**VIRGINIA CENTERS FOR INDEPENDENT LIVING AND SATELLITE CENTERS FOR INDEPENDENT LIVING**

**FIVE YEAR GRANT APPLICATION**

**(A One-Year Grant Award with Four Consecutive Renewals)**

**July 1, 2012 – June 30, 2017**



**Granting Agency:**

## VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES

**Attn:** [**Theresa Preda**](mailto:Theresa.Preda@drs.virginia.gov?subject=CIL%205%20Year%20Grant%20Applicaiton)

**8004 Franklin Farms Drive**

**Richmond, Virginia 23229**

**Due Date:**

**June 1, 2012 at 5:00 P.M.**

**Applications submitted after this date and time will not be considered for funding**

I. Introduction

In keeping with the provisions as set forth in Virginia Code Chapter 4, Section 51.5-14 and Chapter 6, Section 51.23 through 29, and the guidance and direction of the Executive Branch of the Commonwealth of Virginia, the Department of Rehabilitative Services acknowledges and accepts its role in the development, coordination, and administration of funding for Centers for Independent Living (CILs) in Virginia. This role includes endorsement of, and commitment to, a philosophy of independent living and consumer control in the delivery and planning of services.

As part of the role stated above, the Department of Rehabilitative Services is pleased to request five year applications (One year grant award with four consecutive renewals) for July 1, 2012 through June 30, 2017, from existing Centers for Independent Living and Satellite Centers for Independent Living in Virginia.

This packet of information is designed to gather programmatic and budget information that will document the delivery of Independent Living services at each Center. Applications will be reviewed by Department of Rehabilitative Services Program staff for **completeness, accuracy**, and **conten**t. Failure to submit a comprehensive grant application will result in the delay or denial of funding.

**Centers that maintain oversight of a Satellite Center MUST submit a grant application for that Satellite, separate from the Center application.**

(NOTE: Questions may be received up to, but later than, May 25, 2012 at 4:00 P.M.)

II. Application Process

The Application Package includes:

1. Application Cover Sheet
2. Program Narrative
3. CIL Program Achievements
4. Five Year Work Plan
5. Budget Detail and Narrative
6. Programmatic Compliance Documentation
7. Signed Assurances

**Satellite Grant Applications must include the following:**

1. Application Cover Sheet
2. Program Narrative, Sections A, B, and C
3. Budget Detail and Narrative
4. Programmatic Compliance Documentation: Staff roster, board roster, and organizational chart

**Submit all application documents electronically to the Independent Living Unit on or before 5:00 pm on June 1, 2012.**

III. Application Package Requirements

1. Cover Sheet

The enclosed cover sheet for the grant application should be filled out completely. A separate cover sheet should be used for each Satellite Center for Independent Living. Please note that this identifies your application packet for review.

**Signatures must be submitted electronically with the CIL’s grant application**

1. Program Narrative

The program narrative information is outlined below, and mirrors Federal Grant Proposal information. To facilitate review of the Five Year Grant Application, please identify the narrative responses concurrent with each section below. Limit your response to fifteen pages or less, but ensure that you completely answer each section below.

* 1. The Continued Need for the Center for Independent Living.
     1. The continuing needs addressed by the Center
     2. How those needs are identified through data
     3. How the needs are currently met and will be met over the next five years
     4. Any differences from previous grant years
     5. Benefits to consumers and the community as a result of the CIL
     6. How performance and/or success in meeting needs is measured

Click here to enter text.

* 1. Involvement of Individuals with significant disabilities.
     1. Present information showing how individualswith significant disabilities are involved in the daily operation and maintenance of the Center.
     2. Present information showing how individuals with significant disabilities, or their authorized advocates or representatives, are substantially involved in planning, policy direction, and management of the center.

Click here to enter text.

* 1. Center Operation
     1. The extent to which management ensures proper and efficient administration of the Center
     2. How the Center ensures that consumers who are eligible for services are selected without regard to race, color, national origin, gender, age, or disability
     3. How the Center will provide equal access to services for consumers who are eligible (as defined by Title VII of the Act) and who are members of groups that have been traditionally under-represented , including members of racial or ethnic minority groups, women, elderly individuals, and children and youth

Click here to enter text.

* 1. Meeting the standards and the assurances of the Rehabilitation Act and State Code.
     1. Evidence of demonstrated success in satisfying Federal Standards and Assurances
     2. How the Center’s Five Year Work Plan is developed and meets requirements as set forth in Federal Standards and Assurances

Click here to enter text.

* 1. Evaluation plan.
     1. How successful the Center is in meeting yearly/ long term goals and objectives
     2. How the plan produces quantifiable (measurable) data.
     3. How yearly consumer satisfaction data is collected (i.e. such as surveys).’

Click here to enter text.

* 1. Nursing Home Transition.
     1. How the Center calculates number of individuals transitioned from nursing home to community
     2. How the Center calculates number of individuals prevented from entering a nursing home
     3. The Centers primary nursing home transition activities

Click here to enter text.

* 1. State Plan for Independent Living (SPIL) Alignment.
     1. How the Center’s goals and objectives align with the goals set in the current SPIL
     2. Please note, that as a new SPIL is created, grant modifications may be required for this item.

Click here to enter text.

1. CIL Program Achievements

Please complete the attached “CIL Program Achievements” form. This form demonstrates programmatic compliance with the annual 704 report, and delineates consumer service goals for the Center.

1. Five Year Work Plan
   1. This must include five year/annual goals, objectives and action steps, and anticipated outcomes for the planning period. Annual updates indicating progress towards completion of goals, and new goals, are required with grant renewals.

Click here to enter text.

1. Budget Detail and Narrative

[Use the template provided to submit budget projections each year.](http://www.vadrs.org/cbs/downloads/FY2013-2017CILBudget.xls) **Only budget projections for year one (Fiscal year 2013) must be submitted with this grant application. Budget projections for years two through five will be required with future grant renewals and/or modifications.** The budget amount for year one of the five-year grant is based on the allocation for FY 2013. Future increases that may occur will be awarded through Grant Award modifications.

The following budget detail and narrative items are required in all applications:

1. Salaries and wages
   * 1. List staff positions by title, incumbent’s name, and whether the position is full-time (FT) or part-time (PT).
     2. delineate each funding source
     3. List percent of staff time allotted to each funding source/project.

Click here to enter text.

1. Fringe Benefits
2. List the type of benefit and the budget amount (i.e., FICA, health

insurance, life insurance, retirement, worker’s compensation, unemployment insurance, etc.).

Click here to enter text.

1. Staff Travel, development, and training
2. List whether Routine (mileage) or Development/Training (mileage, lodging, registration fees, etc.). Vendor mileage may only be reimbursed at a rate other than the state rate if provided for in a contract.

Click here to enter text.

1. Equipment and equipment maintenance
   * 1. Identify planned equipment purchases (i.e.,copy machine, computer/computer software, conference table, etc.), and equipment maintenance contracts. Equipment purchases must comply with state procurement policy.

Click here to enter text.

1. Supplies
   * 1. Identify the types of supplies that will be purchased and budget for each general type (i.e., office--paper, pens, pencils, envelopes, tape, paper clips, etc.; meeting--cups, coffee, etc.), etc.).

Click here to enter text.

1. Contractual

Identify the contractual services that will be purchased and budget for each type (i.e., personal assistance for meetings/groups, interpreter services, trainers/presenters, accounting/audit/legal, etc.). FICA cannot be reimbursed by DRS for independent contractors.

Click here to enter text.

1. Facilities
   * 1. Identify and budget for each type (i.e., rent, utilities (gas, electric, water),

telephone, janitorial/janitorial supplies, etc.).

Click here to enter text.

H. Other

1. Include and list individually all other budgeted items which do not fit elsewhere in the budget worksheet (i.e., annual awards, membership dues, subscriptions, postage, Board expenses, liability insurance, professional/corporate fees, services to consumers, etc.)

Click here to enter text.

I. New State IL Funding Allocation

i. The 2013 General Assembly IL funding increase must clearly be allocated for direct services, above and beyond existing funding for such services. Please highlight the use of said funds on the budget spreadsheet.

Click here to enter text.

J. OTHER SOURCES OF FUNDING:

1. List all sources and amounts of funds other than State, (i.e., anonymous donors, United Way, DRS fee-for-service, RSA grant, WID grant, VBPD grant, etc.).

Click here to enter text.

1. Programmatic Compliance Documentation for years 1-5.

The following items are required in completing the grant application. Updated copies must be submitted for renewal years.

* 1. Board Roster. To be submitted with grant application and yearly grant renewal. The Roster must indicate:
     1. the number of individuals with disabilities, and
     2. the number of individuals of minority status.

Click here to enter text.

* 1. Staff Roster. To be submitted with grant application and yearly grant renewal. The Roster must indicate:
     1. the number of individuals with disabilities, and
     2. the number of individuals of minority status.

Click here to enter text.

* 1. Organizational Chart.

Click here to enter text.

* 1. A description of the Center’s annual Board of Directors training program, highlighting independent living philosophy and core services.

Click here to enter text.

1. Signed Assurances

Sign the enclosed Assurances which are adapted from those specified in the Rehabilitation Act. Assurances must be signed by the Center for Independent Living Executive Director and Board Chair/ Authorized Board Member.

**Signatures must be submitted electronically with the CIL’s grant application**

IV. Criteria for Awarding Grants

1. **Completeness of information:** The Program Narrative should address all of the information requested, and explain the unique characteristics of the Center.
2. **CIL Program Achievements:** Goals for all five years of the grant must be set. Goals should be reflective of past achievements reported in the 704 report, and should agree with programmatic needs established in the Program Narrative. Goals set substantially higher or lower than past achievements should be explained with an attached narrative.

**Budget Detail and Narrative:** The Budget Detail and Narrative should be succinct and explanatory. Use of new IL State funding should be clearly delineated on the grant application budget spreadsheet for Fiscal Year 2013.

1. **Five Year Work Plan:** Special attention will be paid to outcome-oriented goals.
2. **Programmatic Compliance Documents:** The required documents are intended to demonstrate compliance with Title VII of the Rehabilitation Act of 1973
3. **Signed Assurance Checklist:** This checklist should be reviewed thoroughly by each Center and must be signed by the Executive Director and Board Chair/Authorized Board Member.
4. **Application Deadline:** Applications received after the deadline will not be funded for the five year grant period.
5. **Incomplete applications:** Incomplete or substandard applicationswill result in delay or denial of funding.

V. Notification of Award

1. Requests for additional information and/or editing of grant applications will be mailed on or before July 1, 2012.
2. Notification of award will be mailed on or before July 1, 2012

VI. Grant Application Forms and Templates

* 1. Grant Application Cover Sheet
  2. CIL Programmatic Achievements
  3. Signed Assurances
  4. Budget Template



**Virginia Department of Rehabilitative Services**

**8004 Franklin Farms Drive Richmond, Virginia 23229**

**CENTER FOR INDEPENDENT LIVING**

**AND SATELLITE CENTER FOR INDEPENDENT LIVING**

**GRANT APPLICATION COVER SHEET**

|  |  |
| --- | --- |
| CIL/Satellite CIL Name: Click here to enter text.  Address: Click here to enter text.  Phone: Click here to enter text. | |
| Executive Director:  Name: Click here to enter text.  Phone: Click here to enter text. | Board Chair /Authorized Board Member:  Name: Click here to enter text.  Phone: Click here to enter text. |
| Financial Staff  Name and Title: Click here to enter text. | Phone: Click here to enter text. |
| Preparer of CIL Reports to DRS  Name and Title: Click here to enter text. | Phone: Click here to enter text. |
| Planning District, Counties, and Cities Served:  Click here to enter text.  Additional Counties or Cities Served (if any):  Click here to enter text. | |
| Grant Period (One year grant with four consecutive renewals)  Start: July 1, 2012 End: June 30, 2017 | |
| **DUE DATE:** June 1, 2012  Total Yearly Amount of Grant: $Click here to enter text. | |

Executive Director Board Chair/ Authorized Board Member

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

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

**CENTER FOR INDEPENDENT LIVING**

**PROGRAM ACHIEVEMENTS**

Grant Period: July 1, 2012 through June 30, 2013 (Please complete for one year only)

Grant Year: Click here to enter text.

CIL: Click here to enter text.

|  |  |
| --- | --- |
| **Goal (number)** | **Corresponding Section of the Annual Section 704 Report, Part II** |
| To serve Click here to enter text. consumers | Subpart II, Section A |
| To assist consumers in setting Click here to enter text. goals | Subpart III, Section B, Item 1 |
| To assist consumers in achieving Click here to enter text. goals | Subpart III, Section B, Item 1 |
| To provide Click here to enter text. hours of community activity | Subpart IV, Section D, Indicator 4, Item 1 |
| To relocate Click here to enter text. consumers from a Nursing Home or Institution to Community Based Living | Subpart III, Section B, Item 1 |
| To successfully prevent Click here to enter text. consumers from entering Nursing Homes or other Institutions | Subpart III, Section B, Item 1 (not a specific line item) |

Has the CIL accepted referrals from DRS Field Rehabilitation Services on a fee-for-service basis in the past year?  YES  NO - If so, how many? Click here to enter text.

**CENTER FOR INDEPENDENT LIVING**

**FIVE YEAR GRANT AWARD**

(One year grant award with four consecutive renewals)

**ASSURANCES**

The following must be signed by the Center for Independent Living Executive Director and the Chairperson of the Governing Board. Please indicate by placing a checkmark in the left-hand column that the CIL affirmatively assures that:

|  |  |
| --- | --- |
| **YES** | **ASSURANCE** |
|  | 1. In the preceding fiscal year, the applicant was private non-profit agency that received operational funding directly or through sub-grants or contracts under one of the following: Part B or Part C, Chapter 1 of Title VII of the Rehabilitation Act of 1973, as amended, or State CIL funds. |
|  | 1. The applicant is a consumer-controlled, community based, cross-disability, non-   residential private non-profit agency; |
|  | 3a. The center will be designed and operated within local communities by individuals  with disabilities, and |
|  | 3b. The Center will have a Board that is the principal governing body of the center  and a majority of which shall be composed of individuals with significant  disabilities; |
|  | 1. The applicant will comply with the standards set forth in Section 725(b) of the   Rehabilitation Act. |
|  | 1. (a) The applicant will ensure that staff of the Center includes personnel who are specialists in the development and provision of IL services.   (b) To the maximum extent feasible, the Center will make available personnel able to communicate –  (1) With individuals with significant disabilities who rely on alternative modes of communication such as manual communication, nonverbal communication devices, Braille, or audio tapes, and who apply for or receive IL services under Title VII of the ACT; and  (2) In the native languages of individuals with significant disabilities who English proficiency is limited and who apply for or receive Il services under Title VII of the Act. (34 CFR 364.23) |
|  | 1. The applicant will use formats that are accessible to notify individuals seeking or receiving Il services under Chapter 1 of Title VII about – 2. The availability of the CAP authorized by Section 112 of the Act; 3. The purposes of the services provided under the CAP; and 4. How to contact the CAP. (34 CFR 364.30) |
|  | 1. (a) The applicant will apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion, or type of significant disability of the individual applying for IL services.   (b) The applicant will not impose any State or local residence requirement that excludes under this agreement any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services. (34 CFR 364.41) |
|  | 1. The applicant will establish clear priorities through annual and three year program and financial planning objectives for the center; these plans and objectives |
|  | 1. have overall goals or a mission for the center, |
|  | 1. have a work plan for achieving the goals or mission, |
|  | 1. have specific objectives, |
|  | 1. have service priorities, |
|  | 1. describe types of services to be provided, and |
|  | 1. describe how activities are consistent with the State Plan for Independent Living; |
|  | 1. (a) The applicant will use sound organizational and personnel assignment practices,   And  (b) The applicant takes affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under Section 503; |
|  | 1. (a) The applicant will ensure that the majority of the staff are individuals with disabilities; and  (b) The applicant will ensure that the majority of the individuals in decision-making positions are individuals with disabilities. |
|  | 1. (a) The applicant will practice sound fiscal management; and  (b) The applicant will make arrangements for an annual independent fiscal audit; |
|  | 1. The applicant will conduct annual self-evaluations, prepare an annual report, and maintain records adequate to measure performance with respect to the standards, containing information regarding-- |
|  | 1. the extent to which the center is in compliance with the standards; |
|  | 1. the number and types of individuals with significant disabilities receiving services through the center; |
|  | 1. the types of services provided through the center and number of individuals with significant disabilities receiving each type of services; |
|  | 1. the sources and amounts of funding for the operation of the center; |
|  | 1. number of individuals with significant disabilities who are employed by, and the number who are in management and decision-making positions at, the center; and |
|  | 1. a comparison of the activities of the center in prior years with the activities of the center in the most recent year. |
|  | 1. Individuals with significant disabilities who are seeking or receiving services—or their parents, family members, guardians, advocates or authorized representatives--will be notified by the center of the existence of, the availability of, purposes of, and how to contact, the client assistance program. |
|  | 1. Aggressive outreach regarding services provided through the center will be conducted in an effort to reach populations of individuals with significant disabilities that are un-served or underserved by programs under this title, especially minority groups and urban and rural populations. |
|  | 1. Staffs at centers for independent living will receive training on how to serve such un-served and underserved populations, including minority groups and urban and rural populations. |
|  | 1. The center will submit to the Statewide Independent Living Council a copy of its approved grant application and the annual report required under paragraph (8); |
|  | 1. The center will prepare and submit a report to the Department of Rehabilitative Services, at the end of each fiscal year that contains the information described in paragraph (8) and information regarding the extent to which the center is in compliance with the standards set forth in Section 725 (b) of the Act; and |
|  | 1. An independent living plan, described in Section 704(e) of the Act, will be developed unless the individual who would receive services under the plan signs a waiver stating that such a plan is unnecessary. (Authority: Sections 20 and 725© of the Act) |

|  |  |
| --- | --- |
|  | 1. The applicant will provide to the Grantor quarterly financial reports that coincide with their grant budget. Centers maintaining an official Satellite Center for which state funding is awarded will submit separate quarterly financial report for said Satellite. The application will ensure that the reports are submitted **IN AN ELECTRONIC FORMAT UNLESS DIRETED OTHERWISE.** |
|  | 1. The applicant will ensure that there is a succession plan, and that training is provided to assure that new leadership is in place upon the retirement and/or resignation of the existing Executive Director and/or other leaders. |

|  |
| --- |
| We, the undersigned, hereby certify that the CIL will comply with the above assurances.  Name of CIL: Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Executive Director Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Governing Board Chairperson Date |