

New Jersey Department of Human Services
Division of Developmental Disabilities

Notice of Availability of Grant Funds
April 30, 2013

The NJ Department of Human Services' (DHS) Division of Developmental Disabilities (DDD) hereby announces the availability of grant funds for projects that work to assist young adults with developmental disabilities – ages 16 - 21 – in planning for adult life. Up to **\$500,000** in funding is currently anticipated to be available for FY2014. Please note that this is subject to change based upon budget approval, appropriations, and service demands.

1. Statement of Need & Background

As part of the recent realignment of State government, services for children with intellectual and developmental disabilities have recently been transferred from the Division of Developmental Disabilities (DDD) to the Department of Children & Families (DCF). As a result, with the exception of a small number of children who are either already on the Community Care Waiver (CCW) or are over 18 and receiving residential services, all children with developmental disabilities will now access needed supports and services from DCF until age 21. Individuals will be able to go through the DDD eligibility process for adult services as soon as they reach age 18, but will not be able to access any services from DDD until the age of 21, with the exception of planning related to the shift to adult life.

Additionally, the Department of Human Services (DHS) received approval from the Centers for Medicare & Medicaid Services (CMS) for its proposed Comprehensive Medicaid Waiver on October 1, 2012. DDD has recently revised its regulations related to eligibility to comport with both the realignment and the Comprehensive Waiver. As part of these broad-based systems reforms, DDD will be increasing its focus on assisting individuals starting at age 16 in planning across the life course.

2. Objective

The overall goal is to assist young adults with developmental disabilities in charting a life course for adulthood. This vision should take into account the role and support needs of individuals' families and other caregivers as well as the integration of available support services beyond traditional disability systems into people's lives. Life course planning should include tangible planning related to where an individual will live, what s/he will do for a living, what factors are necessary to ensure a high quality of life, and the roles and needs of an individual's family and community members in their future plans. The expected outcomes for transition-age youth and their families include, but are not limited to, the following seven core areas:

- Identification of a vision and planning across the life course based on the principles of self-direction and choice and taking the role and the needs of family members into account;
- Competency in working, along with appropriate supports, to research and evaluate service providers and make informed choices;

- Preparation for employment and/or post-secondary education, including an understanding of available supports and services related to obtaining and maintaining competitive employment in the general workforce;
- Knowledge of relevant legal and/or financial planning issues related to the life course;
- Preparation for building social relationships and networks outside of the school environment;
- Knowledge and understanding of various and innovative service models for housing and related services; and
- Knowledge of all adult service systems including an understanding of the varying roles & responsibilities of individuals, their families, public and private agencies, disability-specific and other services. Individuals and their families should be given a clear understanding of the types of disability-specific Medicaid Waiver services that DDD will provide as well as how to access other generic, local state & federal resources.

Requests for funding may be for any amount up to \$500,000, but no project will be considered that is not statewide in nature. Funding requests for over \$250,000 must address all seven core topic areas. Quarterly reporting will be required. Contracts will be given for one year. Activities are expected to start no later than September 15, 2013.

3. Scope of Work & Qualifications

Projects funded under these grant awards must meet all of the following criteria:

1. Applicants must be New Jersey based public or private non-profit organizations (registered with the state as a 501(c)(3) agency) or public entities.
2. Applicants must comply with all contracting rules and regulations, as well as all reporting requirements, as specified by DDD.
3. Applicants must have a demonstrated capacity to carry out the proposed project.
4. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed as a consultant for the successful applicant.
5. Applicants must be in compliance with all federal and state laws.
6. Projects must be feasible within the defined budgetary parameters.
7. Applicants must agree to return all unobligated funds to DDD within 30 days after the conclusion of the grant period.

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence that the agency utilizes best practices and cultural competence and will incorporate these practices into the funded project. Proposals that include plans to leverage other available resources – both financial and in-kind – will be given special consideration. Proposals which are sustainable and focus on assisting individuals and their families in accessing innovative models and services will also be given special consideration.

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context

include, but are not limited to, loss of funding, inability of the Applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, and any existing Department Contracts.

Applicants should also review and understand the need to adhere to Executive Order No. 189 (1988) regarding Conflict of Interest. Grantees must also be willing and able to comply with all contracting terms and conditions as delineated in the Department's Contract Reimbursement Manual and Contract Policy and Information Manual (including the Standard Language Document), which can be accessed via the Department's website at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/>.

Applicants must agree to secure and maintain a signed Debarment Certification Statement for all subcontracted funds.

4. Procedure to Apply

Eligible and interested organizations may obtain a copy of the Funding Proposal Package from the Department of Human Services' website at: <http://www.state.nj.us/humanservices/providers/grants/>. Interested organizations may also contact Jennifer Joyce to obtain a copy at:

Jennifer Joyce
Division of Developmental Disabilities
PO Box 726
Trenton, NJ 08625-0726
609-689-3156
Jennifer.Joyce@dhs.state.nj.us

A completed application must include the following:

- Completed & signed Funding Proposal Cover Sheet
- Completed Funding Proposal Application
- Completed & signed Budget Table & Schedules 1-5
- A copy of a Table of Organization for the project (*See Application Section V.*)
- A copy of the job description for all personnel named in the proposal (*See Application Section V.*)
- A list of all subcontractors (*See Application Section V.*)
- Letters of Collaboration (signed and on letterhead) from all entities with whom you will be collaborating to accomplish the project goals and objectives
- A copy of your agency's Table of Organization
- A copy of your agency's most recent organization-wide audit report
- A copy of your agency's code of ethics and conflict of interest policy
- A list of your agency's Board of Directors and Officers
- Documentation of your agency's charitable registration status
- A copy of your agency's certificate of incorporation

- A Statement of Assurances signed by your agency's Chief Executive Officer (or equivalent)
- A signed Debarment Certification Statement

Letters of support will not be accepted as part of the application.

One original copy of your **entire** proposal and two additional packets including only copies of the: (1) Funding Proposal Cover Sheet, (2) Funding Proposal Application, (3) Budget Table & Schedules 1-5, (4) Table of Organization for the Project, (5) Job Descriptions, (6) Subcontractor list, and (7) all Letters of Collaboration, should be sent to:

Jennifer Joyce
Division of Developmental Disabilities
PO Box 726
Trenton, NJ 08625-0726
609-689-3156
Jennifer.Joyce@dhs.state.nj.us

Questions about the application process should be directed to:

Jennifer Joyce
Division of Developmental Disabilities
PO Box 726
Trenton, NJ 08625-0726
609-689-3156
Jennifer.Joyce@dhs.state.nj.us

Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

The deadline for submission of all applications is **5:00 p.m. on May 30, 2013.**

Grantees will be notified by **June 21, 2013.**

Jennifer Velez, Commissioner

Date

**Division of Developmental Disabilities
Funding Proposal Cover Sheet**

Name of Applicant Agency: _____ Federal ID #: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Agency Fiscal Year End _____

Name of Project: _____

Amount Requested: _____

Intended Outcomes (check all that apply):

- Identification of a vision and planning across the life course based on the principles of self-direction and choice and taking the role and the needs of family members into account;
- Competency in working, along with appropriate supports, to research and evaluate service providers and make informed choices;
- Preparation for employment and/or post-secondary education, including an understanding of available supports and services related to obtaining and maintaining competitive employment in the general workforce;
- Knowledge of relevant legal and/or financial planning issues related to the life course;
- Preparation for building social relationships and networks outside of the school environment;
- Knowledge and understanding of various and innovative service models for housing and related services; and
- Knowledge of all adult service systems including an understanding of the varying roles & responsibilities of individuals, their families, public and private agencies, disability-specific and other services.
- Other (Please specify) _____

Authorization to Submit Proposal

Name of Chief Executive Officer (or equivalent): _____

Signature: _____ Date: _____

APPLICANT NAME _____

**Division of Developmental Disabilities
Funding Proposal Application**

D). PROJECT SUMMARY: Please summarize your proposed project. *Please use only the space provided on this page.*

APPLICANT NAME _____

II). STATEMENT OF INTENT: Discuss how this project will fit into New Jersey’s new vision of supporting individuals with intellectual and developmental disabilities across the lifecycle. Clearly justify why this project is needed and who it will impact. Approximately how many people will this program impact?

Use the space provided below and up to one additional page. Please label additional page 2a, and include the applicant name at the top of the page.

APPLICANT NAME _____

III). AGENCY HISTORY & DESCRIPTION OF EXPERIENCE: Please provide the following:

- a. A brief summary of your agency's history and mission;
- b. Your agency's experience in conducting transition and/or related activities;
- c. Your agency's experience working with the targeted population; and
- d. Your ability to leverage other resources to support project activities.

Use the space provided below and up to one additional page. Please label additional page 3a, and include the applicant name at the top of the page.

APPLICANT NAME _____

IV). PROGRAM GOALS & OBJECTIVES: State and explain your project goals and measurable objectives. All goals must be clearly and directly linked to one or more of the identified core outcomes. All objectives under each goal should also be clear and measurable.

Please also include a description of the following:

- a. Any collaboration you anticipate with other agencies and/or organizations;
- b. Any barriers you anticipate in meeting your goals, and how you expect to overcome them; and
- c. Any other resources that you may need to utilize or develop in order to meet your goals.

Use the space provided below and up to three additional pages. Please label the additional pages 4a, 4b, 4c, and include the applicant name at the top of each page.

V). ADMINISTRATION: Describe how your project will be administered, including the following:

- a) **Staffing:** What staff/personnel will be needed to administer your project, including salaried staff, consultants, and volunteers? Attach job descriptions or (where appropriate) an explanation of the necessary skills and qualifications for each position. Also attach a Table of Organization for the project.
- b) **Project Site:** Describe all program sites that will be funded under this project.
- c) **Subcontracts:** Describe all operations that will require a subcontract. Attach a list of the subcontracted providers (if currently known).
- d) **Client Records:** Detail how your agency will collect and use data about the target population and maintain confidentiality of client records. Describe your agency's retention/destruction schedule and policy for client records.
- e) **Monitoring:** Describe how your agency will monitor the project.
- f) **Eligibility & Access:** Describe how access to the project, the project itself, outreach, and referral will be culturally relevant and how any barriers to accessing the population (including language) will be overcome.

Use the space provided below and up to five additional pages. Please label the additional pages 5a, 5b, 5c, 5d, 5e and include the applicant name at the top of each page.

APPLICANT NAME _____

VI. EVALUATION: Discuss in detail how you will evaluate your Project's outcomes.

Use the space provided below and up to one additional page. Please label additional page 6a, and include the applicant name at the top of the page.

APPLICANT NAME _____

VII). BUDGET: Please provide detailed budget information about your project using the table and schedules provided. If one or more of the categories do not apply to your proposal, please write “N/A.”

The final page of the budget must be signed and dated.

APPLICANT NAME _____

**DDD Funding Proposal Application
Budget Table**

BUDGET CATEGORY	TOTAL							UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
A. PERSONNEL (Schedule 1)									
B. CONSULTANTS & PROFESSIONAL FEES (Schedule 2)									
C. MATERIALS & SUPPLES (Schedule 3)									
D. FACILITY COSTS (Schedule 4)									
E. SPECIFIC ASSISTANCE TO CLIENTS									
F. OTHER									
G. GENERAL & ADMINISTRATIVE COST ALLOCATION									
H. TOTAL OPERATING COSTS									
I. EQUIPMENT (Schedule 5)									
J. TOTAL COST									
K. LESS: REVENUE									
L. NET COST									
M. PROFIT									
N. REIMBURSABLE CEILING									
O. UNITS OF SERVICE									
P. UNIT COST									

APPLICANT NAME _____

**DDD Funding Proposal Application
Budget Table – Schedule 1**

Budget Category: Personnel					
POSITION / TITLE OF EMPLOYEE	PERCENTAGE OF TIME / HOURS ON PROJECT	SALARY / HOURLY RATE	TOTAL	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
TOTAL					

APPLICANT NAME _____

**DDD Funding Proposal Application
Budget Table – Schedule 3**

Budget Category: Materials & Supplies				
DESCRIPTION OF ITEM	BASIS OF ALLOCATION	TOTAL COST	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
TOTAL				

