

## PROPOSAL COVER – FY 2022-2026

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Project Name</b> (provide 1 line descriptive name)   |   |   |  |  |
| <b>Organization/Applicant Name</b>  |   |   | <b>Website Address:</b>                  |  |
| <b>Organization/Applicant Address</b>   | <b>Street (floor/Suite #)</b>                     | <b>City &amp; State</b>   | <b>Zip Code</b>                          | <b>Federal ID or EIN</b>   |
| <b>Project Period</b>   | <b>Starting period (xx/xx/xxxx)</b>               |   | <b>Ending Period (xx/xx/xxxx)</b>        |  |
| <b>Type of Applicant</b> (For Profit, Non-Profit, School Dist, County, Corporation, Other)<br>Please list here: | <b>Indicate the applicable NJCDD goal:</b>        |   |  |  |
| <b>Total Funding Period (per RFP)</b><br>Δ 1 Year<br>Δ 2 Year<br>Δ 3 Years                                      | <b>NJCDD Total Year One Funds Requested</b><br>\$ | <b>Match Funds</b> (25% non-federal funding match required)<br>\$ | <b>Total Funds (NJCDD + Match)</b><br>\$ | <b>Grant Type (Poverty or Non Poverty)</b><br>Δ Poverty<br>Δ Non-Poverty |
| <b>Applicant Contact Information</b>  | <b>Name:</b>                                      | <b>Tel:</b>   | <b>Email:</b>                            |  |
|   | <b>Title:</b>                                     | <b>Fax:</b>   |  |  |
| <b>Contact Information of Organization's Signatory (if different from above)</b>                                | <b>Name:</b>                                      | <b>Tel:</b>   | <b>Email:</b>                            |  |
|   | <b>Title:</b>                                     | <b>Fax:</b>   |  |  |

### Contractor Certification

I, ( \_\_\_\_\_ ) certify that I am the ( \_\_\_\_\_ ) of the corporation, or organization named as contractor in the foregoing assignment; that is eligible to apply for and receive funds from the New Jersey Council on Developmental Disabilities and that this application is devoid of any conflict of interest or illegal or inappropriate solicitation practices on the part of the applicant or any of the applicant's representatives. As required, the above organization, association or individual has completed (or will complete) the required documentation pursuant to N.J.S.A. 19:44A-20.13-20.25, formerly *Administrative Order 134*, as indicated, as well as all other required certifications and assurances required under this funding notice. (For a complete packet of funding certifications and assurances, please email grants@njcdd.org)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**Project Abstract: Application Summary**

*(2,000 characters – 11 point Arial font; 1.15-line spacing)*

[Empty rectangular box for project abstract content]

## I. Organizational Qualifications

1. Summarize your organization's qualifications to conduct the proposed project including prior experience working with people with intellectual/developmental disabilities (I/DD).
2. Provide a short job description and function of each staff members involved in administering the proposed project.
3. Identify the origination's experience and efforts to include New Jersey's diverse cultures and communities, specifically people with I/DD and their families who are targeted in the RFP and/or identify as historically underserved communities including but not limited to those who are Black, Hispanic, Asian, have limited English proficiency and/or identify as LGBTQ+.
4. Identify all organizations, subcontractors and consultants collaborating on the proposed project with you and provide a **BRIEF** one paragraph description of their role. (*A Partner Agreement must be signed and attached for all organizations, subcontractors and consultants associated with funding under this proposal – See Attachment*)

## II. Targeted Population

1. Describe the population demographics the proposed project will reach. Are they in a federally-identified poverty area?
2. Demonstrate that your organization is culturally and linguistically competent to serve the target population identified in the RFP.
3. Demonstrate how outreach activities for your proposed project will include New Jersey's diverse cultures and communities.

**I. and II. Organizational Qualifications and Targeted Population:** *(4,000 characters with space maximum – 11 point Arial font; 1.15-line spacing)*

[Empty response box for organizational qualifications and targeted population]

### **III. Project Narrative:**

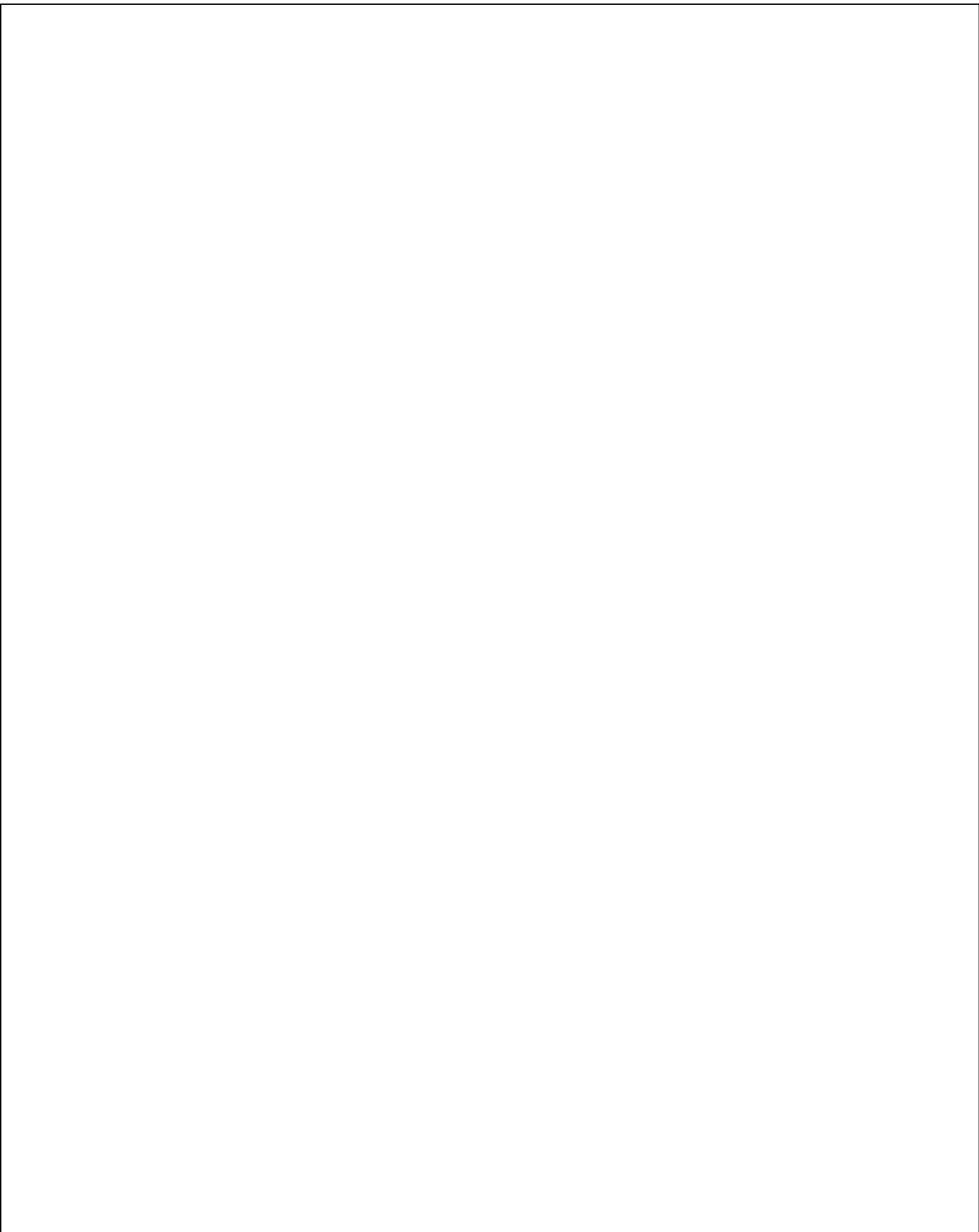
The purpose of NJCDD grants is to support innovative projects that create long-term benefits in terms of systems change, capacity building and advocacy. This envisions program models, training, or other activities that can be replicated and can serve as demonstration projects for those not directly involved in the original project. Projects should have the potential to increase the productivity, independence and/or self-determination of people with developmental disabilities in alignment with the specific RFP requirements. The Proposal must include details related to each of the Implementation Targets/Deliverables as identified in the Request for Proposals.

Please answer the following questions or provide the requested information:

1. Provide a short proposed project abstract of the proposal as required in the RFP.
2. Explain how the proposed project builds capacity and or promotes systems change or advocacy efforts in alignment with the specific RFP requirements.
3. Explain the long-term benefits for people with I/DD and their families.
4. What possible barriers or challenges do you anticipate while administering the proposed project, for example, you need family buy-in for your proposed activities or you may have some difficulty recruiting participants.
  - a. If applicable, please describe how you will remove or address these barriers
5. Explain the role of people with I/DD in the proposed project?
  - a. Are there barriers to full participation by people with I/DD?
    - i. If yes, please describe how you will remove or address these barriers.
  - b. If people with I/DD are directly involved in the proposed project, e.g. for training, please provide the location. Are there any transportation or physical barriers?
    - i. If yes, please describe how you will remove or address these barriers.
6. If this is a multi-year project, please explain the overall plan and the desired outcome(s) for each of the years up to three as indicated in the RFP.

**III. Project Narrative Answer** (10,000 characters with space maximum – 11 point Arial font; 1.15-line spacing)

A large, empty rectangular box with a thin black border, intended for the project narrative answer. It occupies the majority of the page's vertical space.



#### **IV. Sustainability and Replication** (please use additional attachments if necessary)

Sustainability is a widely used term that describes the ability to endure. In this case, it's the project's ability to continue beyond the grant period.

- 1. Explain why your particular project is a sound investment for NJCDD both programmatically and financially.**
  
- 2. SUSTAINABILITY PLAN**
  - a. For the proposed project, what are your current financial and programmatic resources, e.g. support staff, volunteers, etc.?**
  
  - b. What is required financially and programmatically to sustain this project on an annual basis (if applicable)?**
    - i. Will the amount of funding necessary remain static or will it increase/decrease as the program continues? Please explain.**
  
  - c. Will NJCDD be the sole source of funding for this project?**
    - i. If no, please list your other funding sources.**
  
  - d. If applicable, explain how you plan to continue the proposed project both financially and programmatically, once NJCDD funding has ended.**
    - i. If you currently don't have other funding sources, please list potential funding sources and how you will go about obtaining them.**
    - ii. Do you have partners or are you working with or outside agencies or community partners? What is their contribution?**
    - iii. Is it possible to leverage funds received from NJCDD? Are there other organizations that can share resources?**
  
  - e. Please suggest a timeline for sustainability, for example, a project's first year might be spent marketing the program and the second year activities would demonstrate its' viability, etc.**
  
  - f. Detail how you will monitor and evaluate your sustainability progress.**
  
- 3. If applicable, please explain how your proposed project can be replicated or disseminated on a wide-scale basis**



**IV. Sustainability/Replication Answer** (4,000 characters with space maximum – 11 point Arial font; 1.15-line spacing)

Empty rectangular box for the Sustainability/Replication Answer.

## **V. GOALS & TIME LINES** (please use additional attachments if necessary)

**Goal** – The result or achievement toward which effort is directed. For this request, goals are **LONG TERM** benefits to people with I/DD), e.g. *This project will provide a means for systemic change by expanding self-advocacy so people with I/DD can organize and advocate for the supports needed for community living.*

**Objective** – An action intended to move toward a larger goal. Objectives are **SHORT TERM** benefits to people with I/DD, e.g. *People with intellectual/developmental disabilities are able to communicate more meaningfully with other people about various topics important to their community.*

**Input** – The resources used to undertake the activities through which the objectives and the goal are achieved, e.g. *funding, staff time, equipment, volunteers, etc.*

**Activity** – what the program does with the inputs (resources) to achieve the objective and goal, e.g. *Provide technical training to people with I/DD on setting up and using email.*

**Output/Outcome** – the specific measurable results of the project activities, e.g. *20 people with I/DD will learn how to use an email account.*

*The output must be measurable and show progress toward the objective which ultimately results in achieving the goal*

1. Please list each goal(s) (long-term benefit) with accompanying objective(s) (short-term benefits);

Please provide the following for each objective:

- Activities
  - Output(s)/Outcome(s)
2. As a grantee, you will be required to report quarterly progress. Please detail the specific tools you will use to measure and report progress toward each outcome which ultimately results in achieving objectives and goals.

The proposal shall demonstrate how the organization will collect and report a breakout of specific demographic data of any proposal participants to include but not limited to: The number of people with I/DD and/or family members, gender, racial/ethnic diversity, and urban or rural setting. Specific reporting categories will be made available after award.

*Note: You can have more than one objective for each goal and likewise multiple activities for each objective.*

3. Please detail the following:
  - the final deliverable (s) to NJCDD at the end of the grant period.
    - i. For example, a manual, web site. Training curriculum, number of people with I/DD trained, etc.
    - ii. Collaborations achieved

**V. Goals & Timelines Answer** (4,000 characters with space maximum – 11 point Arial font; 1.15-line spacing)

[Empty text box for answer]

## **VI. Budget Narrative and Justification:**

**This section supports the figures entered in the Budget Forms.**

**The organization is required to explain why each item listed in the budget detail is necessary and how it is related to the project goal, objective and activity.**

**The organization is also required to provide explanation on whether the amount allocated for each line item is reasonable and necessary in relation to the goal, objective and activity for the project.**

**The organization is required to provide this information for all NJCDD and all match funds reported in the budget detail.**

**Definitions of terminology as related to the NJCDD budget narrative and justification:**

- 1. Methodology: the specific calculations that the organization used to determine the amount of funds entered in the budget detail.**
- 2. Justification: a specific, acceptable reason why the organization feels that the requested salary(s), operating costs, etc. are required to carry out the activities for the NJCDD project.**

**Detail methodology and calculations are required for all funds listed in the budget detail, salaries, fringe benefits, all budget categories, and match costs.**

**VI. Budget Narrative and Justification** (4,000 characters with space maximum – 11 point Arial font; 1.15-line spacing)

[Empty text box for budget narrative and justification]

# FY-2023 Partner Agreement

Proposal for:

Lead Applicant/ Organization  
Partner Organization/ Person:

## Partner Contact Information Address

Street:

City: State: Zip

Contact Name

Telephone: Fax:

Email:

### I Confirm the Following Partner Role:

*Provide a brief abstract of your role in the proposed project (1500-character limit) If the partnership is with a specific individual, please include resume or CV.*

I certify that this application is devoid of any conflict of interest or illegal or inappropriate solicitation practices on the part of the partner entity and that the above is a true representation of the role to be played in the project by the partner entity.

\_\_\_\_\_  
Signature  
*Partner Organization Authorized Representative*

\_\_\_\_\_  
Date:

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

\_\_\_\_\_  
Title

Please complete as many copies of this form as required; one for each partner.