Developmental Disabilities Council of Oklahoma

Council Proposal Application for Contract Funding Fiscal Year 2028

The Developmental Disabilities Council of Oklahoma (DDCO) welcomes unsolicited funding proposals to fund activities to advance the independence, productivity, and inclusion of individuals with developmental disabilities and their families. **This application is for work done between July 1, 2027 and June 30, 2028.**

* Required

Part 1 - Contact Information

1

What is today's date?

2

Name *

Full Legal Name of Organization

3

Mailing Address *

4

City *

5

State *

6

Zip *

7

Email *

Jane.Doe@okdhs.org

Please enter your email address in the format shown here.

8

Phone number *

9

Website

State Plan Goals

To qualify for funding, projects must meet one of the goals in our 5 Year State Plan. The state plan is available for review https://oklahoma.gov/ddco/about/state-plan.html.

10

Select goal: *

What goal from the Council's 5-Year State Plan are you addressing?

- ◯ **Goal 1 – Making Information Easy to Find and Use** - Make it easier for Oklahomans with intellectual and/or developmental disabilities and their families to find and understand information about services, supports, resources.
- ◯ **Goal 2 – Advocacy and Awareness** - Support the creation of community activities that value Oklahomans with intellectual and/or developmental disabilities and support them in speaking up and making their own decisions.
- ◯ **Goal 3 – Supporting Families and Caregivers Over Time** - Provide caregivers and families with the support needed to ensure their long-term well-being.

Part 2 - Disclosure of Potential Conflict of Interest

The State of Oklahoma prohibits persons and organizations from participating in the development of a competitive contract where they may receive an actual or perceived benefit. The following questions assist us in making this determination.

11

Will others help with work? *

Does this application specify a person or organization that will complete any part of the work described within the proposal or application?

- ◯ Yes
- ◯ No

12

Relationships *

Do you have any personal, professional or financial relationships with the organizations listed in 11 above?

- ◯ Yes
- ◯ No

13

Explain relationships:

If you answered yes to either question 10 or 11, please explain in detail, the names and relationships listed.

Proposal

The Council thoughtfully reviews complete and accurate submissions at the committee level. The information provided in Part III will assist committee members in understanding your application and expectations.

14

Proposal overview: *

Provide a written overview of the proposal (no more than 750 words).

15

Needs assessment:

Has a needs assessment been completed? If no, why not?

16

Who will do the work? *

List all people and organizations proposed to work on the project.

17

Experience and qualifications *

Describe the experience and qualifications of the persons and or organization proposed to provide goods and services associated with the proposal.

18

Will this meet our goals? *

Describe how the proposal will help DDCO meet the goals in its 5-Year State Plan found at https://oklahoma.gov/ddco/about/state-plan.html.

19

Targeted group:
*

Define the population targeted by describing the age, region, familial status, learning or support needs, type of disability. The Developmental Disabilities Council must serve people with a developmental disability and/or their families. Our webpage https://oklahoma.gov/ddco/about/about-the-council.html provides further information about the definition of developmental disabilities.

20

Impact on target:
*

Describe the impact on the targeted group.

21

Impact for people with DD:
*

Tell us about the impact this work will have for people with developmental disabilities.

22

Is this a duplication or expansion?

*

Is the proposal a duplication or expansion of work already being done in Oklahoma or elsewhere ? If yes, describe what is being duplicated and what makes this project unique or different.

23

Best practices in the field of developmental disabilities?

*

Explain best practices that will be used and how they will be incorporated. Please cite source material.

24

Systems Change *

When the work is complete, how will it have provided systems change to programs or services for people with developmental disabilities?

25

Where will this be implemented?

*

Will the proposal be implemented or offered statewide? If no, define the counties and cities served and the rationale for why these locations were selected.

Performance Measures

The DDCO is required to provide performance measure reports to evaluate the effectiveness of our activities. As a result, DDCO requires contracted vendors to submit performance measure reports prior to receiving final payment. Performance reports include actual counts and / or the collection of survey information. As a required component of the application, provide projected data for the following performance measures. (Not all measures are applicable. You may identify measures not applicable to this application as "N/A to this activity") All contractors will be required to collect baseline data to evaluate outcomes. *Note: IFA = individual and family advocacy; SC = systems change.*

26

IFA1:1

The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take art in decisions that affect their lives, the lives of others, and or systems.

The value must be a number

27

IFA 1.2

The number of family members who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and or systems.

The value must be a number

28

IFA 2.1

After participation in the contractor's project activities, the number of people with developmental disabilities who report increasing their advocacy because of Council work. This measure will require a baseline percentage and post-activity percentage.

The value must be a number

29

IFA 2.2

After participation in the contractor's project activities, the number of family members who report increasing their advocacy because of contractor's work. This measure will require a baseline percentage and post-activity percentage.

The value must be a number

30

IFA 2.2.1

The number of people who are better able to say what they want or say what services and supports they want or say what is important to them. Percentage derived from total number of people who received a service or support because of the contractor's activities. This measure will require a baseline percentage and post-activity percentage.

The value must be a number

31

IFA 2.2.2

The percentage of people who are participating now in advocacy activities. Percentage derived from total number of people who received a service or support because of the contractor's activities. This measure will require a baseline percentage and post-activity percentage.

The value must be a number

32

IFA 2.2.3

The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions. Percentage derived from total number of people who received a service or support because of the contractor's activities. This measure will require a baseline percentage and post-activity percentage.
Note: The names of these boards/organizations must be reported.

The value must be a number

33

IFA 3.1

The number of people with developmental disabilities satisfied with a project activity. Percentage derived from total number of people who received a service or support because of the contractor's activities.

The value must be a number

34

IFA 3.2

The number of family members satisfied with a project activity. Percentage derived from total number of people who received a service or support because of the contractor's activities.

The value must be a number

35

SC 1.1.1

The number of policy and or procedures created or changed.

The value must be a number

36

SC 1.2.1

The number of statutes and or regulations created or changed.

The value must be a number

37

SC 1.3.1

The number of promising practices created.

The value must be a number

38

SC 1.3.2

The number of promising practices supported through Council activities.

The value must be a number

39

SC 1.3.3

The number of best practices created.

The value must be a number

40

SC 1.4.1

The number of people trained or educated through Council systemic change initiatives.

The value must be a number

41

SC 1.5.1

The number Council supported systems change activities with organizations actively involved.

The value must be a number

42

SC 2.1

The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute, or regulation changes.

The value must be a number

43

SC 2.2

The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

The value must be a number

44

SC 2.1.1

The number of policy, procedure, statute, or regulation changes improved as a result of systems change.

The value must be a number

45

SC 2.1.2

The number of policy, procedure, statute, or regulation changes implemented.

The value must be a number

46

SC 2.1.3

The number of promising and/or best practices improved by systems change activities.

The value must be a number

47

SC 2.1.4

The number of promising and/or best practices that were implemented.

The value must be a number

Additional info:

Additional Requirements for funding

48

FINANCIAL INFORMATION *

Include a detailed revenue and expenditure budget, in a proper accounting format, detailing the total costs and revenues of the proposal.

Identify the amount requested from DDCO within the context of the budget. DDCO requires match funding of 25%. Matching funds are based on the total budget and can be from other sources, except federal. In your budget, please explain the source of your match.

Identify projected funding sources not currently in place. Provide a narrative explaining each category of expenditure and source or revenue associated with the project. Revenue sources include but are not limited to conference registration fees, third party grants, booth rentals, in-kind contributions, etc.

If space does not permit the details necessary, please email to Jennifer.Robinson@okdhs.org and include the Project Name in the subject line.

49

STATEMENT OF WORK *

Provide a proposed statement of work (SoW) for the contractual requirements detailing the goods and services you will provide in exchange for DDCO funding.

50

Sustainability Plan *

(Required for recurring requests) The Council can determine to fund an activity for a maximum of 5 years. Continuing projects are expected to be self-sustaining by the end of the contract period. Include a detailed plan and timeframe for the project to become self-sustainable, including projected budgets, identified partners, and annual funding goals for each year.

51

Logic Model - required for contracts in excess of $5,000

A logic model is a tool used by the Council to evaluate the effectiveness of the program. There are no specific formats for your logic model.

52

Are you a registered vendor with the State of Oklahoma? *

- ◯ Yes
- ◯ No

53

State Supplier ID *

If a registered vendor with the state of Oklahoma, please provide the 10-digit supplier ID.

The value must be a number

54

Is the proposed vendor applicant an IRS Registered 501(c)3: *

- ◯ Yes
- ◯ No

55

Is the proposed vendor a Government entity: *

- ◯ Yes
- ◯ No

56

If yes to 55:

Provide the type of government entity and name of organization.

57

Is the proposed vendor a tribal nation: *

- ◯ Yes
- ◯ No

58

If yes to 57:

If yes to question 57, please provide tribal nation.

59

Sole proprietor? *

Is the proposed vendor a sole proprietor:

- ◯ Yes
- ◯ No

60

Registered partnership? *

Is the proposed vendor a registered partnership?

- ◯ Yes
- ◯ No

61

Registered corporation? *

Is the proposed vendor a registered corporation?

- ◯ Yes
- ◯ No

62

SS# or FEI#: *

The value must be a number

Contact information

63

Name *

Person with contract signatory authority / title / Phone number / email address

64

Primary Contact *

Name of individual to contact regarding contract performance & operations / Title / Phone number / E-mail address

65

Legal Notices *

Name of individual to send legal notices / Title / Phone number / E-mail Address

66

Finance Contact *

Name of individual responsible for finance and accounting / title / phone number / e-mail address