

**NOTICE OF POTENTIAL FUNDING OPPORTUNITIES
FOR THE TENNESSEE BELIEVES PROGRAM
WITH
TENNESSEE DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES**

I. STATEMENT OF INTENT:

The State of Tennessee, Department of Intellectual and Developmental Disabilities, hereinafter referred to as the Department, intends to award grants for the administration of Tennessee Believes funds for FY 2023 as well as potentially through FY 2025, dependent on applications. These funds are to expand current or create new inclusive higher education programs designed to support the strategic planning and partnerships that will lead to the inclusion of students with intellectual and developmental disabilities in classrooms and campus life.

Grants may be awarded to public and private institutions and each length will be dependent on the application received. There is no match requirement for the funds, however all funds must be directly related to the support of the inclusive higher education program and service of students with intellectual and developmental disabilities. The funds available will have a priority to community colleges, and vocational and technical schools, but all-inclusive higher education programs are encouraged to apply.

II. GENERAL INSTRUCTIONS:

A. Submission of Grant Application:

1. DIDD is asking for applications to be submitted digitally, via email, to:

Eli T. Rousey
Contract Manager
Department of Intellectual and Developmental Disabilities
E-mail: Eli.T.Rousey@tn.gov

2. The grant application shall be received at the above listed e-mail addresses no later than 4:00 p.m. (Central Standard Time), March 31, 2023.

B. Schedule for Grant Application Evaluation and Award:

1. Notice of Request for Applications	February 10, 2023
2. Overview of Application Process / Q&A	February 15, 2023
3. Grant Applications are submitted to the DIDD	March 31, 2023
4. Evaluation Team completes the evaluation and submits recommendations	April 28, 2023
5. Notification and clarifications between the Department and prospective Grantees completed	May 5, 2023
6. Execute Grant contracts	June 1, 2023

Note: The Department reserves the right to adjust this schedule as it deems necessary, at its sole discretion.

C. All communications in reference to this Notice shall be directed to:

Eli T. Rousey

Contract Manager
Department of Intellectual and Developmental Disabilities
E-mail: Eli.T.Rousey@tn.gov

D. Grant Duration:

The Department intends to enter into grants for a variety of lengths, no greater than 3 years, dependent on need addressed through the application processes.

*Subject to change dependent on applications received.

E. Funds Available:

Funds will be distributed based on the Rating Sheet. The Rating sheet shall be used to evaluate applications by no less than five (5) third party individuals who are active in advocating for individuals with intellectual and developmental disabilities but shall receive no direct benefit from these grants.

A Higher Education Institution should propose funding needs based on expected students supported and specific needs for the Inclusive Higher Education Program. Care should be taken in determining how many students the program can support corresponding to the maximum effectiveness and efficiency in program operation.

Higher Education Institutions are required to be financially stable. As evidence of financial stability, please include an operating budget including all revenue estimated from specified sources and all projected expenditures including salaries and other employee costs, facility costs, utilities, transportation, service contracts, administrative costs and other support services, etc. Also, if applicable, provide documentation of registration with the Tennessee Secretary of State authorizing the organization to conduct business in the State of Tennessee.

III. SCOPE OF SERVICES REQUESTED:

A. Services to be Provided or Procured:

See attachment 1 - *Pro Forma* Grant Contract

B. Primary Focus of the Tennessee Believes Program:

The primary focus of the program is supporting

- Persons that are attending Higher Educational Schools or Universities within Tennessee.

IV. GRANT APPLICATION FORMAT:

1. The grant application must address all portions of this Notice as set forth herein; however, proposers may retype and/or duplicate the forms for grant application submission, provided the revised format remains in order prescribed and addresses all of the Department's required information which appears in the Department's prepared forms.
2. The Department reserves the right to request clarification or corrections to grant applications, to reject any and all grant applications or to cancel this Notice in its entirety at the Department's sole discretion. Any grant application received which does not meet these General Instructions may be

considered to be “Non-Responsive” and the grant application may be rejected. Any rejection or acceptance of applications is at the sole discretion of the Department.

3. The Department reserves the right to further clarify and/or negotiate with the best evaluated grant applications, subsequent to award recommendation but prior to contract execution, if such is deemed necessary at the discretion of the Department.

V. MODIFICATIONS FOR GRANT:

Any and all changes made to an awarded grant must be submitted to DIDD for approval prior to implementing changes.

VI. SUBJECT TO FUNDS AVAILABILITY:

The award of a grant contract under this Grant Application is subject to the appropriation and availability of State and/or Federal funds.

**DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
TENNESSEE BELIEVES PROGRAM
PROGRAM APPLICATION FOR FY 2022**

HIGHER EDUCATION
INSTITUTION NAME: _____

HIGHER EDUCATION
INSTITUTION
ADDRESS: _____

STREET

CITY

ZIP CODE

DIRECTOR: _____

APPLICATION PREPARED BY: _____

POSITION OF PREPARER: _____

PHONE NUMBER OF PREPARER: _____

E-MAIL ADDRESS OF PREPARER: _____

FEDERAL EMPLOYER ID NUMBER: _____

EXPERIENCE OF HIGHER EDUCATION INSTITUTION

(20 POINTS)

INSTRUCTIONS:

In this section provide information about your Higher Education Institution as it relates to your capacity to provide Inclusive Higher Education services (Maximum 2 pages):

- 1) Overview of the inclusive program (or vision of new program)
- 2) Knowledge and experience with supporting individuals with I/DD
- 3) Experience and knowledge of staff
- 4) Types of services provided
- 5) Number of individuals served
- 6) Experience across disability categories
- 7) Capability to operate a person-centered and inclusive program

Also, provide any additional information that you would like reviewers to have about your agency and its capacity to provide quality person-centered support services. This may include any unique characteristics or special strengths that you think give you an “edge” in the provision of Tennessee Believes funding. The response should be limited to two pages.

PLAN OF OPERATION

(30 POINTS)

INSTRUCTIONS:

In this section demonstrate how your Higher Education Institution will operate the program and provide support services to students. (Maximum 2 pages)

1. Outreach Activities

- Prospective Students: Describe the outreach activities the Higher Education Institution will implement to assure that individuals with intellectual or developmental disabilities or their families are aware of your Inclusive Higher Education Program.
- Community Awareness: Describe the outreach activities the Higher Education Institution will implement to increase public awareness and support for the program. Address efforts to raise funds and to build support from local policymakers, legislators, companies, etc.

2. Program Operation

- Recruitment: Describe the Higher Education Institution’s recruitment and enrollment activities.
- Overview: Give an overview of the Higher Education Institution’s plan for operating the program (examples: recruitment, waiting lists, curriculum, vocational and employment preparedness, service coordination, grievances...).

3. Program Staff

Staffing Plan: This should include fiscal, clerical, and other support personnel, paid or unpaid, who assist with the Inclusive Higher Education Program.

Title	# of Hours Per Week	Paid by TNBelieves or Another Program?

**INCLUSION AND COMMUNITY
POINTS)**

(40

INSTRUCTIONS:

The values of the Tennessee Believes program are rooted in family involvement, community engagement, inclusion and empowerment. Each successful grantee must include, as a part of its grant application, a method for assuring the community (i.e. Families, Other Students, Local Businesses, School Associations, etc.) will be involved in the program. Describe how involvement with the community and school participation will be inclusive.

In this section provide information on how your agency will create and maintain community involvement and engagement. Describe how the agency will assure that the input is representative of the diversity of the service area (e.g., geography, disability, and ethnicity). (Maximum 2 pages)

BUDGET AND FINANCIAL ACCOUNTABILITY

(10 POINTS)

INSTRUCTIONS:

Higher Education Institution's need to refer to Policy 03 for accounting and financial reporting for not-for-profit recipients of grant funds in Tennessee (www.https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf) for budget and financial accountability).

Reasonableness of Budget Amount:

Explain the intent of the requested Budget amount of funds for your Inclusive Higher Education Program. Include at minimum, the funds requested with outline of how those will be utilized, requested length of funds (one-time expenditures, recurring, 1-month, 12-month, 36-month, etc.)

Utilization of Funds:

There is no mandate on how much of the grant funds can be used for any specific purpose, so long as the funds benefit individuals with intellectual and developmental disabilities. The intent of all funds is to increase the capacity of each Inclusive Higher Education Program. As part of this application, please include a break down by percentage of how funds will be used for direct services (assistive technology, subsidies, campus improvements, etc) versus administrative costs (program staff, administrative, and materials costs, etc). No funds granted through Tennessee Believes should be used for direct Tuition assistance or reimbursement. Please include a draft Grant Budget (*Pro-Forma* Grant Contract Attachment A.)

Financial Stability:

Higher Education Institutions are required to be financially stable. As evidence of financial stability, please include an operating budget including all revenue estimated from specified sources and all projected expenditures including salaries and other employee costs, facility costs, utilities, transportation, service contracts, administrative costs and other support services, etc. Also, if applicable, provide documentation of registration with the Tennessee Secretary of State authorizing the organization to conduct business in the State of Tennessee.

Describe how your agency will account for funds expended under the Tennessee Believes grant for your Inclusive Higher Education program. Describe how the Higher Education Institution will assure there is an auditable record of all services and goods purchased with the Tennessee Believes funds. What mechanisms will the agency put in place to assure that funds are not misused by staff or individuals/vendors? The narrative should be limited to one page.

SCORE CARD

Applicant Name: _____

**Applicant Contact
Information** _____

Application Components

Rubric Items	Maximum Score	Score
Experience of Higher Education Institution	20	
Plan of Operation	30	
Inclusion and Community	40	
Budget and Financial Accountability	10	
Total	100	

****for State use only****

DIDD Evaluator: _____