**Request for Applications**

RFA – 2021-3.2a

**TITLE: I/DD LATINX OUTREACH, WEBINARS AND RESOURCES**

**FUNDING AGENCY: North Carolina Council on Developmental Disabilities (NCCDD)*,*** NC Department of Health and Human Services (DHHS), Office of the Secretary

**ISSUE DATE: February 5, 2021**

**DEADLINE DATE: March 5, 2021**

**All applications (included in this RFA announcement) must be received by 5:00 pm EST on March 5, 2021 as an attachment in an e-mail to** **RFAinfo@nccdd.org****. Please notify at least two weeks in advance of the due date if you need application materials in an alternate format or otherwise require accommodations under the Americans with Disabilities Act.**

Direct all inquiries concerning this Request for Applications (RFA) to:

**Electronic Mailing Address:** RFAinfo@nccdd.org

**JoAnn Toomey Melissa Swartz, PhD**

Director of Operations Systems Change Manager

DHHS-NC Council on Developmental Disabilities DHHS-NC Council on Developmental Disabilities

(919) 527-6503 (919) 527-6506

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**Proof of submission: You will receive a return e-mail within 24 hrs., or the next business day, to confirm your submission. If you have not heard from NCCDD in two days, please give us a call.**

***DISCLAIMER: The NCCDD reserves the right to use discretionary judgment on any application they deem appropriate.*****Funds will be distributed consistent with the Council’s mandate in Federal Law for commitment to systems change, advocacy, and capacity building.**

**I. INTRODUCTION/ABOUT NCCDD**

The NCCDD makes funds available to fulfill its mission in accordance with the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) and the Council’s Five-Year State Plan. The NCCDD’s major funding source is the United States Dept. of Health and Human Services, Administration for Community Living, Administration on Disabilities, Office of Intellectual and Developmental Disabilities. The NCCDD makes funds available primarily through competitive bids or Requests for Applications (RFAs). A general description of the current RFA is included in this document.

The North Carolina Council on Developmental Disabilities (NCCDD), authorized under Public Law 106-402, the DD Act, is one of 56 entities of its type in the United States and the territories. The NCCDD is an independent agency located in the NC Department of Health and Human Services (DHHS). Its activities are governed by a 40-member body, appointed by the Governor, and comprised of at least 60 percent people with intellectual or other developmental disabilities (I/DD) and their families. Other members include legislators and policymakers representing various agencies and organizations having a vested interest in people with I/DD. The Council’s quarterly meetings are open to the public.

The mission of the NCCDD is to assure that individuals with I/DD and their families participate in the design of and have access to culturally competent services, supports, and other assistance and opportunities that promote independence, contribution, self-determination, integration and inclusion in the community. The NCCDD achieves this mission by promoting advocacy and leadership, community capacity building and systems change activities. It also serves in an advisory capacity, under state law, to the NC DHHS.

The NCCDD has established goals and objectives in its Five-Year Plan (2017-2021). These goals represent the most pressing needs as identified by stakeholders in North Carolina. These goals are approved by the Council as the framework for its work within the context of the Five-Year Plan.

GOAL 1: By 2021, increase financial security through asset development for individuals with intellectual and other developmental disabilities.

GOAL 2: By 2021, increase community living for individuals with intellectual and other developmental disabilities.

GOAL 3: By 2021, increase advocacy for individuals with intellectual and other developmental disabilities.

For further information on the work of the NCCDD, please see the NCCDD Five-Year State Plan at our website by clicking <https://nccdd.org/the-council/five-year-plan.html>

**II. REQUEST FOR APPLICATIONS**

***INTENT:***

The North Carolina Council on Developmental Disabilities (NCCDD) intends to fund a short-term initiative to provide resources and information to the North Carolina Latinx I/DD community, particularly those with unmet needs, to make connections that can grow in the future between the Council and the Latin-x I/DD community, and to hear the needs of this community and receive recommendations for potential future initiatives. This grant has become possible due to short-term funds available to the Council that need to be expended by September 30, 2021.

***DELIVERABLES:***

The organization chosen by the NCCDD will be expected to:

Host, in collaboration with the North Carolina Council on Developmental Disabilities, a series of five (5) five video/telephone conference events with the I/DD Latin-x community. Four (4) events will offer resources and information. One (1) event will be for listening to the needs of the I/DD Latin-x community and to invite/hear recommendations for potential future initiatives. Event platform must include video, telephone, and chat features.

Webinar topics must include, but are not limited to:

1. Resources available to individuals with I/DD and the Registry of Unmet Needs with a focus on adults;
2. Employment and increasing independence for adults with I/DD;
3. Resources and advocacy for children with I/DD from birth to transition from education to health to preparing for adulthood (Part 1);
4. Resources and advocacy for children with I/DD from birth to transition from education to health to preparing for adulthood (Part 2);

The listening session event:

1. A Conversation with the Council: Participants speak to the Council on the interests and needs of the North Carolina Latin-x I/DD community.

As needed, the Council will work with the chosen organization to identify topic presenters but will not participate in recruiting the presenters. As possible, the Council will support event promotion and marketing efforts, but the chosen organization is expected to widely promote the series of events. The chosen organization should also provide a Spanish interpreter for each event. It should also provide an explicit opportunity for reasonable accommodations to be requested and ensure that any requested reasonable accommodations are provided.

Also, the organization chosen by the NCCDD will be expected to:

* **CONDUCT A SURVEY:** Conduct a survey of at least 100 different individuals, families, and/or providers in the Latin-x community with or who work with individuals with I/DD to determine their needs, potential future work and initiatives, and areas of need for systems change.
* **FACILITATE CONNECTIONS and RECCOMENDAITONS**. Work with the Council to provide connections and recommendations for building connections with Latinx leaders in North Carolina for future initiatives.
* **Prepare a Final Report:** final report including survey outcomes and recommendations for future initiatives.

***ADDITIONAL CONTRACTOR RESPONSIBILITIES:***

Provide NCCDD the mandatory reports (i.e., monthly programmatic reports, monthly fiscal reports for reimbursements, and a final report including survey outcomes and recommendations for future initiatives).

The funding for this RFA will be up to **$25,000.00** for the period beginning **April 1st, 2021** and ending **September 30th, 2021** with required minimum of 25% non-federal matching funds ($6,667).

Definition of a Developmental Disability

Per the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000, section 102(8), “The term 'developmental disability' means a severe, chronic disability of an individual that:

* is attributable to a mental or physical impairment or combination of mental and physical impairments;
* is manifested before the individual attains age 22;
* is likely to continue indefinitely;
* results in substantial functional limitations in three or more of the following areas of major life activity;

(i) Self-care;

(ii) Receptive and expressive language;

(iii) Learning;

(iv) Mobility;

(v) Self-direction;

(vi) Capacity for independent living;

(vii) Economic self-sufficiency; and

reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.”

**III. APPLICANT ELIGIBILITY**

Applications are welcomed from any university, non-profit, for-profit or government agency that demonstrates that their agency is qualified, responsible, and capable of conducting the activities described. Eligible entities include any organizations, agencies, or businesses demonstrating an expertise in the focus area of this initiative. To be eligible, non-profit private entities must submit proof of current 501(c)3 status with a current IRS determination letter dated in the current year. The Council will not consider applications submitted by agencies that do not meet eligibility to apply for funding.

Non-profit applicants must be registered with the North Carolina Secretary of State to conduct business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents

(see [www.sosnc.gov/corporations](http://www.sosnc.gov/corporations)).

***USE OF FUNDS:***

Contract funds may be used to support personnel services, operating expenses, and contracted services. Funds must be budgeted in the categories listed in the line item budget. Applicants must develop a budget narrative to accompany the line item budget. The line item budget and the budget narrative must show a clear relationship between the proposed budget and the proposed activities stated in the initiative plan**.**

**Funds may not support efforts to engage in any political activities or lobbying.**

**IV. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

The following is a general description of the process by which applicants will be selected for funding for this initiative.

* 1. RFA announcements are sent to prospective agencies and organizations, via email, and/or posted on the NCCDD website, the DHHS website, and the NCCDD social media pages.
	2. Applications are due by 5:00 PM Eastern Standard Time on **March 5, 2021**. Electronic submission is required to RFAinfo@nccdd.org
	3. Applications will be evaluated by an RFA Review Committee. The recommendations of this committee will be reviewed by the NCCDD, which reserves the right to accept or reject the Review Committee’s recommendations.
	4. Agencies and organizations are cautioned that this is a Request for Applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.
	5. Application Process Dates Summary:
		+ **February 5th, 2020**: Request for applications distributed to eligible applicants and posted on the North Carolina Council on Developmental Disabilities website ([www.nccdd.org](http://www.nccdd.org)).
		+ **February 18th, 2020:** Interested applicants may attend a Question and Answer Session via Zoom from 1:30 PM. to 3:30 PM Eastern Standard Time. (Details below).
		+ **March 5th, 2021**: Applications due to the NCCDD by close of business, 5:00 PM Eastern Standard Time.
		+ **March 15th**: Award announced.
		+ **April 1st, 2021**:Contract begins.

**RFA Process Question and Answer Session**

**Thursday, February 18th, 2021**

**1:30 pm to 3:00 pm**

Join staff of the NC Council on Developmental Disabilities (NCCDD) on Zoom to hear about two funding opportunities available **NOW.** This virtual question and answer session will allow participants to ask questions about the intent of the grant releases, how to apply, and timing of the request for applications (RFA) process. If you cannot attend the on February 18th but have questions, please write to RFAinfo@nccdd.org.  Following the Q & A Session all questions and responses will be posted to the NCCDD website here: [https://www.nccdd.org//initiatives/apply-here-for-open-rfas.html](https://www.nccdd.org/initiatives/apply-here-for-open-rfas.html).  We look forward to seeing you! See Zoom connection detail below.

Link: <https://www.zoomgov.com/j/1605602373?pwd=N2w0TTZMTUJYaUZxVnJwcEx5OWN3Zz09>

Meeting ID: 160 560 2373

Passcode: NCCDDRFA

Call-in Phone Number: 1 646 828 7666

**V. ATTACHMENTS TO BE COMPLETED UPON AWARD**

All these documents must be completed if your agency is awarded the contract for this RFA. The NCCDD will not execute a contract until it is in receipt of all attachments:

* NCCDD Assurances
* Notice of Certain Reporting and Audit Requirements
* Conflict of Interest Policy/Letter (Contractor’s COI)
* Conflict of Interest Verification – Annual
* Indirect Cost Rate Letter – if applicable
* 501(c)(3) Status Determination Letter/Form (private non-profit agencies) (Note: Public organizations shall submit a document verifying their legal name and tax identification number.)
* IRS Tax Letter
* Annual IRS Tax Exemption Verification Form (private non-profit agencies)
* State Certifications
* Federal Certifications
* DUNS Letter
* Completed Letter to Identify Individual to Sign Contracts
* Completed Letter to Identify Individual to Sign Expenditure Reports
* Certification of No Overdue Taxes (applies to non-governmental entities)
* Proof of Insurance, if applicable

Applicants are encouraged, but not required, to submit the attachments along with their application. If attachments are not submitted and the applicant is selected to receive the funding for this initiative, the attachments must be completed and submitted with the contract. Failure to provide these timely may result in disqualification for funding.

**VI. APPLICATION TO NCCDD**

**I/DD LATINX OUTREACH, WEBINARS AND RESOURCES**

**Application Form (On-line or by e-mail to** **info@nccdd.org****)**

 **(ONLY ONE NAME/ORGANIZATION PER APPLICATION)**

**If you need assistance completing this application, please contact 1-919-527-6500**

Date:

 Name of NC Community-Based Organization:

 EIN of organization:

 Contact Person and title:

 Address:

 Email:

 Phone:

 Website:

***On a separate page, please answer the following questions:***

1. Provide a brief description of how you would meet each of the deliverables of this grant (not to exceed a paragraph for each deliverable).

2. Briefly describe any experience your organization has in doing outreach with, providing resources to, and/or working with individuals in North Carolina’s Latin-x community.

3. Briefly describe any experience your organization has in doing outreach with, providing resources to, and/or working with individuals in North Carolina’s disability community.

4. Explain the need or gap in services that will be served through this grant and how the funds will help meet the need or address the gap in services.

5. How many people with I/DD and family members of individuals with I/DD you expect will benefit from these resources?

6. Describe expected outcomes: What will happen as a result of these resources?

7. How will you demonstrate that you achieved your outcomes: How will you know you were successful? (For example, how will you gather the data? Through surveys, direct observation, individuals’ self- reports?)

8. Who will be responsible for managing this contract for your organization?

*I certify that the information I have provided with this application is true to the best of my knowledge and acknowledge that any omissions or incorrect information will be grounds for disqualification of the proposal.*

Printed Name (e-sig) of Organizational Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (e-sig) of Contact Person for this proposal (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NC COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)** |
| **BUDGET** |
| ***PROJECT TITLE/AGENCY NAME:*** |  |  |   |
|   | NCCDD FUNDS |   | TOTAL |
| POSITION OR DESCRIPTION | REQUIRED | MATCH | PROGRAM COST |
| **STAFF SALARIES/WAGES**(Description: Salaries/Wages only for staff hired by the applicant organization to work specifically on the initiative. This may include professional staff, interns, paraprofessionals, and/or part-time/hourly employees.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **STAFF FRINGE BENEFITS** (Description: Fringe Benefits only for staff hired working on the initiative may include FICA, Unemployment, Worker's Compensation, Health Insurance and/or Retirement Benefits.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **SUPPLIES & MATERIALS**(Description: Supplies and materials may include consumable items that are essential to the program. Examples of allowable supplies include office supplies, computer supplies, medical supplies, furniture, directories and/or journals.) |
| ***Justification - Description is needed for anything over $3,000.00 For example, Office supplies - pens/penicals, folders, note books, case of papers, etcs. Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **STAFF TRAVEL** (Description: Travel costs for staff hired as identified in the budget that is deemed reasonable and necessary.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **CONTRACTED SERVICES/SUBCONTRACTING**(Description: Contracted Services may include essential services which cannot be met by other program staff which specifically relate to the work of the program. The Contracted Services line item must be itemized based on the subcontract agreement. A copy of the contract must be included.) |
| ***Justification - Description is needed for anything over $3,000.00 Attach pages as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **OTHER** (Description: The Other category may include audit services, service payment such as stipends, costs incurred for conferences, postage/mail, internet, printing/copies, training/meetings, cleaning/janitorial, license fees, incentives, participants insurance and bonding and any other services or expenses that will not fit into another category.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **TOTAL** | **$0.00**  | **$0.00**  | **$0.00**  |