### **SECTION 4: EVALUATION**

In this section, present an evaluation plan for the proposal describing how the applicant will assess attainment of project objectives. The evaluation plan should describe the method(s) planned for assessing project activities and products.

## **SECTION 5: BUDGET**

The budget must be completed using the budget form included in the Appendices of this application packet. 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 A** (9-month budget) completed as specified
- B. **Budget Form B** (3-month budget) completed as specified
- C. **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.

**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 for 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

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

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

**Step 2:** Federal Request + Local Match = 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 for this Request for Proposal. 3) If you have more than one ACDD contract, your indirect cost rate is subject to negotiation.

**Unallowable Expenses:** Through this RFP, we will **not** support the following:

1. Existing projects that are a part of an organization's current program or budget unless the grant program will expand upon the project;
2. Projects that would supplant or replace existing federal, state or local dollars to conduct the project;
3. Projects which have a federal, state or local mandate to be delivered by the applicant organization;
4. Projects which include capital expenditures for the acquisition of land or buildings, new construction or major repair;

5. Any costs associated with grant preparation cannot be reimbursed by the Council.

## **SECTION 6: 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. **All letters of support must be current, signed originals.**

### **Guide to complete Project Management Plan:**

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 3). *(Note: Make additional copies of the Project Management Plan/Work Plan Form, as needed, to include all goals, objectives, and activities.)*

- A. 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 sample form that demonstrates the preceding steps and guidelines.*

### **B. 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. **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.)

4. **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.)
5. **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*).

6. **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.*)

## SAMPLE PROJECT MANAGEMENT PLAN

RFP/Project Title				
<b>GOAL:</b> 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
	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
	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

## **Appendices**

1. Project Profile Form
2. Assurances
3. Project Management Plan
4. Budget Form A (9 month)
5. Budget Form B (3 month)
6. Budget Justification Addendum

## PROJECT PROFILE FORM

<b>RFP/Project Title</b>			
<b>Contracting Entity</b>	Name		
	Address		
	City	State	Zip
	Email		
	Entity Type: State Agency		<input type="checkbox"/> Private Non-Profit Agency
	Other Public Agency	Individual	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		

## 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 for 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 for Developmental Disabilities (ACDD) will require compliance with these assurances.

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Agency Authorized Signature

PROJECT MANAGEMENT FORM

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

\* *Federal Outcomes: Federal outcomes section will be completed by ACDD Staff*

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

**BUDGET FORM A**  
*(9-month Grant Period)*

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			

**BUDGET FORM B**  
*(3-month Grant Period)*

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. Sample of Budget Justification Addendum**  
 (If additional sheets needed for justification, please attach as needed.)

<b>PERSONNEL</b>	<b>Justification</b>	<b>Federal</b>	<b>Local Match</b>	<b>Total</b>
SUBTOTAL FOR PERSONNEL			\$	\$
OPERATIONS				
SUBTOTAL FOR OPERATING EXPENSES			\$	\$
GRAND TOTAL(S)				

## PROPOSAL CONTENT INNOVATIVE IDEAS

The following basic formatting instructions are required:

1. Use the **Project Profile Form** as the cover sheet (*See Appendix 1*). Please do not add an additional cover letter or other cover.
2. The **Assurance Form** (*See Appendix 2*) 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 six 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).*
8. Submit 1 loose-leaf hard copy secured by clip(s) and 5 stapled hard copies of the proposal. Soft-sided binders or covers may be used.
9. Submit 1 electronic file (USB flash drive or CD) of the proposal.

### 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. Each proposal should contain specific responses to each of the requests listed in **Section 3: Narrative A-E**, and responders are encouraged to respond fully to each inquiry, but to be as concise as possible.

**One original and five copies, and one electronic file on USB flash drive of your proposal must be received at the following address no later than **October 25, 2019** at **12:00 p.m.****

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

The ACDD assumes no responsibility for expenses incurred in the preparation of the proposal. The ACDD reserves the right to reject any and all proposals. Additionally, the ACDD reserves the right to waive irregularities in any proposals and request clarification

of any information, and negotiate with the applicant submitting the best proposal to secure more favorable conditions.

### **EVALUATION PROCESS**

A review committee will examine each eligible proposal submitted. The ACDD may elect to conduct interviews with finalist. ACDD expects a final selection on or around **December 14, 2019**.

### **EVALUATION CRITERIA AND ASSIGNED WEIGHTS**

Proposals that pass the preliminary screening and mandatory requirements review will be evaluated based on information provided in the proposal. The evaluation will be conducted according to the following:

<b>STATEMENT OF WORK</b>	<b>PAGE LIMIT</b>	<b>ASSIGNED WEIGHT</b>
<b>Section 1. Project Profile Form</b>	<b>Not to exceed 1 page</b>	<b>3</b>
<b>Section 2. Abstract</b>	<b>Not to exceed 1 Page</b>	<b>5</b>
<b>Section 3. Narrative</b>	<b>Not to exceed 8 pages</b>	<b>40</b>
<b>Section 4. Evaluation</b>	<b>Not to exceed 5 pages</b>	<b>32</b>
<b>Section 5. Budget</b>	<b>Not to exceed 1 page</b>	<b>20</b>
<b>Section 6 Letters of Support</b>	<b>N/A</b>	<b>0</b>
<b>TOTAL</b>		<b>100</b>

### **SELECTION CRITERIA**

Selection shall be based on the factors to be developed by the procuring state entity, which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence, as demonstrated by the knowledge, qualifications, experience, prior work, and the budget to meet the request for proposal.
2. Resources available to perform the work, including any specialized experience in working with agencies and/or organizations to meet the request for proposal.
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration to meet the request for proposal.
4. Ability to meet deliverables as outlined in the request for proposal.
5. Ability and proven history of working with diverse groups as outlined in the request for proposal.

**TRANSPORTATION**

**RFP #ACDD 092019-02**

***DATES AND DEADLINES***

<b>Item</b>	<b>Date</b>	<b>Methods of Notification</b>
RFP Release	Monday, September 23, 2019	USPS, ACDD Website, ADMH Website STAARS Website
Deadline to submit RFP questions or requests for clarification	Friday, September 27, 2019 by 12:00 pm CST	Email to: <a href="mailto:Sophia.Whitted@mh.alabama.gov">Sophia.Whitted@mh.alabama.gov</a>
RFP Questions Posted	Friday, October 4, 2019	ACDD website: <a href="http://www.acdd.org">www.acdd.org</a> ADMH website: <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a> STAARS website: <a href="http://www.vendors.alabama.gov">www.vendors.alabama.gov</a>
RFP Submissions	1 original & 5 copies 1 electronic copy on USB Flash drive	USPS or FedEx or UPS <b>(Review mailing note)</b>
RFP Submissions Due	Friday, October 25, 2019 by 12:00 pm CST	USPS or FedEx or UPS <b>(Review mailing note)</b>
Notification of selection status	December 14, 2019 Approximately	USPS/Email (In writing)
Grants Proposal Start Date	January 1, 2020*	USPS

\*Start date is tentatively scheduled for the indicated date.

**Please Submit Completed Application Packet To:**

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

**Emailed or faxed responses are NOT ACCEPTED.**