

# Governor's Council on Developmental Disabilities

## Application

Submitted

### Application Information

Applicant	Org/Type	Project Title	Goal	Submitted	Submitted By
	Non-Profit		Goal 2 Objective 1		

Area of Emphasis	Activity	Poverty/Non	State Protection & Advocacy	University Center for Excellence	Other Collaborators
Community Supports	Training	Poverty	No	No	None

### NoFA Reference

ID/Title	Amount	Match	Poverty	Due By	Start Date	End Date	Primary Staff
Changes each funding cycle				April 14, 2020	July 01, 2020	June 30, 2021	GCDD Program Coordinator (501) 682-2918

### People

Role	Person
Financial Officer	Contact info here for budget, finance, invoicing personnel (phone, email)
Organization Director	Name, Executive Director , phone, email (Authorized Official)
Project Director	Name, Project Director , phone, email

## Outline

Section	Instruction	Response
1 Select goal & project description	<p>Please identify the goal, objective and activity your funding will support and provide a project summary. The project summary should include what type of applicant you are; the amount of your request, contact information for the person who will answer questions about the application. This person MAY be someone other than the authorized official (mayor, county judge, agency director, executive director) for the entity. Is your organization or any of its principals delinquent on any federal debt? If so, we require a detailed explanation. Enter the city, county and congressional district in which the project will be completed. Be as specific as possible. State whether your project is a new project or is supplementing an existing project. Please read section III of the RFP attachment to this NOFA to assure that you provide all the information needed in this section. If you are applying for projects that support more than one goal, please submit separate applications for each project. Please contact GCDDAR staff if you have questions regarding this important section of the application. Response limited to 10,000 characters.</p>	<p>THIS ORG is a 501 (c) 3 federally funded center for independent living, located in MY TOWN, Arkansas. ORG is in congressional district 4 and covers Garland, Saline, Hot Spring, Clark, Montgomery and Pike counties. ORG is applying for Goal 2, Objective 1, "to strengthen access to information, training and education for Arkansans with developmental disabilities and their families about available programs and services" within our service area. This will be a new project for ORG. ORG is looking to provide people with developmental disabilities information and training on community resources that may be of value to them. ORG will reach out to people with developmental disabilities who may not be receiving support through traditional DD providers, YOUR IDEA HERE. ORG will work with local ??? providers and area schools to identify people with developmental disabilities and their families who may benefit from this service. It is estimated that 10% of people receiving DD services also have a dual diagnosis. ORG has worked with many of these providers offering other services and this appears to be a great opportunity to reach this underserved population. ORG will offer this assistance through a variety of methods that will include, but are not limited to, YOUR IDEA HERE. Advocacy will be a part of all training activities.</p>

Section	Instruction	Response
2 Timeline for project	Provide a detailed timeline for the work that will be performed during the project year. Response limited to 4,000 characters.	<p>The timeline for this project is:</p> <p>July 2020-Receive funding approval and request official bids from marketing firms and television advertisers from each region</p> <p>August 2020-January 2021: Capture stories of individuals; create print material, film media spots</p> <p>February 2021-June 2021: Run campaign in all five regions</p> <p>January 2021-March 2021 : Host job fairs and community engagement events in all five regions</p> <p>June 2021-July 2021: Evaluate and report results</p>
3 How will you sustain this project?	Please provide details on how the project will be sustained after federal funding is no longer available. Response limited to 2,500 characters.	ORG will work to incorporate the activities included in this grant project into its core services. This grant will allow start up funding to develop and promote this program and to evaluate the need. It will help us leverage additional funding to sustain this project in the future, when needed.
4 Applicant background information	Describe the background of the applicants and its experience and qualifications to successfully complete the project, including a description of the leadership structure. Describe the target population and how the project activities will achieve the required outcomes as specified in the RFP. Response limited to 5,000 characters.	ORG background info here.

Section	Instruction	Response
5 Questions about partnering/collaboration	Will you partner with other organizations to complete your overall project. If so, what organizations and highlight the resources and expertise gained through the collaboration. How will you involve individuals with intellectual and/or developmental disabilities in the implementation of the project activities? Response limited to 2,500 characters.	ORG will partner with XXX org or agency on XXX.  ORG will include people with IDD in this project by XXX, and XXX.

## Budget

Category	Nature of Expense	Project Costs	Council Funds	Match Funds	Match Source	Match Type
<b>Personnel</b> ( <i>Direct pay of 1 Project employee</i> )						
	Personnel	29,120.00	20,000.00	9,120.00		
	Sub Total	29,120.00	20,000.00	9,120.00		
<b>Fringe Benefits</b> <i>insurance, retirement, etc.</i>						
	Health Insurance	3,000.00	2,000.00	1,000.00		
	Sub Total	3,000.00	2,000.00	1,000.00		
<b>Mandated Benefits</b> <i>FICA, workers comp, etc</i>						
	Mandated Benefits	3,000.00	2,000.00	1,000.00		
	Sub Total	3,000.00	2,000.00	1,000.00		







Id	Description	Start Date	End Date
<b>Activities</b>			
ID - Description		Start Date	End Date
1	Develop pre and post test to use with training to assess effectiveness of training	Oct 01, 2017	Sep 30, 2018
Staff: TBD			
<b>Performance Measure</b>			
	Performance Measures	Individual Target	Family Target Other Target
Council Specific	GCDDCS01 - The number of consumers satisfied with participation in this Council supported activity	25	25
	GCDDID01 - After participation in the Council supported activity, the number of individuals who reported a positive result.	25	25
Federal	IA.1.1 - The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	25	
	IA.2.1 - After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	25	

### Supporting Documentation

### Justification and Notes

### Uploaded documents