

Michigan Developmental Disabilities Council

Applying for a Michigan DD Council Grant

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Section I. The DD Council and Its Grants

A. Purpose of the DD Council's Grants Program.

- 1. Mission.** The DD Council's mission is to support people with developmental disabilities to achieve life dreams.
- 2. Principles.** P.L. 106-402, the *Developmental Disabilities Assistance and Bill of Rights Act of 2000* (the DD Act) creates state developmental disabilities (DD) councils and regulates their work. The Michigan DD Council's Five-Year Strategic State Plan sets the Council's goals and objectives.

The Michigan DD Council is a systems advocate and uses its grants program as one tool to promote systems change, to better support the aspirations of people with DD. In all of its work, the DD Council supports:

- ◆ Self-determination and
- ◆ Community inclusion and participation for people with DD and their families.

Council-funded projects may NOT operate in segregated, "disability-only" settings.

- 3. Strategy.** The DD Council has a small budget with which to influence a complex system. In all of its work, it emphasizes strategies that:
 - a. Use extensive collaboration to achieve systems level outcomes;
 - b. Address changing policies and programs in ways that support self-determination and inclusion;
 - c. Use DD Council resources to leverage funds from the community and from the services system;
 - d. Focus on concrete outcomes for people with DD, their families and communities; and
 - e. Plan from the start for sustainable results.

B. The DD Council's Target Population.

The DD Act defines the term "developmental disability" as:

A severe, chronic disability of a person 5 years of age or older which:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age twenty-two;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. self-care;
 - b. receptive and expressive language;
 - c. learning;
 - d. mobility;
 - e. self-direction;
 - f. capacity for independent living; or
 - g. economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated;

Except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

The Council may set more specific targets for particular projects.

C. Types of Grants Offered by the Michigan DD Council.

The DD Council awards three (3) levels of grants: Regional Interagency Consumer Committee (RICC) Endorsed Community Mini-Grants, State-level grants and local/community grants. The processes for applying at each level are similar, but there are some distinctions.

1. RICC Endorsed Mini-Grants. RICC-Endorsed Community Mini-Grants have a two-stage submission process.

a. **Submission to RICC for endorsement.**

- ◆ To be considered for RICC endorsement a proposal must be submitted to the RICC by the date specified in the Notice Of Funds Available (NOFA).
- ◆ Each RICC may select and endorse only one application for submission to the DD Council.
- ◆ A RICC is not required to endorse any application it receives.
- ◆ To endorse an application, the RICC Chair or designee must sign the applicant's "Cover Sheet" on the signature line in the box entitled "RICC Endorsement." The applicant then needs to scan this sheet and submit it as an attachment to the application at the DD Suite web site.

b. **Submission to the DD Council.**

- ◆ The Council will accept one Mini-Grant application per RICC.
- ◆ The Council will **NOT** accept any Mini-Grant application without RICC endorsement

2. Local/Community Grant Projects. Proposals for local grant projects (**OTHER THAN** RICC-Endorsed Community Mini-Grants) require review by the RICC in the area where the project plans to operate.

- a. **The applicant must notify the RICC** of their intent to submit a proposal two weeks prior to the grant submission deadline. They must get the signature of the RICC Chair or designee on the "RICC Acknowledgement of Notification Form."
- b. **The acknowledgement form must be submitted to the Council** as an attachment to the application in DD Suite. Proposals submitted without the acknowledgement form will not be reviewed.
- c. **The applicant must deliver five copies of the proposal to the RICC** for review at the same deadline as for submitting to the DD Council office. The RICC has two weeks to review the proposal and send to "RICC Review Form" to the Council.

3. State-Level Grant Projects. Proposals for state-level projects do not require a RICC endorsement or review.

D. Vendor Registration with the State of Michigan.

You must register your organization if you have never had a contract with the State of Michigan. The state provides several ways you can register:

- You can register on the Internet at <http://www.cpexpress.state.mi.us/>.
- Email your request to DMB-vendor@Michigan.gov,
- Telephone to (888) 734-9749 [toll-free] or (517) 373-4111 [local in Lansing], or
- Fax to (517) 373-6458.

E. Incurring Costs.

The Michigan Developmental Disabilities Council (DD Council) and the Michigan Department of Community Health (MDCH), its designated administering agency, are not liable for costs incurred before issuing a contract.

F. Rejection of Applications.

The Michigan Developmental Disabilities Council reserves the right to reject applications received because of this Notice of Funds Available (NOFA), or to negotiate separately with any source. The State does not intend to award a grant solely based on this request or to pay for information solicited or obtained.

Section II. Requirements for DD Council Grants

A. Self-Determination and Community Inclusion:

All DD Council projects must support self-determination and community participation and inclusion for people with DD and their families.

1. **Self-determination** – Self-determination is the right and ability of people with disabilities to choose and control their own quality of life, their own goals and dreams, and what services they need to obtain them. Proposed project activities must increase the ability of people with DD to live meaningful, self-directed lives with the supports they need to do so.
2. **Community Participation** – Project activities must promote the ability of people with DD and their families to live, work, learn and take part in their communities.
3. **Inclusion** – All project activities must take place in inclusive, integrated settings and programs, NOT in “special” segregated, disability-only places and events.

B. Consumer and minority participation:

A DD Council grant project must foster participation by people with developmental disabilities and their families in planning, doing and evaluating the project. Proposals must describe:

1. **Proposal Development:** How people with DD and family members, including minority representatives, took part in developing the proposal itself;

2. **Project:** How people with DD and family members, including those in minority and culturally diverse populations, will take part in planning, doing and evaluating the project;
3. **Outreach:** How the project will do minority outreach, to assure diversity among participants; and
4. **Cultural sensitivity:** Plans for assuring cultural sensitivity in all project activities. It is the Michigan Developmental Disabilities Council's policy to recognize and support the needs of minorities and culturally diverse populations in all goal activities.

C. Evaluation:

Proposals must describe how the project will evaluate its activities and achievements. Evaluation must include:

1. **Assessment of concrete outcomes** in the lives of participants;
2. **An annual consumer satisfaction survey;**
3. **Use of survey responses** and other assessments to improve the project; and
4. **Indicators and Data:** Proposals must describe data collection planned for assessing the project's success in reaching the targeted outcomes.

D. Sustainability:

Projects must provide for sustainability of project outcomes beyond the grant period. Proposals must describe how the project will:

1. **Assure that capacity developed under a grant project continues;** and
2. **Sustain innovations, awareness, needed activities and other progress** after the end of the grant.

See "Section IX: Helpful Links," for information about sustainability that may help you think about this part of your proposal.

E. Dissemination.

Proposals must describe plans to disseminate information and products developed by the project, in order to:

1. **Assist others** interested in addressing similar issues,
2. **Broaden the influence of project outcomes,** and
3. **Increase awareness** among decision makers and community members about the effectiveness of grant project activity.

Products will be provided in a variety of media and in alternative formats as appropriate.

F. Develop Products:

All DD Council grant projects must develop and submit:

Monthly: Financial status reports.

Quarterly: (every 3 months): Program progress reports reflecting progress indicators in the project plan, including data on the outcomes and indicators specified by this Request for Proposals (RFP)/Notice of Funds Available (NOFA).

Annually: By October 15 of each calendar year in which the project is active, a summary report of the project's achievements during the fiscal year, including:

1. **Data on the outcome indicators** specified in the project workplan.
2. **Summary of project data** and results that could be used to educate policymakers and others about the effectiveness of grant project activity.
3. **Information about changes in provision of services** and supports achieved by the project, including:
 - a. New approaches implemented, successes and barriers; and
 - b. Participant data on those involved with the project, including demographics.
4. **Evaluation of the project's progress** toward achieving its objectives, in terms of its workplan and outcome indicators. This will include a report on consumer satisfaction and any other assessment(s) specified.
5. **A summary description** of how people with disabilities and their families participated in planning, implementing and evaluating the project.
6. **Summary of the project's success** in assuring the sustainability of the project beyond the grant period.
7. **Copies of project products**, including flyers, informational or advocacy documents, videos, or other products used by the project in carrying out its work.

Section III. Assistance and Information

A. On-line Information about the DD Council grants available.

The DD Council is piloting on-line submission of applications. You can find detailed information on specific grants that are currently available at <http://ddsuite.org/>. The application process is also on line at <http://ddsuite.org/>.

B. Bidders' Conference.

1. **The Bidders' Conference.** The DD Council will host a Bidders' Conference for each RFP/NOFA issued. The RFP/NOFA will announce the time and place for the Bidders' Conference.
2. **Staff will explain the Council's grant making practices** and the specific requirements for this initiative, reviewing the NOFA, the Council's intent in issuing it, requirements, and application procedures. A question and answer session will follow.
3. **Bidders are not required to attend**, and the basic information and handout material can be requested from staff via telephone or e-mail. However, we do not record bidders' conferences and cannot guarantee that all points raised by participants will be covered in any other presentation or format.

4. **First time applicants** who attended the Bidders' Conference have been more successful in writing fundable applications.

C. Instructions For Applying For A Grant.

This document ([Applying for a DD Council Grant 2010.doc](#)) has detailed instructions for applying for a DD Council Grant. Application instructions are in Section VII.

D. Further Technical Assistance

1. **Technical assistance** is also available by telephone or in person at the Council office. Call (517) 334-7023 to talk to grants staff or to make an appointment to come in.
2. **Review of Drafts.** On request, as time permits, staff will review drafts of work plans and budgets, consult on application focus and Council intent and advise on most aspects of application development.

Section IV. Council Review Process

Council Review For All Grants:

The DD Council will conduct a state level competitive review of grant applications.

1. **Panel of Reviewers.** The DD Council's Executive Director or designee appoints a panel of reviewers for each Notice of Funds Available (NOFA).
2. **Diversity and Representation.** Reviewers include people with disabilities, family members and other experts in the area to be addressed. Attention is given to representation from various parts of Michigan and from minority and culturally diverse populations.
3. **Criteria.** The panel will review and rank applications according to the criteria specified in the NOFA. The group will use the score sheet attached in the Notice of Funds Available (NOFA) to compare and evaluate proposals, and to develop recommendations for funding. The score sheet is included on DD Suite to help proposal writers understand the review process and to show what reviewers will look for in a proposal.

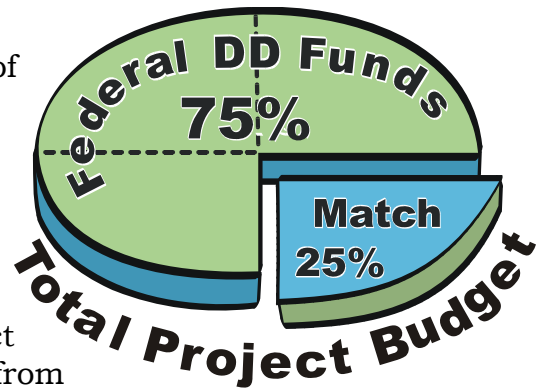
Section V. Match Requirements

A. Funds from other federal programs.

Funds from other federal programs may provide part of the support for a project; but they may NOT be used to match federal developmental disabilities funds.

B. Match Amount.

Most projects may receive up to 75% of project funding from federal Developmental Disabilities funds. In that case, the project must provide 25% of the total project budget (1/3 as much as the federal share) as match from non-Federal resources. This formula is for maximum funding. The Council encourages applicants to secure more than the required level of match in order to reduce the amount of federal funding needed.



Note: The Council is no longer able to exempt state-level projects from match requirements.
All DD Council grants must provide 25% of the total project budget as match.

C. Cash and In-Kind Match.

Matching funds for all applications may be in-kind or cash. In-kind match can include the cash value of local donated resources such as volunteer time, donated office space, use value of equipment, and similar resources needed by the proposed grant project.

Section VI. Duration of Funding

The Request for Proposals (RFP)/Notice of Funds Available (NOFA) sets the duration for each specific project or set of projects. Developmental Disabilities funds will not be available to support an activity beyond the period set.

Where the project period is greater than one year, the Developmental Disabilities Council will contract for an initial funding period not exceeding one year. Renewal for later years depends on availability of funds and:

1. **The project's success** in achieving the objectives of the funded period,
2. **The agency's plan** for the next funding period, and
3. **Continued support** of the goal, objective, and project by the Michigan DD Council.

RICC-Endorsed Community Mini-Grants. The project period for RICC-Endorsed Community Mini-Grants is one year. The DD Council will not renew Mini-Grant contracts for additional years.

Section VII. Applying to a Notice of Funds Available (NOFA)

A. Web Sites.

1. You may download this document ([Applying for a DD Council Grant_2010.doc](#)) from the DD Council's web site at www.michigan.gov/ddcouncil.
2. You will develop your on-line application at <http://ddsuite.org/>. All of the elements of an application are available there.

B. Creating an Account

1. Click on "**I Need an Account.**" On the Home page, this is on the right side of the page, in the "Grantees" box. (If you are not on the Home page, you can get to it by clicking the **Home** link on the upper-right corner of any other page in DD Suite.)
2. The "Add Your Information" page appears. Enter your information according to the following table:

Add Your Information page

Personal Information Item	Description
First Name	Enter your first name
Last Name	Enter your last name
Password	Enter a password for your account. Your password should be easy to remember, but not obvious to anyone who knows you.
Verify Password	Enter the exact same password as you did in the Password field.
Official Job Title	If you belong to an organization, enter your job title in that organization. If you do not, leave this field blank.
Email	Enter your email address. Your email address is your username for the DD Suite account.
Phone	Enter your phone number.
Your Organization	Select your organization from the dropdown menu.

Add Your Organization. If your organization does not appear on the list, you need to add your organization. Click the "**add it now**" link. The page will expand to add space for organization information.

Personal Information Item	Description
Organization Name	Enter the full name of your organization
Type	Select one of the following from the Type dropdown menu to describe your organization: <ul style="list-style-type: none"> ◆ Non-profit ◆ School District ◆ Government Corp. ◆ City Government ◆ Special Authority ◆ MI Protection and Advocacy Service ◆ Developmental Disabilities Institute, Wayne State ◆ For-profit ◆ County Government ◆ Tribal Government ◆ State Government
Phone	Enter your organization's phone number.
Ext	Enter the main phone number's extension here.
Additional Phone	Enter the number of any additional phone here.
Website	Enter your organization's Website address.
Acronym	If your organization is commonly referred to by an acronym, enter it here.
Receiving/Applying for Grant Funds from	Select the developmental disabilities council from which you are receiving or applying for funds.
Physical Office Location	
Address	Enter the street address of your organization's main office. Use the second Address field if necessary.
Suite/Floor/Apt	If your office address has a suite, floor, or apartment number, enter it here.
City	Enter the city where your organization is located.
State	Enter the state where your organization is located.
Zip	Enter the Zip Code of your organization.

Additional Office Location

If your organization has a second office location, enter its address just as you did for the first address.

Mailing Address**Same as office location**

If your organization's mailing address is the same as the Physical Office Location, check the **Same as Office Location** checkbox in the Mailing Address section. Otherwise, complete the items below for the mailing address.

Personal Information Item	Description
Address	Enter the street address for mailing. Use the second Address field if necessary.
Suite/Floor/Apt	If your mailing address has a suite, floor, or apartment number, enter it here.
City	Enter the city.
State	Enter the state.
Zip	Enter the Zip Code.
ATTN:	Enter the name of the person to whom you want grant-related correspondence directed.
Department	If needed, enter the department where you want grant-related correspondence directed.

3. Click Submit.

DD Suite will send an email to the email address you entered.

4. Check your email.

5. Open the email from DDsuite.org and click the [verification](#) link.

C. Applying for a Grant -- Summary.

There are nine steps in applying for a grant:

1. **Select the grant** you want to apply for.
2. **Set roles for the project** by naming the staff who will fill the primary staff positions.
3. **Complete the Application Coversheet.** The coversheet is Attachment 1 of the documents you downloaded. Complete this form off-line, and then upload it as an attachment to your application.
4. **Complete the Target Group Tables.** These are the second part of Attachment 1 of the documents you downloaded.
5. **Complete the Project Outline** by answering questions about how you plan to use the grant funds and achieve your goals.
6. **Work Plan.** Fill out details of the project by completing the Project Work Plan.
7. **Complete the budget pages.** For this Notice of Funds Available (NOFA), DD Suite will not provide a budget sheet at this stage. The budget pages required for a Michigan Developmental Disabilities Council grant are provided in DD Suite as one of the attachments under the "Notice Description." These are in spreadsheet form, with the file name [MDDC Grant Budget Forms 2010.xls](#). You will download the spreadsheet

file, complete the forms off-line, and upload the completed spreadsheet as an attachment to your application.

Instructions for completing this budget are in “Appendix: The Michigan DD Council Budget,” below.

8. **Supporting Documentation and Notes.** This is where you enter any additional information needed to explain your project and upload the requested forms and any other supporting documentation. Uploads will include:
 - a. The Cover Sheet & Target Groups,
 - b. The MDDC Grant Budget Forms, and
 - c. Letters of support and any other supporting documentation.
9. **Review and Submit.** You will be given a chance to review your application before submitting it.

Double-Check! Do NOT submit an application for any grants until after you have uploaded a cover sheet with the proper signatures.

D. Step 1: Selecting a Grant

1. **Log in** to your account.
The **Select a State Council** page appears.
2. **Click the link for the state council** to which you want to apply for a grant.
A list of current Notices of Funds Available (NOFAs) appears.
3. **Click the Grant Number or the Grant Title** link for a grant to view its details.
4. **A summary of the grant requirements** appears under Section II.
5. **Download Attachments.** If you decide that you want to apply for a DD Council Grant, you should download ALL of the listed attachments.
6. **Next, Click the Apply for this Grant button** to begin the application process.

E. Step 2: Setting Roles

Before you begin an application, you must name the people who will perform the following roles for the proposed project:

- ◆ **Project Director**--the person in your organization who will lead the project. If this position has not yet been filled, please name here the person who will be the main contact for the grant until hiring is completed. This person will answer questions about your grant application and participate in negotiating a contract if your application is selected for a grant award.
- ◆ **Financial Officer**--the person in your organization who handles the finances.
- ◆ **Organizational Director**--the leader of your organization.

It is possible, especially in small organizations, that one person will occupy more than one role. The people in these positions will be the contact points for communications between the DD Council and your organization.

1. Name the Project Director.

- a. If you (the person entering the grant application) are the Project Director, check the box next to **Check if this is you**.
- b. Enter the information in the Project Director fields according to the table below:

Project Director Fields	Description
Name	The name of the Project Director.
Official Title	The title the person listed has within the organization.
Email	The email address of the Project Director.
Phone	The phone number of the Project Director.
Fax	The FAX number of the Project Director.

2. Name the Financial Officer.

- a. If you (the person entering the grant application) are the Financial Officer, check the box next to **Check if this is you**.
- b. If this role is filled by the same person as the Project Director, check the **Same as Project Director** checkbox.
- c. Otherwise enter the information in the Financial Officer fields according to the table below:

Financial Officer Fields	Description
Name	The name of the Financial Officer.
Official Title	The title the person listed has within the organization.
Email	The email address of the Financial Officer.
Phone	The phone number of the Financial Officer.
Fax	The FAX number of the Financial Officer.

3. Name the Organization Director

- a. If you (the person entering the grant application) are the Organization Director, check the box next to **Check if this is you**.
- b. If this role is filled by the same person as the Project Director, check the **Same as Project Director** checkbox.
- c. Otherwise enter the information in the Organization Director fields according to the table below:

Organization Director Fields	Description
Name	The name of the Organization Director.
Official Title	The title the person listed has within the organization.
Email	The email address of the Organization Director.
Phone	The phone number of the Organization Director.
Fax	The FAX number of the Organization Director.

4. Check **Save and Continue** to begin your application or **Save and Close** to save the roles.

F. Step 3: Completing the Application Coversheet

This is the first page of Attachment 1 of the documents you downloaded from the Notice Description page. Instructions are on the form for each item on the Proposal Coversheet.

1. **Implementing Agency:** If applicant agency & implementing agency are the same organization, skip the *Implementing Agency* section.
2. **RICC Endorsement:** *Information here only applies to RICC-Endorsed Mini-Grants. For all other types of grants, proceed to F.3.* Enter the RICC name on the dotted line. The chair or co-chair of the RICC that is endorsing the proposal signs on the signature line, in blue (or any other color except black) ink. If the chair or co-chair is not available, they may designate another member to sign the coversheet. The Michigan DD Council will NOT accept a Mini-Grant application without this signature.
3. **Applicant's Authorizing Official Signature:** This is signed by the person that the agency applying for the grant authorizes to enter into binding commitments on behalf of the applicant. This signature commits the agency to the proposal and indicates the agency's consent to do the work required, if selected and funded.
4. **Respond to all other items on this form:** Be sure you have included telephone numbers and Federal Employer ID#. We can't write a grant without the Employer ID#. It's the number you use with the IRS.
5. **The Proposal Coversheet must have the original signature** (no photocopied) of the person authorized to make commitments for the applicant organization and turn around signature documents within two weeks.

G. Step 4: Completing the Target Group Tables

These tables are the second part of Attachment 1 of the documents you downloaded from the Notice of Funds Available (NOFA). Use the table formats provided to describe the groups and estimate the number of people from each group your project intends to influence, train, educate or serve. Do NOT include everyone in your program or catchment area who might qualify. These are target numbers, not head-counts. Even if there's no way to be sure how many will participate, proposals must set targets for

the number of people they will try to serve. Uniform formats make your proposal much clearer for reviewers, and are essential to a winning proposal.

1. **Describe target groups**, by project-related characteristics: Use the table formats provided and add others, if needed, to describe target groups not included here.
 - a. **Table A.1.a, People with Developmental Disabilities by Level of Supports Needed:** Council grant projects that provide services and supports may also serve other people with disabilities (and their families, advocates, service providers, etc.) However, all such projects must target people meeting the DD Act definition (See Section I.B. “The DD Council’s Target Population”) as at least half of their consumers. Proposals must describe people with disabilities targeted in terms of the level of supports needed.
 - b. **Other relevant characteristics.** Add tables as needed to describe target group characteristics relevant to the Council’s targets and the specifics of the project. e.g., The Council’s objectives and/or those of the applicant agency might include reaching a particular mix of urban and rural residents, diagnostic categories, or other characteristics not described by the table above. Estimate how many in each group the project will serve, train, educate or influence.
2. **Table A.2, Other target groups and participants**, including those without DD. Describe these groups by their role for people with developmental disabilities, and estimate how many will participate in the project. Table A.2 is an example. Develop tables that describe those targeted by the characteristics that matter in the context of the project.

H. Step 5: Completing the Project Outline

Once you have selected a grant and click the [Apply for this Grant](#) button, the first page you see is the [Project Outline](#) page. This section allows you to explain, briefly, what you plan to do and how you plan to do it. You will also have an opportunity to describe your organization’s ability to carry out the project.

1. **Fill out each section on the Outline page.** Note the maximum number of characters allowed for each answer.
2. **Click the [Save](#) button** every few minutes to save your work.
3. **Click [Save and Close](#)** when you are finished, to save your work and return to the Main page or [Save and Continue](#) to move to the next step in the grant application process.

I. Step 6: Completing the Work Plan

The next step is to complete the Project Work Plan. At the top of the page, you enter the name of your project, its overall goal, and other details. In the next section, you explain your project’s objectives, activities and time lines; and you select the Performance Measures your project will achieve.

1. Fill out the information in the top part of the page according to the table below.

Project Detail	Description
Project Name	Enter the name of your proposed project.
Goal of the Project	A brief description of what results you expect to achieve with the project.
Federal Area of Emphasis	Use the dropdown menu to select the Area of Emphasis that best fits your project. "Areas of Emphasis and Performance Targets.doc," is one of the attachments you downloaded from the Notice Description page. It provides a definition of each Area. If you are still not sure which Federal Area of Emphasis you should select contact Cheryl Trommater at trommater@michigan.gov or (517) 334-7023.
Collaborators	If you are working on this project with the Michigan Protection and Advocacy Service, check the box for "State Protection and Advocacy System." If you are working with the Developmental Disabilities Institute at Wayne State University, check the box for "University Affiliated Program." If you are collaborating with other organizations, list each in the "Others" field using commas to separate them.
Primary Project Activity Type	Use the dropdown menu to select your project's type. If you are not sure what to select here, contact Cheryl Trommater at trommater@michigan.gov or (517) 334-7023. If you are sure the project you are working on does not fall into any of those listed here, select "Other" and specify the category in the next field.
If Other Please Specify	If you selected "Other" in "Primary Project Activity Type," enter an activity type here.

- Fill out the information in the rest of the page according to the table below. This section of the page is about describing each of the objectives for the project. There is no limit to the number of objectives you can create and there is no limit to the number of activities you can create within each objective.

Project Detail	Description
Objective	The number of the objective. You can have as many objectives as you want. Click Add additional objectives , located at the bottom of the page, to create another objective.
Objective Description	Describe what you plan to accomplish in this objective.

Project Detail	Description
Timelines	In the Start field, enter the date that work on this objective is planned to begin. In the End field, enter the date this objective should be completed.
Activity Letter	Assign a letter to each Activity, beginning with A.
Activity Description	Describe the activity you plan to carry out in pursuit of this objective.
Applicant Staff	List the staff to be assigned to carrying out this activity.

- Click **Add additional Activity for this Objective**, if needed, to create a new activity entry in any of the Objectives.
- Enter one or more Performance Measures according to the following table.

Performance Measure Field	Description
Performance Measure dropdown menu	Select a performance measure that your project plans to achieve. Your project may plan to meet more than one Performance Measure. If you are not sure about what Performance Measures you should select, contact Cheryl Trommater at trommater@michigan.gov or (517) 334-7023.
Individuals w/DD	Enter the number of people with developmental disabilities you expect to benefit from your project through this Performance Measure.
Family Members	Enter the number of family members of people with developmental disabilities you expect to benefit from this project through this Performance Measure.
Others	Enter the number of other people you expect to benefit from this project through this Performance Measure.

- Click **Add additional performance measures for this Objective** if you want to add another Performance Measure.
- Click **Add additional Objectives**, if needed, to create another Objective.
- Click **Save and Close** to save your work and return to your Main page, or **Save and Continue** to move to Project Budget page.

J. Step 7: Listing Your Project Expenses

- Skip the Project Budget section in DD Suite. Complete your project budget in the file "MDDC Grant Budget Forms_2010.xls," which you downloaded from the attachments.

Complete both forms in the file: “Program Budget Summary” and “Program Budget -- Cost Detail Schedule.”

2. Instructions for completing “MDDC Grant Budget Forms_2010.xls” are in “VIII: The Michigan DD Council Budget.”
3. Click [Save and Close](#) on the budget page to save your work and return to your Main page, or [Save and Continue](#) to move to Project Budget page.

K. Step 8: Supporting Documentation and Notes.

The next screen offers a space for entering any additional information. It says, “Please enter any additional notes, justification of budget expenditures or other information requested by your Council here.”

1. Enter any relevant information in the box at the top of the page.
2. Uploading supporting documentation. In the bottom half of the screen are eight lines for uploading documents to your application. In each line, the box at left is for typing in a title; the box at the right is for finding and uploading your document.
 - a. In the first line, upload “[Cover Sheet & Target Groups.doc](#),” with the forms completed.
 - b. In the second line, upload “[MDDC Grant Budget Forms_2010.xls](#),” with both forms completed.
 - c. In the other lines, you may upload letters of support and/or other supporting information that helps you explain what you plan to do, and show that you have the resources and ability to do it.
 - d. Enter any relevant information in the box at the top of the page.
3. Click [Save and Close](#) to save your work and return to your Main page, or [Save and Continue](#) to move to the next screen.

L. Step 9: Review and Submit.

This screen allows you to review what you have saved. When you are satisfied, you may go to the bottom of the page and press [Save Application](#).

Section VIII: The Michigan DD Council Budget

A. Budget Introduction

1. The budget should reflect all expenditures and funds associated with the program, including local, state and federal funding sources. When developing a budget, it is important to note that total expenditures for a program should equal the total funds.

2. The *Program Budget Summary* (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the *Program Budget Summary* is contained in the *Program Budget-Cost Detail Schedule* (DCH-0386). General instruction for the completion of these forms follows.
3. Use the forms in 3 MDDC Grant Budget Forms 2010.xls, which you downloaded from the Notice Description page on DD Suite.org.

B. Program Budget Summary (Dch-0385) Form Preparation.

Use the *Program Budget Summary* (DCH-0385) and the *Program Budget – Cost Detail* (DCH-0386) in the file DDC Budget Forms 2009.xls. The DCH-0386 form should be completed prior to completing the DCH-0385 form.

1. Header Information

- a. **Program** - Enter the title of the program. (Michigan Developmental Disabilities Council is already entered on the DD Council's version of these forms.)
- b. **Date Prepared** - Enter the date prepared.
- c. **Page of** - Enter the number of this page and the total number of pages in the complete budget package.
- d. **Contractor** - Enter the name of the Contractor (the Implementing Agency, the organization applying for the grant).
- e. **Budget Period** - Enter the inclusive dates of the budget period.
- f. **Address** - Enter the complete address of the Contractor (the Implementing Agency, see #4, above).
- g. **Original or Amended** - Check whether this is an original budget or an amended budget. (If you are responding to a Request for Proposals (RFP) or Notice of Funds Available (NOFA), it is an original.) The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the number of the amendment to which the budget is to be attached.
- h. **Employer Identification Number** - Enter the applicant agency's Federal Identification Number. Your personnel or payroll staff will know the number.

2. Expenditures

Expenditure Category Column – All expenditure amounts for the DCH-0385 should come from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). The Line Items are:

3. Expenditure line items:

Line 1. Salaries and Wages	Line 6. Equipment
Line 2. Fringe Benefits	Line 7. Other Expenses
Line 3. Travel	Line 8. Total Direct
Line 4. Supplies and Materials	Line 9. Indirect Cost
Line 5. Contractual (Subcontracts)	Line 10. Total Expenditures

3. Columns (1) – (3) – If you have completed the *Program Budget – Cost Detail* sheet in the spreadsheet first, the figures should already be showing in these cells. For each line item, the amount of expenditure expected should appear, distributed across the columns according to whether the project expects to meet the costs from Federal DD funds (**Column 1 – DD \$**), In-Kind Match (**Column 2 – In-Kind Match**), or Cash Match (**Column 3 – Cash Match**). [In-kind match can include the cash value of local donated resources such as volunteer time, donated office space, use value of equipment, and other similar resources needed by the proposed grant project.]

4. Total Budget Column - The Total Budget column represents the program budget amount. For Michigan DD Council grants, it holds the total of federal DD funds plus cash and in-kind match. If you have completed the Program Budget – Cost Detail sheet in the spreadsheet first, the figures should already be showing in these cells.

5. Source of Funds - The *Program Budget – Cost Detail* will not place figures in these cells – You will need to fill them in by hand.

Line 11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds which the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.

Line 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. State percentages are not required.

For Michigan Developmental Disabilities Council grants, this is the amount of federal developmental disabilities funds requested.

Line 13. Local - Enter the amount of local contractor funds utilized for support of this program. In-kind and donated services from other agencies/ sources should not be included on this line.

Line 14. Federal - Enter the amount of any Federal grants (**other than** from the Michigan DD Council) received directly by the Contractor in support of this program and identify the type of grant received.

Line 15. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc.

For Michigan DD Council grants, include In-kind and donated services from other agencies here.

Line 16. Total Funding - The total funding amount is entered on line 16. (The spreadsheet will calculate this automatically.) The total is determined by adding lines 12 through 16 and must be equal to line 10 - Total Expenditures.

C. Program Budget-Cost Detail Schedule (Dch-0386) Form Preparation.

Use the *Program Budget-Cost Detail Schedule* (DCH-0386) in the file DDC Budget Forms_2010.xls.

1. Header Information

- a. **Page of** - Enter the page number of this page and the total number of pages comprising the complete budget package.
- b. **Program** - Enter the title of the program. (Michigan Developmental Disabilities Council is already entered on the DD Council's version of these forms.)
- c. **Budget Period** - Enter the inclusive dates of the budget period.
- d. **Date Prepared** - Enter the date prepared.
- e. **Contractor** - Enter the name of the contractor (the Implementing Agency, the organization applying for the grant).
- f. **Original or Amended** - Check whether this is an original budget or an amended budget. (If you are responding to a Request for Proposals (RFP) or Notice of Funds Available (NOFA), it is an original.) If an amended budget, enter the number of the amendment to which the budget is to be attached.

2. Expenditure line items:

Item 1. Salaries and Wages –

Column1. Position Description - List all position titles or job descriptions required to staff the program. This category includes the compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in **Other Expenses**. Contracts with sub-recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in "**Contractual (Sub-contract) Expenses**." The salaries and wages line must list each type of position description, number of positions assigned to the program and the budget amount. **This expenditure category applies only to those positions supported directly by the contractor, not to personnel of subcontractors.**

Column 2. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

Column 3. Positions Required - Enter the number of positions (FTEs) required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.

Columns 4 – 6. Total Salary - Compute the total salary cost by multiplying the number of positions required by the annual salary. Distribute this amount across the columns according to whether the project expects to meet the costs from Federal DD funds (Column 4 – DD \$), In-Kind Match (Column 5 – In-Kind Match), or Cash Match (Column 6 – Cash Match).

Totals: Salaries and Wages - Enter a total in this line for the Positions Required column (Column 3) and for each of the Total Salary columns (Columns 4 - 6).

The spreadsheet copies the total salary amount to the Program Budget Summary - Salaries & Wage category.

If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total amounts.

Item 2. Fringe Benefits –

Specify the items applicable for staff working in this program. (Enter “X” in the box next to each applicable item.) Enter composite fringe benefit rate and total amount of fringe benefit. This category includes the employer’s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program.

Item 3. Travel –

Enter cost of employee travel (mileage, lodging, registration fees). This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conference and other approved travel costs incurred by the employees for the conduct of the program.

Use only for travel costs of permanent and part-time employees assigned to the program – not for employees of sub-contractors and not for consultants.

Travel of consultants is reported under Other Expenses - Consultant Services.

Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel line (line 3) exceeds 10% of the Total Expenditures (line 11).

Item 4. Supplies & Materials –

Enter cost of supplies & materials (medical, office supplies, postage). Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. It also includes computers and peripherals costing less than five thousand dollars (\$5,000) per work station.

Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials line (line 4) exceeds 10% of the Total Expenditures (line 11).

Item 5. Subcontracts –

Specify subcontractor(s) working on this program. Specific details must include: 1) subcontractor(s) address, 2) amount by subcontractor and 3) total of all subcontractor(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use for written contracts or agreements with sub-recipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated to the sub-recipient contractor.

Vendor payments such as stipends and allowances for trainees, patient care, consulting fees, etc., are to be identified in the Other Expense category.

Item 6. Equipment –

Enter a description of the equipment (items costing more than \$5,000 each) being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit.

Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Material category. All equipment items summarized on this line must include: item description, quantity and budgeted amount.

Item 7. Other Expenses –

This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the *Program Budget - Cost Detail*. Other minor items may be identified by general type of cost and summarized as a single line on the *Program Budget - Cost Detail* to arrive at a total for "Other Expenses." Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7.

Specific detail should be stated in the space provided on the Program Budget - Cost Detail (DCH-0386) if the Other Expenses line (line 7) exceeds 10% of the Total Expenditures (line 11).

Sub-Line Items under Line 7, "Other:"

- a. **Consultant Services** - These are costs for consultation services, professional fees and personnel hired as individuals on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
- b. **Services and Supports** - The cost of direct provision of the services and supports needed by people with developmental disabilities to maintain and increase their

self-determination and community inclusion, when **NOT** provided by staff on the payroll of the Contractor and assigned to the grant project.

(Supplanting: Federal DD funds may not be used to supplant other funding. i.e., Grant funds cannot pay for what another entity is mandated by law to provide, or what another agency was funding before the grant.)

- c. **Space Cost** - Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality.

Federal DD funds may not be used to purchase a building or land.

- d. **Communication Costs** - Cost of telephone, telegraph, data lines, Internet access, etc., when related directly to the operation of the program.
- e. **Other** - All other items purchased exclusively for the operation of the program and not previously included.

3. Totals: Lines 8 – 10.

Line 8. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.

Line 9. Indirect Cost Calculations – Enter the allowable indirect costs for the budget. Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by the Department or the applicable federal cognizant agency and is accepted by the Department. Attach a copy of the letter stating the applicable indirect cost rate.

Detail on how the indirect amount was calculated must be shown on the Cost Detail Schedule (DCH-0386). For DD Council Grants, Indirect Costs are limited to 10%.

Line 10. Total Expenditures – Enter the sum of item 8 and 9 on line 10.

Section IX. Helpful Links

A. People First Language

The Michigan Developmental Disabilities Council uses People First language as its standard. We require use of People First language in grant proposals and in all products of our grant projects. People First language is based on recognizing a person's humanity and individuality rather than using a label based on disability. It focuses on the person first, the disability last. We use people-first language to emphasize the uniqueness and worth of each person, not just the differences among people. It describes what the person **HAS**, not what he or she **IS**. For example, we no longer say "the disabled," we say "people with disabilities." The point is to remember that people with disabilities are people first.

To review the full People First Language document, Click [here](#).

B. Sustainability

Indicators of Readiness and Ability to Promote Sustainable Systems Change

To review the sustainability document, Click [here](#).

C. Areas of Emphasis and Performance Measures

The Council submits a Program Performance Report (PPR) annually to its federal oversight agency, the U.S. Administration on Developmental Disabilities. The report includes a summary of all projects and activities conducted during the federal fiscal year, including projects implemented by Council grantees. In addition, for each federal performance measure, the Developmental Disabilities (DD) Council reports the cumulative total from all projects and activities. These measures are used to determine the DD Council's success in meeting its goals and objectives, and are used by the federal oversight agency in performance reports to the administration and the congress.

To review the performance measures document, Click [here](#).