Request for Proposal (RFP)

Foundation for Developmental Disabilities

Cycle IX – 2020-2021

The Foundation for Developmental Disabilities (FDD) supports individuals with developmental disabilities and their families when needed services are not available from public or private resources. Through a competitive process, the FDD will award funding for programs to assist people with developmental disabilities and their families in San Diego and Imperial counties.

The FDD may elect to fund all, part, or none of the projects, depending on funding availability as approved by the Board of Directors, and the quality of proposals received. Applications that propose innovative, person-centered service delivery models, as alternatives to the traditional resources described will be favorably considered. **For this cycle, the FDD has established the following priorities:**

* ***Housing***
* ***Employment***
* ***Transportation***
* ***Family Support***
* ***Technology that directly benefits clients and families***

**APPLICANT ELIGIBILITY**

Proposals must be submitted by nonprofit agencies and not individuals. The applicant must have experience in providing services to persons with developmental disabilities.

**SUBMISSION OF PROPOSALS**

Please direct all proposals to:

Foundation for Developmental Disabilities - RFP

6050 Santo Road, Suite 145

San Diego, CA 92124

Email: [mail@foundationfordd.org](mailto:mail@foundationfordd.org)

Proposals must be received by email ([mail@foundationfordd.org](mailto:mail@foundationfordd.org)) **no later than 12:00 noon on March 15, 2021. Proposals received after this deadline will not be considered.**

**PROPOSAL CONTENT AND SUBMISSION**

Proposals must comply with the instructions, format, and timelines described in this request. Proposals should be written in 11-point font. All pages in the proposal must be numbered consecutively on 8½" by 11" paper and include an identifying footer with agency name and project name.

**FORMAT AND APPLICATION REQUIREMENTS**

Each proposal must contain the following:

**1. Applicant/Agency Information Form**

The Applicant/Agency Information Form, Appendix A, included with this RFP, *must* be completed to provide the pertinent information about the applicant. The information provided should indicate the applicant’s ability to implement the proposed project. **This form should contain the dated original signature of an individual with authority to submit the proposal and well as correct contact information for any follow up**.

**2. Proposal Methodology**

In *no more than five (5) pages* the applicant must provide the following information about the proposed project:

1. The applicant’s Theory of Change and the ways that this theory guide the applicant’s programs for persons with developmental disability.
2. Statement of Need: Describe the evidence of need within the population as well as how the project falls within the funding priority areas that have been identified by the Foundation for Developmental Disabilities.
3. The objectives of the proposed project, and the methods by which those objectives will be documented. This should include the applicant’s work plan for the proposed project with corresponding timelines identifying how and when each objective will be met. Be sure to use SMART Objectives:
4. **S:** Specific
5. **M:** Measurable
6. **A:** Attainable
7. **R:** Realistic
8. **T:** Time Bound

For more information on how to create SMART objective please visit: <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

1. The applicant’s proposed use of personnel, including the selection, management, and training of staff. The names and qualifications of any additional consulting/professional staff (if known) that will be associated with the project should be included.
2. Identification of the geographic area within San Diego and Imperial counties where services will be provided.
3. A description of the proposed environment/facilities in which services would be provided, including a description of any special adaptations that may be made to that environment/facility.
4. A description (rates, funding sources, and funding categories) of the on-going funding that will be required to maintain the services that are developed.

**3. Monitoring and Evaluation Plan (limit 2 pages)**

All FDD Grantees will be required to report on the following outcomes in the progress as well as the final reports.

a. Accomplishments

b. Challenges

c. Lessons Learned

d. A compelling story from one of the individuals served through the FDD grant

The Monitoring & Evaluation section must describe the following:

a. Describe how the organization will measure progress towards its goal and objectives, including the tools that will be used for measurement. Some examples of measurement tools include pre and posttest surveys, questionnaires, tracking forms etc. Please include templates or logic models along with your application as a separate marked Appendix.

b. Describe the specific outcomes that will be measured as a result of the proposed project activities.

c. Describe the resources that are available in your organization for monitoring & evaluation. If specific funds from the FDD grant will be used for this purpose, please describe the percentage of funds as well as how they will be utilized.

**4. Budget and Financial Information Form**

The Budget Form, Appendix B, that is included with this RFP, *must* be completed and a copy of current financial statements must be provided along with the application.

**POST GRANT REPORTING REQUIREMENTS**

Each selected project administrator will be required to submit a semi-annual summary describing progress made toward meeting project objectives to the Foundation for Developmental Disabilities. The project administrator will submit a final report upon completion of the project. (Copy of post grant report form is attached)

**PROPOSAL SELECTION PROCESS**

Each proposal will be evaluated by a selection committee. The FDD Board will make decisions based on recommendations of the selection committee. The evaluation will be based on responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. The Proposal Review/Selection Criteria worksheet is included with this RFP. Additional information may be required from selected applicants regarding the proposal submitted prior to the awarding of a contract. References will be contacted, and interviews **may** be conducted.

**The Foundation for Developmental Disabilities reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.**

**FUNDS**

The total funding for project(s) available for Cycle IX is $155,000

**ADDITIONAL INFORMATION**

Any questions regarding the requirements of this RFP should be directed to:

Foundation for Developmental Disabilities – RFP

Attn: Sitara Sethi

6050 Santo Road, Suite 145

San Diego, CA 92124

Phone: 858-256-2990

**APPLICANT/AGENCY INFORMATION Appendix A**

**Applicant/Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person Name and Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant Amount Requested:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the program name, dates that the program started (and ended if needed), and a one sentence description of the type/purpose of the indicated service:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. List two references that can be contacted regards to applicant’s experience, qualifications, and ability to implement this proposal:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Agency Affiliation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Agency Affiliation

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Address Phone

Application Submitted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET FOR GRANT PROJECT Appendix B**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category**  **Project Expenses** | **Total Budget** | **Use of FDD Funds** | **Other Sources**  **(Include amount and name of source)** |
| 1. Salaries & Wages 2. Fringe Benefits 3. Consultant/Contract   Services/Speakers |  |  |  |
| **Total Personnel Budget** |  |  |  |
| 1. Office/Facility Rent/Cleaning Fees 2. Utilities – All (Electric, Gas, Phone, etc.) 3. Equipment, Office 4. Equipment - Program Related 5. Printing & Other Promotional Costs 6. Travel/Conferences 7. Other (specify) |  |  |  |
| **Total Non-Personnel Budget** |  |  |  |
| **Total Project Budget** |  |  |  |

Notes:

SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Signature Date

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**FOUNDATION REQUEST FOR PROPOSAL**

*PROPOSAL REVIEW/SELCETION CRITERIA*

Applicant/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **A. Agency Description** |
| 1. The applicant/agency has prior relevant experience and credentials in the developmental disabilities and/or mental health field. |
| 2. The applicant/agency’s philosophy is positive, client oriented and appropriate to the goals of the proposed project. |
| 3. The applicant/agency’s history indicates the capability of developing, managing, and operating the proposed project in San Diego and Imperial counties. |
| **B. Project Description** |
| 1. The expected service outcomes are clear and consistent with the goals of the proposed project. The applicant uses SMART objectives. |
| 2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project. |
| 3. The plan for providing services, including the description of the needs of the clients who will be served, is consistent with the goals of the project. |
| **C. Work Plan/Timelines** |
| 1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project. |
| 2. The timeline for project development is realistic and meets deadlines. |
| **D. Budget/Finances** |
| 1. The applicant/agency’s financial statement reflects sound fiscal practices. Assets are enough to undertake the proposed project. |
| 2. The budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project. |
| 3. The estimate for on-going service rates is cost-effective and consistent with funding for similar programs. |
| **E. Proposal Responsiveness** |
| 1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP. |
| **F. Project Sustainability** |
| 1. The proposal identifies sources for funding to continue project after start-up. |

**Post Grant Report**

*The Foundation requires every grant recipient to submit a grant report.  These reports are reviewed by the Foundation’s staff and shared with the Board, and they become part of a grant recipient’s application portfolio if the organization reapplies for funding. Attach additional pages as necessary.*

**Grantee Information**

|  |  |
| --- | --- |
| **Grantee Organization Name and Address:** | **Primary Contact Name:**    **Phone:**  **Fax:**  **Email:** |

**Award**

|  |  |
| --- | --- |
| **Award Amount:** | **Award Period:** |
| To date, Grant Recipient has spent grant funds totaling: $\_\_\_\_\_\_\_\_\_\_\_\_. | **Program Area:** |

**Program Summary (Please describe the following in a brief paragraph)**

* The purpose of the program
* The number and demographics of the people that were to benefit from the program as described in your grant proposal
* The actual number and demographics of people who did benefit from your program as described in your grant proposal
* Key activities
* 3+ pictures of your program in action as separate attachments in JPEG format

**Outcomes (this will constitute most of your report)**

* List the intended outcomes of your program (as stated in your grant proposal)
* Provide evidence that your outcomes were met (both qualitative and quantitative impact)
* If any intended outcomes were not achieved, please provide a detailed explanation

**Conclusion**

* Describe any future plans for the program.
* Describe how the program will be funded going forward.

**Attachments**

***Please attach copies of public recognition, awards, news articles as well as photos related to this grant.***

**Post Grant Meeting:**

The post grant evaluation may also include a site visit from a representative of the Foundation. In the event this is to occur, we will contact you in order to arrange an appropriate time.

**If you have any questions regarding the completion of the post grant report, please contact the Foundation office.**

**Prepared By**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[signature] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[printed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Approved By**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[signature] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[printed] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Please return the completed form as a Word or PDF attachment via email to: Sitara Sethi; mail@foundationfordd.org A confirmation email must be received for the submission to be valid. If you do not receive a confirmation email within three days, please resend or call the Foundation Office at (858) 256-2222.