

# Arlington County Virginia Disability Advisory Commission

## REGIONAL GRANTS TO DISABILITY GROUPS Grant Proposal Application Packet

Funding for Fiscal Years 2023 & 2024



**This Request for proposal is for County funds from the Regional Contributions Group IV Grants to Disability Groups budget for the 2023 and 2024 fiscal years.**

**This grant is for two fiscal years:**

- FY 2023, beginning July 1, 2022 and ending June 30, 2023
- FY 2024, beginning July 1, 2023 and ending June 30, 2024

Please submit one (1) electronic copy proposal.

**PDFs will not be accepted.**

**Hard Copies:**

Disability Advisory Commission/Attention Disability Resources Coordinator  
Office of Human Rights, EEO, and ADA  
2100 Clarendon Boulevard, Suite 318  
Arlington, Virginia 22201

**Electronic Copy:**

[csales@arlingtonva.us](mailto:csales@arlingtonva.us)

**The deadline for submissions is Monday, November 8, 2021 at 5:00PM.**

The Disability Advisory Commission will not review proposals received after the deadline. The Commission reserves the right to reject incomplete proposals. The Disability Advisory Commission will review proposals and make funding recommendations to the Arlington County Board, which will then make the final funding determinations in early 2022. Funding is contingent on the availability of funds and the final budget as set by the Arlington County Board.

The total available funds are \$111,910.00, per fiscal year. Multiple awards will be made. Average awards are approximately \$20,000.00, but vary depending on the project.

For your information, included at the end of the packet is the rating form used by the Advisory Panel.

If you have any questions about the proposal, the process or the types of projects that are appropriate for these funds, contact Courtney Sales, at 703-228-3559 or via email at [csales@arlingtonva.us](mailto:csales@arlingtonva.us)

## PROJECT ELIGIBILITY

Please note that requested funds may not be used to supplement existing staff salaries or to replace operating costs that are presently funded from other sources. Funding should be for items that are not presently funded by existing resources unless there will be a change in funding level by these resources (if this is the case, please provide written documentation).

To be eligible for funding, an organization must be tax exempt under Section 501 (c) (3) of the Internal Revenue Service code. In addition, the project must principally benefit Arlington residents with physical and/or sensory-based disabilities. The project must increase or maintain the participants' level of independence and integration into the community through the provision of empowerment focused services. Does your proposal meet these two requirements to be eligible for funding?

Yes \_\_\_ No \_\_\_

Please check if this project:

\_\_\_ is a new service.

\_\_\_ is a continuation of an existing service. If this is a continuation of an existing service, please attach program evaluation and/or consumer satisfaction information to document program effectiveness in achieving desired outcomes.

## A. NEED FOR PROJECT

1. Describe the unmet need that will be addressed by this project/service.
2. Provide documentation about the number of persons who need this service or information about gaps in present service delivery system.
3. How will this proposal increase or maintain the availability, accessibility, and/or quality of services in Arlington County?
4. Describe in concrete terms how the requested funds will be used to meet needs identified.
5. Describe specifically how your proposal supports the concepts of consumer empowerment, independence and self-sufficiency.
6. If this project is not funded, what is the impact on Arlington residents?

## B. PROJECT DESCRIPTION

1. Define the goals and objectives of the project.
2. List the measurable outcomes of the project; describe how people with physical and sensory-based disabilities will directly benefit from the project. (How many people will receive services? What will change?)

3. Provide a timeline for the project. What steps will be taken once the funds are received? Discuss in detail how the proposed project will be implemented and or maintained within the planned grant period.
4. Describe what outreach efforts will be undertaken to involve and support the participation of Arlington residents in this project, including outreach to new participants if this is an existing project.
5. Describe proposed project collaborations other community organizations, consumer groups, businesses, and/or government organizations.
6. Specifically what equipment, services, or programs will be provided to residents of Arlington County?

#### C. AGENCY

1. What experience does the organization have that will contribute to the success of the project?
2. Who are the staff person(s) directly responsible for this project? (List position title, percentage of time on this project, specific duties and provide resumes for listed staff)
3. Describe the services your organization presently provides to Arlington residents, include specific information about the number of Arlington residents presently receiving these services. Please identify which of these services are sponsored by federal, state, or other funding sources.
4. What is the unduplicated count of Arlington residents that you served in FY 2020 (July 1, 2019– June 30, 2020)?

5. If fees are charged for any services, please note the service and fee.
6. If membership dues are solicited from participants, please note the dues amount(s) and provide information about the benefits of membership.
7. Provide information about the Board of Directors, including names and affiliations of Board members. Also note the number of Board members who have a disability and the type of disability. You may attach a list.
8. Provide information about staff, including number of full and part time positions and titles. You may attach a list.
9. Attach a copy of your organization's annual work plan/goals and objectives. If this document is more than five pages, please provide a summary or the most relevant portions to this project.

#### D. PROJECT BUDGET

***All budget submissions must use the attached Excel spreadsheets.***

New projects require only the Base/Zero Increase Budget. Existing projects require both the Base/Zero Increase budget and the Continuing Service budgets.

**1. Base/Zero Increase Budget:**

- *New Projects not previously funded under this grant*—use this budget to demonstrate the required funding for your project
- *Existing projects* -- use this budget to show the level of service your organization can provide if funding is maintained at the previous fiscal years' level (zero increase). Please show any reduction in services if funding is not increased from the previous year's level.

## 2. Continuing Service

- If the project has been previously funded under this grant, use this budget to reflect the funding required to maintain the same level of service as the previous fiscal year.

The County encourages organizations to use funds from various sources to leverage additional funding. Please describe other resources that are available or are being sought and indicate: amount, type (grant, loan, and in-kind), source, status (committed, applied for), and any specific uses or restrictions on use.

## CHECKLIST OF ATTACHMENTS

- Board of Directors (names, affiliations, disability information)
- Organization Annual Work Plan/Goals or Summary (if more than 5 pages)
- List of staff positions and resumes
- Project Evaluation Information
- Consumer Satisfaction Survey Information
- Outreach Plan
- Anticipated Outcome Chart or List
- Project Controls Chart or List

## REPORTING FORMAT

Reports and an invoice will be submitted quarterly. All reports must contain a detailed description of the quarter's activities, services provided, and grant-related expenditures. Reports shall include:

- The number of Arlington residents served during the quarter and year-to-date
- The demographics of Arlington residents served, i.e. age, race, national origin, sex, disability
- Dates of service

- Type of service provided
  - Detail of grant funded expenditures by consumer
  - Outcome measures for the quarter and year-to-date (i.e. customer satisfaction, goals met, goals set, training completed, etc.)
  - Goals for the next quarter
- ❖ A final, year-end report is required summarizing the above information for the fiscal year.
- No payments will be made without a progress report with an accompanying invoice.

## ATTACHMENTS

- Rating Form
- Budget Spreadsheets



RATING FORM FOR FY 2023-2024

Name of Organization: \_\_\_\_\_

Does the applicant adequately address?

A. Need for Project: (30)

1. The unmet need that will be addressed by this project/service? (5)
2. The number of persons who need this service or information about gaps in present service delivery system? (5)
3. How will proposal increase or maintain the availability, accessibility, and/or quality of services in Arlington County? (5)
4. How the requested funds will be used to meet needs identified? (5)
5. How the proposal's mission supports the concepts of consumer empowerment, independence and self-sufficiency? (5)
6. Impact on Arlington residents if not funded. (5)

B. Project Description: (45)

1. Goals and objectives of the project are clear and address unmet needs that have been identified. (8)
2. Outcomes are measurable and show how people with mobility and sensory-based disabilities will directly benefit from the project. (8)
3. Project timeline is reasonable and achievable within the time frames indicated in the proposal. (7)
4. Outreach efforts involve and support the participation of Arlington residents. (8)
5. Project involves other community organizations, consumer groups, businesses, and/or government organizations. (7)
6. Proposal describes equipment, services, or programs to be purchased for the purpose of accomplishing program objectives. (7)

C. Agency (15)

1. Proposal describes organizational experience that will contribute to the success of the project. (3)
2. Staffing is appropriate and reasonable and all requested information is provided. (3)
3. Proposal describes services that are presently provided to Arlington residents by the applicant, including specific information about the number of Arlington residents presently receiving these services. Proposal identifies which of these services are provided from federal, state, or other funding sources. (3)
4. Proposal contains the unduplicated count of Arlington residents served in FY 2020 (July 1, 2019 - June 30, 2020)? (3)
5. If applicable, fee scale and membership dues explained. Information about staffing, Board of Directors, and work plan/goals of the organization are consistent with the project goals. (3)

Project Budget (10)

Budget is appropriate for the scope of the project? Funds are used to support project outcomes. Expenditures are reasonable for the type of service or equipment to be purchased.

Total Points Awarded \_\_\_\_\_ (out of a possible 100)

Name of Reviewer

Date Reviewed

\_\_\_\_\_

\_\_\_\_\_