



# RICC-Endorsed Community Mini-Grant Proposal Instructions

## Instructions for completing the DD Council's RICC-Endorsed Community Mini-Grant proposal forms

Forms are in the file [Proposal Forms- Mini-grants 20XX.doc](#)

Budget forms are in the file [DDC budget forms\\_20XX.xls](#)

### Contents:

---

General Instructions.....	1
Workplan.....	3
Budget .....	5
Introduction.....	5
Program Budget Summary (Dch-0385) Form Preparation. ....	5
Program Budget-Cost Detail Schedule (Dch-0386) Form Preparation.....	7
Glossary of Workplan Terms.....	11
Workplan Example.....	13



---

# General Instructions

---

This package contains instructions for developing a proposal for a Developmental Disabilities Council (DD Council) grant. Other files are needed to complete your proposal:

- A. The Request for Proposals for RICC-Endorsed Community Mini-Grants provide program specifications and information about the amount of funds available for the project; and
- B. The proposal forms, which are available in MicroSoft Word format in the file: Proposal Forms- Mini-grants 2009.doc.
- C. The budget forms, which are in MicroSoft Excel format in the file: DDC budget forms 20XX.xls
- D. Format and Structure:
1. Use white, 8½" X 11" regular office paper. Print proposals *single-sided*, with black, 12 point or equivalent (e.g., 10 cpi or pica) type, margins at least 0.75" on all sides, and at least 1.5 line spacing.
  2. Do *not* include materials beyond those requested.
  3. Use the outline and formats in the file Proposal Forms- Mini-grants 2009.doc. Be sure that a reviewer can find information items within the same relationship on the page as that shown in the forms.
  4. Respond to all items in the order specified. Reviewers will be following this outline, and will expect responses to present these items, in this order.
  5. Do not exceed the page limits specified.
- E. Signatures: At least one copy of the proposal must have original signatures (not photocopied, faxed or otherwise reproduced) on the Proposal Coversheet and on the Budget Summary. Original signatures should be in colored ink (e.g., blue or purple – NOT black), to be easily distinguished from photocopies.

**The DD Council does not encourage unsolicited proposals & cannot assure any review or consideration for proposals developed outside its planning and request for proposal process.**

## **Components:** Your proposal should include everything specified here.

- A. Proposal Coversheet.** Instructions are on the form (in the file RICC-Endorsed Community Mini-Grant proposal forms.doc) 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: 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 Council will NOT accept a Mini-Grant proposal 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 agencies consent to do the work required, if selected and funded to do so.

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 (not photocopied) of the person authorized to make commitments for the applicant organization and turn around signature documents within two weeks. The original signature must be in colored (not black) ink, to be readily distinguished from photocopies.

**B. Narrative Summary.** Respond to each item in the Narrative Summary outline. Summarize concisely, in paragraph format, the material that will follow in the *Workplan and Schedule Format*. Use language understandable by a diverse set of reviewers. (Not all reviewers are subject-matter experts or familiar with your specific profession, type of agency or local and/or regional resources.) Respond to each item directly and concisely. Fit level of detail to the page limits specified. Do not skip any sections.

**C. Target Groups.** Use the table formats provided in the file Proposal Forms- Mini-grants 2009.doc 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.

The core constituency of developmental disabilities councils is defined in the federal *Developmental Disabilities Act* (DD Act) as "a severe, chronic disability which ... is attributable to mental (and/or) or physical impairment ... is manifested before ... age twenty-two ... is likely to continue indefinitely ... (and) results in substantial functional limitations in three or more ... areas of major life activity ..."

1. **Describe target groups, by project-related characteristics:** (One page.) Use the table formats provided in the file Proposal Forms- Mini-grants 2009.doc and add others 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 box at right) 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. Include all categories specified in the RFP.

**D. Workplan.** Detailed instructions for completing the *Workplan and Schedule* follow this outline.

**E. Budget.** Detailed instructions for completing the budget forms follow the workplan instructions.

---

# Workplan

---

Use the table form titled *Grant Project Workplan and Schedule*. Organize the workplan around the Council’s targeted outcomes for the grant initiative. These are listed in the RFP and in the DD State Plan objective that authorized it. [See *Glossary of Workplan Terms*, on page 11, for definitions of terms used here, and *Examples*, on page 13, for sample table entries.]

A. For a Request for Proposal response:

1. Quarterly. Provide one table for each quarter of Year One of the project [Total of four (4) quarterly tables.] Outcomes that are ongoing throughout the project should be repeated on each quarterly table, with indicators specific to that quarter. E.g., If you expect to complete 4 training sessions by the end of the year, you might target finishing the first in the second quarter, 2 in the third, and the final session in the fourth.

**Level of detail for quarterly tables:**

For a RICC-Endorsed Community Mini-Grant, 4 to 6 outcomes per quarter is usually plenty. Even with multiple indicators per outcome, 1-2 concise pages of workplan per quarter will probably serve your project well.

B. For each table:

1. Column 1, Outcome. For each table, specify the outcomes for which, *during the period covered by the table* (e.g., Quarter 1 or Year Two), you plan activities, expect to reach indicators and/or plan data collection. First address those of the Council’s targeted outcomes that are relevant to your project — There is a list of them in the Supplemental Information package for the RFP. Once these are addressed, you may add compatible outcomes specific to your proposed project. Express outcomes as:
  - a. Changes to the system of community supports, in ways that will improve access, inclusion and/or self-determination for people with developmental disabilities and their families;
  - b. Changes to the attitudes in the community, including acceptance of community inclusion for people with developmental disabilities and awareness of their abilities and needs; or
  - c. Benefits to people with developmental disabilities and their families, especially those in the Council’s target groups for the project, and specifically benefits that support their self-determination and full inclusion in the community.
2. Column 2, Activity to achieve what’s targeted.
  - a. Specify who is responsible for the activity and who will participate (*who?*).
  - b. Describe the activity and the methodology or approach (*what?*) An activity should be specifically tied to the outcome described on the same row.
3. Column 3, Outcome Indicators. Enter the outcome indicators that will serve as evidence that change is achieved on the outcome specified and as [at least partial] result of outputs and activities described.
4. Repeat the process for each outcome the project intends to address during the period covered by the table.
5. Develop a table for each quarter of the project’s Year One, and a table for each subsequent year of a multi-year project.



---

# Budget

---

Complete both forms in the file Proposal Forms- Mini-grants 2009.doc: “Program Budget Summary” and “Program Budget -- Cost Detail Schedule.”

## 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 in Sections II-III.

---

## 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.

### Header Information

1. Program - Enter the title of the program. (Michigan Developmental Disabilities Council is already entered on the DD Council’s version of these forms.)
2. Date Prepared - Enter the date prepared.
3. Page of - Enter the number of this page and the total number of pages in the complete budget package.
4. Contractor - Enter the name of the Contractor (the Implementing Agency, the organization applying for the grant).
5. Budget Period - Enter the inclusive dates of the budget period.
6. Address - Enter the complete address of the Contractor (the Implementing Agency, see #4, above).
7. Original or Amended - Check whether this is an original budget or an amended budget. (If you are responding to an RFP, 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.
8. Employer Identification Number - Enter the applicant agency’s Federal Identification Number. Your personnel or payroll staff will know the number.

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).

### Expenditure line items:

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

## Source of Funds:

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.
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.**
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.
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.
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 here.**
16. Total Funding - The total funding amount is entered on line 16. This is determined by adding lines 12 through 16 and must be equal to line 10 - Total Expenditures.

Total Budget Column - The *Program Budget Summary* is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source (e.g., the Michigan DD Council). 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. The Total Budget column must be completed.**

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

---

Use the *Program Budget-Cost Detail Schedule (DCH-0386)* in the file DDC Budget Forms 2009.xls.

### Header Information

1. Page of - Enter the page number of this page and the total number of pages comprising the complete budget package.
2. Program - Enter the title of the program. (Michigan Developmental Disabilities Council is already entered on the DD Council's version of these forms.)
3. Budget Period - Enter the inclusive dates of the budget period.
4. Date Prepared - Enter the date prepared.
5. Contractor - Enter the name of the contractor (the Implementing Agency, the organization applying for the grant).
6. Original or Amended - Check whether this is an original budget or an amended budget. (If you are responding to an RFP, it is an original.) If an amended budget, enter the number of the amendment to which the budget is to be attached.

### Expenditure line items:

1. Salaries and Wages - 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.**
  - A. Positions Required - Enter the number of positions 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.
  - B. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
  - C. 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).
  - D. Totals - Enter a total in the Position Required column and the Total Salary column. The total salary amount is transferred 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.
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.

3. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **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.** 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. 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).**
4. Supplies & Material - 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).**
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.
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.**
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.
8. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
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%.
10. Total Expenditures - Enter the sum of item 8 and 9 on line 10.



---

# Glossary of Workplan Terms

---

**Activities** are the work a project does with grant and match resources toward achieving the outcomes targeted by the Michigan Developmental Disabilities Council and the grantee organization.

**Examples** include providing supports for people with developmental disabilities, developing inclusive community options, and training service providers about supporting self-determination. Project *activities* result in *outputs*.

**Evaluation** is the way a project collects, analyzes and uses data:

- a. To ascertain the extent to which it is achieving what it set out to do.

**Example:** An employment project’s plan for *evaluation* of its success in helping participants increase their productivity might include:

1. Methods for obtaining the data needed to track changes in the number of hours participants work;
2. Methods for obtaining the data needed to track changes in participants’ total earnings; and
3. Methods for aggregating, analyzing and reporting the data collected.

- b. To improve the performance of the project.

**Example:** A family support project’s plan for *evaluation* of its success in meeting the needs of the people with disabilities and family members they serve might include:

1. Its method for identifying a survey instrument;
2. Methods for administering it and collecting responses;
3. Methods for aggregating and analyzing responses; and
4. Methods for developing and implementing ways to use the information obtained in improving the project’s performance.

**Outcomes** are benefits resulting from the project’s **Activities**. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status. DD Council grant projects may target outcomes like:

- a. **Changes to the system** that improve the ability of people with DD to achieve community inclusion, self-determination.

They may be changes

in the way services and supports are provided for people with developmental disabilities or in the options available to them. **Examples** include a facility-based work activity program converted to community-based supported employment or agency procedures revised to make supports and services more consumer-directed.

**Most** Michigan Developmental Disabilities Council grant projects will have various **levels** of outcomes, with initial outcomes leading to longer-term ones. **Example:** A person with developmental disabilities who improves work skills may get a supported employment position. Experience with that position might lead to better pay and/or competitive employment and help get the income [and/or the self-confidence] to move to a more independent residential setting.

- b. **Changes in attitudes** in the community, including acceptance of community inclusion for people with developmental disabilities; awareness of their abilities and needs; and changes in accessibility of places, programs and activities.
- c. **Benefits to participants** during or after their involvement with a program. **Examples:** A job in the community; a self-determined living situation, improved skills in various aspects of functioning in the community.

**Outcome indicators** are the specific measures that track a program's success on outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome. **Examples:** The number of participants who get community-based jobs, the amount of funding moved from facility-based to community-based work and the number of new community-based options developed for people with developmental disabilities might indicate progress in converting a facility-based program to community-based supported employment.

# Workplan Example

Including Outcomes, Activities, & Indicators

Contract # \_\_\_\_\_ Grantee/Applicant: Orange County CMH Date: \_\_\_\_\_

Quarter # 1 Table rows are set to expand vertically as text is entered. Insert additional rows, or delete unused ones, as needed.

1	2		3
Outcome:	Activity To accomplish what's targeted		Outcome Indicator
What result you will achieve?	a. Who?	b. Does What?	Measure of success, with target number (not %)
Outcome for People EM11: Adults with DD who want to work obtain jobs of their choice and maintain them for more than six months.	Empl services staff	<ul style="list-style-type: none"> <li>· Determine job interest by completing person-centered plans for 10 consumers.</li> <li>· Develop 5 job sites, including needed supports.</li> <li>· Secure jobs for 5 consumers based on their interests</li> <li>· Provide needed job coaching and other supports.</li> <li>· Assess consumers' satisfaction with their jobs.</li> </ul>	5 people with developmental disabilities move from segregated facilities to work in the community this quarter.
Outcome for the System EM13: Segregated employment programs are converted to community-based work in project community.	Mgt team	<ul style="list-style-type: none"> <li>· Review program budget and determine cost per slot.</li> <li>· Prepare written plan with timelines for conversion.</li> <li>· Determine list of consumers and initial referral pool.</li> <li>· Identify staff to provide community based supports.</li> <li>· Provide training for 5 staff.</li> </ul>	\$30,000 funding converted from segregated to community-based programs.
EM 13, con't	Empl services staff	<ul style="list-style-type: none"> <li>· Secure jobs of choice for 5 consumers, using strategies listed in EM 11.</li> </ul>	\$30,000 funding converted from segregated to community-based programs.