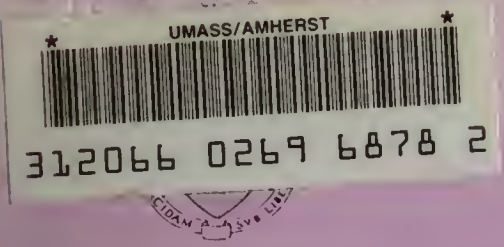


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The Commonwealth of Massachusetts
Executive Office for
Administration and Finance

600 Washington Street, Room 670, Boston, Mass. 02111

Administering Agency for
Developmental Disabilities
(617) 727-4178

UNIVERSITY OF MASSACHUSETTS
COLLECTION

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FAMILY SUPPORT MULTI-CULTURAL PROJECT

Request for Proposals (RFP)
#92-1(3)(B)

Funded under the Authority of the
Developmental Disabilities Assistance and
Bill of Rights Act of 1990
Public Law 101-496

Interested applicants must submit a Letter of Intent by
June 4, 1993. If you have any questions, technical assistance is
available via telephone Monday through Friday, 10 am - 4 pm.

Contact: Daniel Shannon, AADD Director

617-727-4178 Voice
617-727-1885 TTY
617-727-1174 FAX

May 17, 1993

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I. INTRODUCTION

A. STATE PLAN OBJECTIVE

"To inform families of color about disability services and family supports, and to include them in the Family Support community/movement" (See Appendix C, MDDC 1993 State Plan Excerpts).

B. PROJECT SUMMARY

\$90,000 in Federal Developmental Disabilities (DD) funds are available to provide outreach to individuals with developmental disabilities and their families in at least two multi-cultural neighborhoods. **It is anticipated that this will be a three year grant project**, with funds for years two and three contingent upon approval of the MDDC FFY 1994 and FFY 1995 State Plans. The emphasis of year one will be to expand the family support movement and to inform families of color about disability issues, family support philosophy, and how to access services.

Grantee activities will include networking with existing groups active in family support, implementing strategies to provide outreach to families of color, convening informal groups, developing a "care management" tool for families, and providing a "family advocacy series".

C. ELIGIBILITY

Organizations eligible for these funds must be:

Private, non-profit organizations;

Educational institutions, Local Education Agencies (LEAs); or

Public agencies (*state, county, city, local*).

All applicants must be based in Massachusetts. RFP funding is not available to individuals, for profit organizations, or groups that do not have official nonprofit, tax exempt status. If applications are developed jointly by more than one organization, the applicant must identify only one organization as the lead organization and official applicant. The other participating organizations can be included as co-participants, subgrantees, and/or subcontractors.

D. STATEMENT OF NEED

It is estimated that there are over 90,000 people with developmental disabilities living in Massachusetts. Although no studies have specifically targeted developmental disabilities in multi-cultural communities, other related studies clearly support the concern that these communities contain a significant number of individuals receiving little or no services.

According to the 1990 U.S. Census, in the last ten years, communities of color in Massachusetts have grown in increments ranging from 25% to nearly 200%, and "... nearly 10% of the state population is African-American or Latino and the number of Asians has nearly tripled since 1980." 1

Asbury, Walker, et.al completed a study on Disability Prevalence and Demographic Association Among Race/Ethnic Minority Populations in the United States. Their conclusions noted that "...the distribution of disability in minority populations far exceeds that of the non-minority population." 2 Further,..."the Hispanic-American population is the fastest growing segment of the disabled working-age ethnic minority population." 3 Bove documented in 1985 that African-Americans ages 16-64 constitute a proportionately larger segment of the disabled population than any other ethnic group in the country." 4

The U.S. 1990 Census of Population and Housing documents the percentages of populations below the poverty line as follows:

White (7%)	Black (23%)
American Indian (24.4%)	Asian and Pac. Islands. (19.7%)
Other (40.1%)	Hispanic Origin (36.7%) 5

Asbury, Walker, et.al, also state that there is a "disproportionate prevalence of chronic conditions among Latinos and African-Americans at younger age levels, compared to their white cohorts,"; that "African-American, Latino and other persons from multi-cultural backgrounds who experience a variety of disabilities, consistently appear at the bottom of the economic ladder,"; and that people "of color...face the multiple burdens of disability, race, cultural difference and/or disadvantaged economic status." 6

In 1988, the Massachusetts Developmental Disabilities Council (MDDC) conducted an analysis of the respite care program for people with developmental disabilities living in Boston, which was then administered by the Department of Social Services (DSS). Out of a total of 3200 users, 32 were identified as people of color (1%). Although it can be argued that the method for tracking ethnicity among recipients was inadequate, the overwhelming disproportionate use of services clearly suggests a utilization gap.

In December 1988, Action for Boston Community Development Inc., conducted a survey to assess the needs of people of color with disabilities in Massachusetts. The major findings indicated that nearly half of all respondents felt there are not enough services available: neither "basic services" such as health care, housing, employment & training, education and information & referral, nor "specialized services" such as assistive technology and transportation services. More significantly, 65% of the respondents reported encountering barriers to receiving services and/or to living independently. These included linguistic, transportation, and accessibility barriers, a lack of

sensitivity, and discrimination based on race and disability.

In addition to minimal outreach to multi-cultural communities, these communities have had a fear of the health care system in general, based on past interactions. In many communities, information is passed through informal networks, and many of the health care provider staff are not representative of the community being served. Many minorities are unwilling to relinquish control of their well being to a clinician (a belief that responsibility for "getting better" stays with the family), and some people will only accept treatment from a traditional healer. There is also a common belief that a disorder is a prelude to further disaster.

Traditionally, the service system has viewed the needs of consumers based on their deficiencies, which results in a negative perception of the system by the consumers, and reinforces the stigma associated with using it. As a result, the consumer is more likely to drop out of the system, which reinforces the service provider's negative view of the consumer. When viewed in the context of the additional barriers facing many people of color, this negativity makes dealing with an extremely complicated service system almost impossible.

This project will begin to address the issues facing individuals of color with developmental disabilities and their families through targeted outreach, support, education, and inclusion in the family support movement.

FOOTNOTES

1. Massachusetts Developmental Disabilities Council 1993 State Plan, p. 34.
2. Asbury C A, Walker S, Maholmes V, Rackley R, White S: Disability Prevalence and Demographic Association Among Race/Ethnic Minority Populations in the United States: Implications for the 21st Century 198?, Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity, p. 2.
3. Asbury, et.al, p. 3.
4. MDDC 1993 State Plan, p. 34.
5. 1990 United States Census of Population and Housing, p. 19.
6. MDDC 1993 State Plan, p. 34.

II. THE PROJECT

A. BACKGROUND INFORMATION

The Family Support Steering Group (FSSG) of the Massachusetts Developmental Disabilities Council (MDDC) started in 1985 as a sub-group of the Committee on Case Management and Childrens' Services. The FSSG is now one of five MDDC standing committees, and has a primary objective to "forge an informed, community based mandate for entitling families to family support." Since its inception, the FSSG has worked in collaboration with the Executive Office of Health and Human Services (EOHHS) and a variety of other public and private agencies to advocate for services based on the philosophy of family support. The MDDC has had a Family Support objective included in each State Plan since 1987.

In 1986, the Council formed an ad hoc committee to identify issues affecting individuals with developmental disabilities in communities of color. The MDDC established the Multi-cultural Outreach Committee (MOC) as a standing committee in 1987. This committee has worked to make Council membership more representative of the state population, and has strongly advocated for the MDDC to commit resources to address issues of access to services for people of color.

During FFY 1992, funding was awarded to Human Services Research Institute to promote and support the formation of a statewide grassroots organization of family members of people with disabilities. As a result, Families Organizing for Change (FOC) was organized to form regional groups, hold meetings and informational events throughout the state, and to maintain an ongoing group of family members committed to advocating for family support services. FOC members drafted legislation to formulate the principles of Family Support (An Act To Support People with Disabilities and Their Families), which was filed with the State Legislature during the 1992 and 1993 Legislative Sessions. Despite extensive efforts to publicize the 1992 FOC regional forums in multi-cultural communities, very few people of color attended. Although disappointing, this setback served to strengthen the Council's commitment to recruit people of color into the family support movement, and to provide access to information and services.

In 1992, the Administering Agency for Developmental Disabilities (AADD) awarded funds to Latino Health Institute to provide technical assistance and resource training about developmental disabilities to providers serving multi-cultural communities. In addition, Stavros, Inc. was awarded funds to implement a three year project in self advocacy for people of color in western Massachusetts. Appendix D provides information on related activities initiated by the Department of Mental Retardation.

The Family Support Multi-cultural Project will complement these efforts by providing opportunities for people of color to participate in advocacy efforts through existing family support groups.

B. FUNDING AND MATCH REQUIREMENTS

1. Federal Funding for the Request for Proposal - In its annual plan for the implementation of the Developmental Disabilities Program, the Administering Agency for Developmental Disabilities (AADD) has budgeted \$90,000.00 in Federal funds for activities associated with the first year of this project. Accordingly, that amount will constitute the limit on any subgrant award(s). However, applicants should, when budgeting, recognize that the AADD conducts a cost analysis of each proposal and utilizes evaluation criteria which includes rewarding an applicant's ability to meet the program objectives at the lowest possible cost.
2. Matching Requirement - All applicants must provide financial support to the project in the form of a non-Federal "match". The match can be cash and/or in-kind by the grantee and/or a third party and must be documented in the budget section of the proposal. A 25% non-Federal match must be provided unless the applicant organization primarily provides services for persons in urban or rural poverty areas, as defined by the U.S. Census Bureau. In this case, a 10% non-Federal match is required. Applicants using the poverty match rate must provide the Census Tract number for the area(s) eligible for the reduced match. Applicant organizations are allowed and encouraged to provide more than the minimum match, however no applicant will be penalized for not doing so. The minimum match for this project is \$30,000.00 for a non-poverty match, \$10,000.00 for a poverty match.

C. PROJECT ADVISORY COMMITTEE

The successful applicant will be required to recruit a Project Advisory Committee (PAC) to advise the grantee on all phases of project development and implementation, including the review of project materials and products. Grantee staff cannot be PAC members, although the project coordinator of the grant will represent the grantee at PAC meetings. The PAC should meet at least quarterly and all PAC meetings must be accessible. The PAC should consist of at least ten members and be comprised of the following:

- a) A majority of the members should be people of color;
- b) At least half the members should be primary consumers and/or family members with a range of developmental disabilities;
- c) At least two members should be professionals

representing multi-cultural organizations serving the targeted neighborhoods;

- d) At least one member should be experienced in providing outreach and/or consumer education; and
- e) At least two members should represent the family support groups/organizations identified in Section II, E below.

D. PROJECT GOALS

The Family Support Multi-Cultural Project will:

1. Provide individuals of color with developmental disabilities and their families the opportunity to participate in the family support movement.
2. Educate individuals of color with developmental disabilities and their families about family support issues and philosophy.
3. Assist individuals of color with developmental disabilities and their families to access and effectively utilize the service delivery system.

E. OBJECTIVES & ACTIVITIES

The following list outlines the minimum required project objectives and activities. Applicants are encouraged to include in their proposal additional objectives and activities that will enhance the effectiveness of the project.

Objective #1. Increase and maintain the participation of targeted families with existing family support groups and organizations.

Activity #1.1 Network with existing groups active in family support and childrens' issues, including Families Organizing for Change, the Alliance of All Kinds of Families, Legislative Childrens' Caucus, and Council projects in Family Support and Multi-cultural outreach.

Activity #1.2 Develop and implement strategies to provide outreach to families of color in at least two neighborhoods, to introduce these families to the groups identified above, and to encourage and maintain their active participation in these groups.

Activity #1.3 Convene informal groups, in whatever manner is appropriate to the target neighborhoods, as a forum for interaction among families.

Objective #2. Increase the knowledge base of targeted families concerning family support philosophy and issues.

Activity #2.1 Develop a "family advocacy series", through new or existing resources, focusing on family support philosophy and services, empowerment, and additional topics as chosen by the families.

Objective #3. Increase the ability of targeted families to accurately maintain information about their child's disability.

Activity #3.1 Develop a "care management" tool which allows families to maintain accurate information about their child's disability.

Activity #3.2 Provide training in the use of the "care management" tool, and follow up activities to insure continued and accurate use.

Objective #4. Project Advisory Committee (See Section II,6).

Activity #4. To be developed by applicant.

The applicant will identify potential performance measures for the above objectives in the Project Workplan section of the proposal. Final performance measures will be approved by the AADD prior to the start of the project.

F. AWARD CRITERIA

Each request which meets the technical compliance review will be evaluated by the AADD Independent Grants Review Committee. The Committee uses the following criteria to review and rate each application. Each criterion within a group is assigned a score of 0 to 5, with 5 being the maximum point value. After the criteria are rated, the scores are subtotaled and multiplied by the weight factor to calculate the category total. The application with the highest point value will awarded the grant funding.

I. UNDERSTANDING THE PROJECT (Weight Factor = 3.0)

1. The proposal reflects the knowledge of and a commitment to the philosophy of family support.
2. The proposal reflects an understanding of and sensitivity to the issues of access for people of color.
3. The proposal reflects an understanding of, or the willingness to gain a understanding of, the needs of individuals with developmental disabilities.
4. The goals, objectives and activities are consistent

with those required in the guidelines.

Maximum Score = 60 points

II. METHODOLOGY (Weight Factor = 2.5)

1. The proposal places an emphasis on outreach activities and community collaboration.
2. The project design for achieving the goals and objectives is appropriate.
3. The timelines for project activities are realistic.
4. The potential impact of the project is reasonable, and plans for future year activities are logical.
5. The methods and techniques to be used to evaluate the project are appropriate.

Maximum Score = 62.5 points

III. ALLOCATION OF RESOURCES (Weight Factor = 2.0)

1. The project budget provides the resources necessary to meet the goals, objectives, and activities/tasks of the proposed project.
2. The individual cost items are reasonable (personnel costs, fringe benefits, supplies, equipment, travel, contractual, etc.).
3. The cost items and matching funds are presented clearly and are consistent with RFP requirements.
4. The proposal identifies and provides methods for utilizing other existing community resources.

Maximum Score = 40 points

IV. ORGANIZATIONAL CAPACITY (Weight Factor = 1.5)

1. The applicant has experience in community and group development and/or outreach projects.
2. The applicant has a history of providing services to the neighborhoods identified in the proposal.
3. The applicant possesses a knowledge of, or the willingness to gain a knowledge of the service delivery system, particularly those resources significant to individuals with developmental disabilities residing in the neighborhoods identified in the proposal.
4. The positions and/or subcontractors identified in

the proposal are appropriate for meeting the project goals and objectives.

5. The applicant demonstrates the management capacity to implement the fiscal and administrative requirements of the project.

Maximum points = 37.5

V. PROGRAM PRIORITIES (Weight Factor - 1.0)

1. The extent of (primary) consumer participation in the planning, implementation, and evaluation of the project.
2. Special provisions for addressing the needs of urban and rural poverty areas.
3. Special provisions for addressing the needs of multi-cultural populations.
4. Extent to which the needs of the most severely involved segment of the population with developmental disabilities have been addressed.

Maximum points = 20

TOTAL MAXIMUM POINTS = 220

VI. MINORITY BUSINESS ENTERPRISES (MBE)

In accordance with Executive Order 237 and 801 CMR 11.00, the AADD awards bonus points to MBE organizations certified with the State Office of Minority and Woman Business Assistance (SOMWBA). In general, an MBE is defined as a private organization which is owned or controlled by members of a minority group. Applicants must identify themselves as certified MBE organizations in the project narrative (Section III,C,3), and include a copy of the certification letter in the Project Related Addenda Section of the application (see Section III,C,8).

Certified MBE organizations will be awarded an additional 5% of their total score as bonus points.

TOTAL MBE ORGANIZATION MAXIMUM POINTS = 231

III. THE APPLICATION

A. MANDATORY REQUIREMENTS

1. The AADD requires that all grantees conduct an independent evaluation of project activities. This evaluation will measure the achievement of the project objectives, grantee activities, materials, and products. The grantee must contract with an individual/organization that is not associated in any way with the grantee organization. The contract for the independent evaluation is subject to the review and prior approval of the AADD.
2. All applicants must be in compliance with all licensing and certification standards as required by Federal, State or local laws and any regulations or administrative orders which are applicable to the successful completion of the program requirements of this RFP.
3. All applicants must include the most recent three (3) year audit history of their organization with their proposals.
4. All applicants must complete a human rights review to assure compliance with the requirements set forth in the RFP (see Appendix F).
5. By submitting a proposal, the applicant agrees that, if it is awarded DD grant funds, it will comply with the fiscal and administrative requirements imposed by 45 CFR 74 and 45 CFR 92 as applicable, the AADD's Conditions of Grant Award, the Commonwealth of Massachusetts' Standard Terms and Conditions contract, and all other appropriate State and Federal legislation, regulations, administrative procedures and guidelines.

B. TIMELINES

The schedule of events leading to the selection of the grantee is as follows:

- | | |
|--|-----------------------------------|
| 1. Public Notice of Availability | May 14, 1993 |
| 2. Letter of Intent | June 4, 1993 |
| 3. Bidder's Conference | June 7, 1993 |
| 5. Final Date for Submitting Proposals | July 1, 1993 |
| 6. Projected Award Notification | July 30, 1993 |
| 7. Project period | Sept. 1, 1993-
August 31, 1994 |

Letters of Intent - Organizations intending to submit a proposal are required to submit a letter of intent to the AADD Director by

by **June 4, 1993**. The letter will enable the AADD to notify prospective applicants of any revisions to the RFP material and/or procedures. The letter of intent will include the following information:

- (a) RFP identification number - # 92-1(3)(B).
- (b) Name, address, phone and fax numbers of applicant organization;
- (c) Name and phone number of individual responsible for developing the application;
- (d) If applicable, indicate that the potential applicant will require interpreter services at the Bidder's Conference.

Submission of a letter of intent does not commit an organization to submitting a proposal in response to this RFP.

Bidders' Conference - The purpose of this conference is to entertain specific questions from prospective applicants relative to this RFP and the application process. The bidder's conference will be held:

Monday, June 7, 1993, 1 pm
Conference Room #3, 21st Floor
1 Ashburton Place, Boston, MA.

C. APPLICATION INSTRUCTIONS

1. Cover Page (Form #1)

Title of Project - Family Support Multi-cultural Project.

RFP Number - # 92-1(3)(B)

Name and Title of Project Director - List the full name and title of the individual responsible for project activities.

Name, Title, and Address of Financial Officer - List the name, title and address of the individual responsible for the receipt, accountability, and use of Developmental Disabilities project funds.

Type of Agency or Organization - Check the space which most accurately describes your organization.

Proposed Term of Project - 9/1/93 -8/31/94

Request Special Matching Rate for Poverty Area - If the proposed project will primarily serve or impact residents of urban or rural poverty areas identified as such by the Federal Census Bureau, the applicant should check "yes." If "yes" is checked, the applicant is required to match all DD Project costs at a minimum rate of 10%. If "no" is checked, the applicant is required to provide a 25% match.

Total Funding of Project - List the totals here as they appear in the "Budget Summary" (Form #3, Part 2).

Signature and Title of Responsible Officer - The application must be signed by an officer of the agency who is authorized to commit the agency or organization to the requirements of the application. In the case of a State agency, this will generally be the commissioner or his/her authorized designee. In signing the application, the applicant certifies its agreement with the Terms and Conditions indicated on the Cover Page.

2. Table of Contents

Construct a Table of Contents for the completed proposal and include it here.

3. Project Narrative

The Project Narrative must address each area described below.

1. Provide an agency history and mission statement.
2. Describe the services that your organization currently provides, including information on services to individuals and/or families of color.
3. Describe your organization's philosophy and strategies for providing services in multi-cultural communities.
4. Describe the strategy for recruiting the Project Advisory Committee (PAC).
5. Describe strategies for networking with existing groups active in family support and children's issues, as identified in the Project Activities section.
6. Describe strategies to provide outreach to families of color in at least two neighborhoods, to introduce these families to the groups identified above, and to encourage and maintain their active participation in these groups.
7. Detail a plan for developing and disseminating the "care management" tool for family members. The tool should be designed for easy use and include separate sections for information such as diagnosis, school plan (IEP), medical data, treatment history, provider contacts, etc. Explain what the tool will include and how it will be disseminated. Describe the steps that will be used to train family members to utilize the tool, and follow up activities to insure effective use.
8. Detail a plan for providing a series of informal groups as a forum for interaction among families. These groups should include regularly scheduled activities, and

opportunities for members to discuss similar interests, etc.

9. Detail a plan for providing the "family advocacy series". Identify existing resources that can be used in addition to those provided by the applicant. Include a list of potential topics in addition to the required topics. Some potential topics include resources/services, advocacy, negotiation, parenting children with disabilities, assertiveness training, networking strategies, and community organizing. The applicant is encouraged to identify other topics deemed relevant to the target population.
10. Describe existing linkages with other agencies and community groups and explain how these relationships can benefit the project.
11. Describe the expected impact of the project on the target communities.
12. Provide a narrative description of the resources needed to implement the project. Include the functions of all project staff and be sure to include resources to provide for accessibility and reasonable accommodation for all potential participants. Include information on the management structure of the project (supervision, reporting) and the organization's capacity to implement AADD administrative reporting requirements.
13. Briefly describe potential activities for the second and third year of the project, including expansion of activities to other communities, based on expected first year outcomes.
14. Describe plans for securing an independent evaluation. This evaluation will measure the achievement of the project objectives, grantee activities, materials, and products.
15. Include the following items at the end of the Project Narrative:
 - a) Job descriptions of project positions (including who will be responsible for writing and submitting quarterly reports);
 - b) Resumes of project staff;
 - c) Applicant organization chart; and
 - d) Project organization chart.

4. Workplan (Form #2)

The applicant must prepare a workplan which details the activities as described in the Project Narrative. The workplan must be completed according to the following instructions:

Objective - List each major objective.

Activities - The activities necessary to address each objective should be subdivided into separate, time specific activities. Successful completion of each scheduled activities should result in the successful completion of the objective. The first activity under any objective should be labeled "A", the second "B", etc.

After each activity's description, the projected start and end dates to implement that activity should be noted.

Tasks - Each activity should be subdivided into its component tasks. Each task should be time specific, and assigned to a staff person(s). The successful completion of all tasks under an activity should result in the successful completion of that activity. The first task under activity "A" should be numbered "1", the second "2", etc.

Staff/Days - For each task, include each staff member who will be working on the task and estimate the number of business days the employee will need to complete the task. Work days should be identified as follows: one day = 1.0; four hours = .50; one week = 5.0; etc.

Performance Measures - Identify potential performance measures that would indicate successful completion of each objective.

5. Budget (Form # 3)

a. Costs

Costs charged to the grant must be necessary and reasonable for proper and efficient administration of the grant program. Refer to the attached "Costs" excerpt from the Conditions of Grant Award for more specific information on allowable costs. Costs which are "Not Allowable" may be charged to matching contributions from other sources, subject to any conditions imposed by those other sources.

b. Matching Funds

Matching contributions may include third party "in kind" contributions such as a volunteer's efforts and donated supplies, equipment or space, provided their valuation is based upon procedures established under 45 CFR 74 and 45 CFR 92, as applicable, and they are documented in the same fashion as project costs borne by Federal or non-Federal funds.

The matching contribution should be included in the appropriate budget category reflecting its use so that the budget reflects total project costs.

c. Line by Line Instructions

The proposed budget (Form #3) should be completed according

to the following instructions:

- 1.. Personnel - Identify each position by title. Include the annual salary and the full time equivalent (FTE) to be dedicated to this specific project in the appropriate columns. The Executive Director of an applicant organization cannot be the Project Director. However, his/her supervisory time can be charged to the project.
 2. Consultation, Professional Fees, and Volunteer Costs - Enter the area of consultation to be sought (e.g., Personal Care Attendant, Sign Language Interpreter,) under "Nature of Expense". Calculate the total cost by multiplying the number of units (e.g., hours, days, sessions) by the rate of payment for that unit.
 3. Travel - This item is for staff travel only. Any travel listed in this category must be for the purpose of supporting grant activities as described in the application. NOTE: The current approved rate for private auto mileage is \$.22 per mile. This allowance covers gas, tolls and parking fees.
 4. Equipment - Individually list each item of equipment to be purchased, leased or rented. If several pieces of equipment are to be purchased, leased or rented, list the total here and use Form #3.3 to itemize individual pieces of equipment. For state and local governments, equipment is non-expendable tangible personal property having a useful life of more than two (2) years and an acquisition cost of \$5,000 or more per unit. For all other applicants, the threshold for purchased equipment is \$1,000 or more per unit.
- NOTE: DD funds cannot be used to purchase computer equipment.
5. Supplies, Materials, and Publication Costs - List all supplies and materials that will be required to support the program during the project. List per page costs for each anticipated publication.
 6. Furnishings - List individually each furniture item that will be purchased, leased, or rented (including the charges for installation, insurance, and freight). Enter the number of each item and the per item cost.
 7. Renovations - NA for this RFP.
 8. Space Occupancy Costs - Identify the space being used (office space, conference room, etc.). Under "Cost or Rate of Payment," list the number of square feet and the cost per month. Remember to calculate the total cost for the 12 month project period.

9. Other Direct Costs - List separately all other direct costs not already provided for that will be incurred during the project (e.g., audit, telephone, postage, independent evaluation, etc.). The grantee will be required to conduct an audit in accordance with the OMB circular applicable to the grantee's organization.
10. Indirect Costs - Indirect costs are those costs which cannot be identified as separate unit costs and are incurred by the organization in the conduct of a number of projects and functions. No more than ten percent (10%) of direct costs can be charged to the indirect cost category. If the applicant has an indirect cost rate approved by the Federal Department of Health and Human Services or another federal agency, the amount above 10% must be attributed to matching funds.
11. Budget Summary - The "Total" line under each budget category listed in the previous section must be transcribed onto this summary page. The "Total" line on this form will then be a comprehensive summary of all costs associated with this project. These figures should be the same as those listed in the "Total Funding of Project" box on the cover page (Form #1).
12. Itemization of Equipment and Furnishings (Form 3.3) - If necessary, itemize all equipment and/or furnishings to be leased, rented, or purchased as part of this project.

6. Budget Justification

A separate budget justification must be included to fully explain and justify the following major items:

- o Personnel - Identify by title(s) or name(s). Briefly explain the position's function on the project. Submit the resumes of project staff already in the employ of the applicant.
- o Fringe Benefits - Include a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc.
- o Consultation, Professional Fees, and Volunteer Costs - For each consultation service, describe the specifics of the service to be rendered. When subcontracting part or all of the program to another agency, the applicant must submit a budget and budget justification for that agency. Identify the name of subcontracting agency, purpose of contract, and cost elements.
- o Travel - for mileage, include the projected number of trips, and the reasons for travel. For other travel, include the name(s) of travellers, destinations, length

of stay, transportation costs, subsistence allowances, and the reason for travel.

- o Equipment - For each type, explain its function.
- o Furnishings - Explain the purpose of all office furniture that must be purchased, leased or rented for the project.
- o Space Occupancy - Explain how the cost for office space was determined, and justify the need for the space. In addition, if the project involves sponsoring public forums or conferences, include information on location, purpose and estimated attendance.
- o Other Direct Costs - Include an explanation of other expenses that cannot be categorized elsewhere in the budget but relate directly to the project.
- o Indirect Costs - Indicate if there is a current indirect cost rate approved by the Federal Department of Health and Human Services or another federal agency, and attach the agreement.
- o Non-Federal Match - Explain the source(s) of the non-federal match.

7. Applicant Qualification Documents

Submit the following documents with the application:

- a) Financial information concerning stability of the organization, including financial audits from the last three (3) years.
- b) The following assurance forms must be completed by all applicants for Federal Developmental Disabilities (DD) funds, and included with the application. Be sure that all forms are signed by the appropriate authorized individual.

Form #4 - OMB Assurances for Non-Construction Programs

Form #5 - Habilitation Plan Assurance

Form #6 - Merit System Certification (public agencies only)

Form #7 - Certificate of Vote (private agencies only)

Form #8 - Certificate of Legal Existence (obtained from the Commonwealth's Secretary of State's Office - private agencies only)

Form #9 - Financial Interest Disclosure

Form #10 - Human Rights Assurances (see Appendix E)

Form #11 - Certification Regarding Debarment,
Suspension, Ineligibility, and Voluntary Exclusion

Form #12 - Certification Regarding Lobbying for Grants,
Loans, and Cooperative Agreements

Form #13 - Compliance with the Americans With
Disabilities Act (ADA)

Form #14 - Affirmative Action Plan for Grants Exceeding
\$50,000

8. Project Related Addenda - Optional

Submit any other documentation not accounted for elsewhere
(agency brochures, letters of support).

9. RFP Application Checklist

Fill out the top section and attach it to the front of the
original application.

D. FORMAT AND SUBMISSION REQUIREMENTS

Applicants must submit one original with six (6) copies. Do not staple the original copy. Each copy of the proposal must be submitted as a single document, and all documentation submitted with the proposal must be included in the single volume. Proposals must be typed in standard-sized or large print and all pages must be 8 1/2" x 11". Do not submit proposals in binders or notebooks. The original and all copies must be sequentially paginated from the first page of the application to the last page, regardless of the individual components (including charts, assurances, attachments, financial audit, etc). If the applicant chooses to submit letters of support, they must be included in the application. Letters of support or any other documentation sent under separate cover to the AADD will not be reviewed or acknowledged. The AADD has the right to reject or penalize any application that does not conform to this format and/or is incomplete.

All applications must be received no later than 3 pm on **Friday, July 2, 1993**. Applicants who mail their documents are advised to send them via an overnight courier to ensure that they are received by the deadline. Any application that arrives after the deadline will be unconditionally refused. There will be no exceptions. Submit completed applications to:

RFP # 92-1(3)(B)
Administering Agency for Developmental Disabilities
600 Washington Street, Room 670
Boston, Massachusetts 02111

E. FUNDING RESTRICTIONS

DD funding for this project is subject to the following DD funding requirements:

1. DD funds cannot be used for existing client services or programs, or ongoing agency expenses;
2. DD funds cannot be used to duplicate or supplant existing State or Federally funded programs or services;
3. Publications, products, etc. must be reviewed and approved by the AADD, or its designee, prior to dissemination/ publication; and
4. Funding will be provided in five installments and will be made on a quarterly basis at the beginning of each quarter as established by the Notice of Grant Award (NGA).
5. The grantee will be required to submit quarterly and final fiscal and programmatic reports to the AADD by the dates indicated on the NGA, and in the manner delineated in the Instructions for Completing AADD Quarterly Reports.
6. DD funds must be expended by September 30, 1994.

F. OTHER CONDITIONS

1. Cost of Preparing Applications - Costs for developing applications are entirely the responsibility of the applicant and shall not be reimbursed in any manner by the State.
2. Clarification of Applications - The State reserves the right to request any necessary clarification of the applications without changing the terms of this RFP.
3. Acceptance of Applications
 - a. It is the intent of the AADD to select a grantee based on the responses to the RFP. The AADD, however, reserves the right to reject any or all applications received in response to the RFP if it is in the best interest of the State to do so.
 - b. The acceptance of any application and subsequent award of DD funds by the AADD shall be dependent upon the appropriation, allocation, and availability of Federal funds, and subject to Federal and, if applicable, State approval.

4. Freedom of Information - All proposals received are subject to State regulations regarding Freedom of Information, Massachusetts General Laws, Chapter 4, Section 7, Subsection 26, and Chapter 66, Section 10.
5. Modifications to RFP Guidelines - Each organization which submits a letter of intent will be notified in writing by the AADD of any changes or modifications in the RFP guidelines. All such changes will be announced prior to the date when all applications are due.
6. Material Ownership - All material submitted becomes the property of the State and may be returned at the State's option. Selection or rejection of the application will not affect this right.

IV. APPENDICES

- A. Definitions
- B. "Costs" Excerpt, Conditions of Grant Award
- C. State Plan Excerpts, 1993 MDDC State Plan
- D. Summary of DMR Related Activities
- E. Human Rights Requirements
- F. Application and Assurance Forms #1 - #14

APPENDIX A

DEFINITIONS

APPENDIX A

DEFINITIONS

1. **"Activity"** means a major effort which must be undertaken to accomplish an objective.
2. **"Administering Agency for Developmental Disabilities" or "AADD"** means the agency that administers all DD grants.
3. **"Applicant(s)"** mean(s) the respondent(s) to the RFP.
4. **"Consultant"** means an individual who enters into a service contract with the Commonwealth or is hired by a private nonprofit organization for a limited period of time to perform specific duties and/or develop identifiable products under a contract.
5. **"Consumer"** means a person who meets the requirements of the definition of developmental disabilities.
6. **"Consumer representative"** means a parent, other immediate relative or guardian of a person who meets the requirements of the definition of developmental disabilities.
7. **"Contractor"** means an individual or public or private organization who enters into a contractual obligation for the purpose of providing specific products or services.
8. **"DD"** means Developmental Disabilities.
9. **"Debarment"** means a formal process which prevents an organization from receiving Federal funds for a defined period of time due to that organization's gross misconduct in performing grantee activities or in expending federal funds.
10. **"Developmental disability"** means a severe chronic disability of a person 5 years of age or older which --
 - (a) is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (b) is manifested before the person attains age twenty-two;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction

- (vi) capacity for independent living;
- (vii) economic self-sufficiency; and
- (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or of an extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individual from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

11. **"Empowerment"** means a process of increasing personal, interpersonal, or political control so that individuals can take actions to improve their life situation.
12. **"Goal"** means a general statement indicating what the grantee will accomplish pursuant to this RFP.
13. **"Grantee"** means the applicant(s) who receive(s) an award pursuant to the RFP.
14. **"High Risk Grantee"** means a previously funded DD grantee with a record of unsatisfactory programmatic or fiscal performance.
15. **"MDDC"** means the Massachusetts Developmental Disabilities Council.
16. **"Multi-cultural community"** means a community of people protected under the Commonwealth of Massachusetts' affirmative action policy. Specific groups include but are not limited to:
 - (a) Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. Areas include China, India, Japan, Korea, the Philippine Islands and Samoa;
 - (b) Black - All persons having origins in any of the Black racial groups of Africa, or the Cape Verde Islands;
 - (c) Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race;
 - (d) Native American or Alaskan Native - All persons having origins in any of the original peoples of North America, who maintain cultural identification through tribal

- affiliations or community recognition; and
- (e) Portuguese - All persons having origins in Portugal. This latter category is not given affirmative action recognition by the Commonwealth of Massachusetts, but is classified as a multi-cultural group by the MDDC.

17. **"Nonprofit institution"** is defined as an entity that:

- (a) operates primarily for scientific, educational, service, charitable, or similar purpose in the public interest;
- (b) is not organized primarily for profit; and
- (c) uses its net proceeds to maintain, improve, or expand its operations. The term includes colleges and universities. The term does not include hospitals that are not affiliated with a college or university; and
- (d) is a tax exempt organization under applicable provisions of the Internal Revenue Code (I.R.C.).

18. **"Objective"** means a specific, measurable, time-limited step for attaining a goal.

19. **"Organization"** means a public or private nonprofit agency, including State, city, local and local education agencies (LEAs).

20. **"Prior Approval"** means permission, either written or verbal, from the AADD in advance of an act which would result in a change to: 1) the approved obligation or expenditure of funds; 2) the performance of an approved activity and/or timeframe under the grant supported project, and/or: 3) the profits of products required under the DD funded project, including manuals, curricula, scripts for videos/PSAs, evaluation forms, etc.

21. **"Product"** means standard products required in all DD funded projects, (e.g., quarterly fiscal and programmatic reports, final reports, independent evaluation, financial audit, Project Advisory Committee agenda and minutes, training materials, curriculum, surveys, needs assessments, etc.) and specific products required in the RFP (e.g., How-To Manuals, Executive Summary, Resources Directory, etc.)

22. **"RFP"** means request for proposal.

23. **"Standard Service Contract"** means the Commonwealth of Massachusetts' Standard Service Contract (SC) which all DD grantees must complete and submit prior to the

reimbursement of services.

24. **"State"** means the Commonwealth of Massachusetts.
25. **"Sub-grantee"** means a public (State, City or Local unit of government and/or agency) or private nonprofit body receiving a grant award from a grantee subject to the same rules and regulations that govern the disbursement of funds under P.L. 101-496.
26. **"Suspension"** means an action by the AADD which temporarily interrupts assistance under the grant.
27. **"Task"** means a specific staff responsibility within an activity area.
28. **"Termination"** means an action by the AADD which discontinues funding to a grantee organization for a specific grant due to repeated noncompliance or malfeasance on the part of the grantee conducting the project.

The fact that these definitions may not correspond exactly to those included in the Code of Federal Regulations (CFR) Sections 45 CFR 74 and 45 CFR 92 should not be construed to change the applicability of those parts to funds awarded by the AADD under Public Law 101-496. These definitions are adopted for administrative convenience only in describing the relationships between the AADD and its subrecipients.

APPENDIX B

"COSTS" EXCERPT

AADD Condition of Grant Award

APPENDIX B

COSTS

The pattern of expenditures among categories of expenses shall follow the amounts established in the Notice of Grant Award of Project Contract. Transfer of funds within an approved grant budget shall be governed by the provisions of 45 CFR 74 or 45 CFR 92, as applicable. If, however, the grantee has been designated high-risk under applicable regulations, the AADD may require advanced approval on all transfers among cost categories. When the need for an item requiring prior approval arises subsequent to the submission of the grant application or budget request, the request for approval must be signed by the authorized grantee official. Funds may not be transferred from the indirect cost category to any direct cost category of the approved budget without prior approval.

The listing below includes allowable and unallowable expenditures most frequently encountered as direct costs in connection with Developmental Disabilities grants. Omission of a particular item of a cost is not intended to imply that such item is either allowed or not allowed as a direct cost.

"Indirect Costs" of a project are those not readily identified with the project itself, but nevertheless incurred by a grantee -- as in the operation and maintenance of the building or in the payment of utility costs or administrative salaries -- for the joint benefit of the project activities and other activities. By AADD policy, no more than 10 percent of the direct costs of the project may be charged to a Developmental Disabilities grant as indirect costs.

Only the "cost pools," as defined in the DHHS publication OASC5 entitled "Cost Principles and Procedures for Establishing Indirect Cost Rates for Grant and Contracts with the Department of Health and Human Services," are allowable as indirect cost pools for Developmental Disabilities project grants. Costs in any of the following categories which can be specifically prorated for the Developmental Disabilities grant project should be generally entered as direct costs:

- Compensation for Personal Services
- Contingencies
- Employee Health, Morale, or Welfare Services
- Fringe Benefits
- Insurance and Indemnification
- Minor Maintenance and Repair Costs: Equipment
- Other Business Expenses
- Professional Service Costs (Legal, Accounting, Scientific and other)
- Public Information Services Costs
- Recruitment Costs
- Rental Costs
- Termination Costs

Trade, Business, Technical and Professional Activity Costs
Training and Educational Costs
Transportation Costs
Telephone and Communication Costs
Minor Modification of Space and Utilities

If the grantee has an established indirect cost rate with the Federal government, a copy of any negotiable agreement that the grantee may have must be included with the application. If technical assistance is needed, please contact the AADD.

The following is a list of costs:

- (1) Advertising - Allowable if specified in the Request for Proposal for initial advertising and public relations only for newspaper, radio, or television advertising to inform potential applicants of the availability of direct services. Advertising costs related to the objectives of other types of grants are allowable subject to prior written approval of the AADD.
- (2) Audit - Allowable for the costs of performing an independent, organization-wide audit in accordance with the provisions of the applicable Office of Management and Budget Circular (A-128--governments, A-110 or A-133--nonprofit organizations), or for an independent audit restricted to Developmental Disabilities grant funds in a case where such organization-wide audit is not required.
- (3) Books and Periodicals - Allowable when required for the conduct of the project, or directly related to the purposes of the project. Books and periodicals obtained for libraries or for general use of the staff are not allowable unless they meet these conditions.
- (4) Communications - Allowable for costs resulting from local and long distance telephone calls, telephone surveys, telegrams, postage, or similar costs reflected in the approved application and necessary to the project.
- (5) Computer Equipment - Hardware may not be purchased. In certain cases, if deemed appropriate pursuant to the RFP, hardware can be leased.
- (6) Construction or Acquisition of Buildings, New Additions or Extensions - Not allowable.
- (7) Consultant Services - Allowable, subject to the following restrictions:
 - (a) Consultant fees may not be paid to an employee of the Federal government;
 - (b) Consultant fees may not be paid to an employee of the Commonwealth during his/her regularly scheduled working

APPENDIX B

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- (6) Construction or Acquisition of Buildings, New Additions or Extensions - Not allowable.
- (7) Consultant Services - Allowable, subject to the following restrictions:
 - (a) Consultant fees may not be paid to an employee of the Federal government;
 - (b) Consultant fees may not be paid to an employee of the Commonwealth during his/her regularly scheduled working

hours;

- (c) Consultant fees may be paid to an employee of the grantee agency or organization only under unusual circumstances and with prior approval of the AADD; and
- (d) Consultant contracts must receive prior approval by the AADD.

The grantee's policy prevails as to determination of consultant fees, unless the AADD determines that the projected fee is unreasonable with respect to the nature of work to be accomplished and the credentials of the consultant.

- (8) Equipment and Furnishings - Allowable. However, prior AADD approval is required for:
 - (a) any item the acquisition cost of which exceeds \$500;
 - (b) printing or audio-visual equipment;
 - (c) equipment for offices, conference rooms, and similar facilities;
 - (d) furnishings, exclusive of office equipment, if specified in the RFP.

Equipment may be rented or purchased -- the grantee must select the option which is least expensive.

A grantee may be reimbursed for the capital cost for an item of equipment already owned only when it is in its central purchasing department and held in a central stockroom for issuance and sale to an organizational component.

For purposes of charging Developmental Disabilities grants, the cost of a single unit or piece of equipment includes necessary accessories, duty, excise and sales taxes (unless the organization is exempt from such taxes). If the organizational policy provides that charges for transportation, protective-in-transit insurance, and installation are a part of the cost of equipment, such charges must be included in the equipment costs if they are to be charged to Developmental Disabilities grants.

- (9) Equipment Maintenance and Repairs - Allowable on equipment used specifically on the Developmental Disabilities project.
- (10) Equipment Rental - Allowable provided the equipment is not owned by the grantee. Rental charges to a grant must be made in conformance with grantee policies and in the same manner that similar charges are made to any account.
- (11) Films - Allowable for purchase of a film provided the film is used only for training purposes in connection with the project. Not allowable for public showing unless prior written approval is obtained from the AADD. Allowable for film production if fully justified in support of the goals and objectives of the RFP, with prior approval by the AADD.

- (12) Fringe Benefits - Allowable for employer's share to the extent that such payment is made under formally established and consistently applied organizational policies, uniformly charged as a direct cost on an actual rather than an estimated basis, and charged in proportion to salary charged to the grant. The employee's share is part of the gross salary and included therein.

If a grantee has an established fringe benefit rate with the Federal government, the rate charged must be supported by the following: (1) the rate negotiated; (2) the date of negotiation; (3) the agency or Federal office with whom the negotiation was conducted; and (4) a copy of the negotiation agreement issued by the Federal agency.

If a grantee requests reimbursement for fringe benefits through a fringe benefit rate not established by the Federal government, then this rate must be supported by the following: (1) basis for the rate; (2) a breakdown and explanation of what the rate consists of; (3) any other supportive data justifying the rate; and (4) a copy of any negotiation agreement that the grantee may have.

If technical assistance is needed, please contact the AADD.

- (13) Honoraria - Not allowable. An honorarium is considered a payment or reward whenever the primary intent is to confer distinction on, or to symbolize respect, esteem, or admiration for the recipient. A consultant fee, on the other hand, is compensation for services rendered and is allowable.
- (14) Insurance - Allowable for liability insurance, workers' compensation insurance, business interruption insurance, fire insurance, health insurance, and insurance against vandalism and malicious mischief, equipment or automobiles in accordance with the same policies as are employed for non-Federally funded activities.
- (15) Land or Buildings - Not allowable.
- (16) License Fees - Allowable on start-up grants for direct service only.
- (17) Meals - Allowable for service recipients, or when an agency or organization customarily provides for meals to employees or volunteers. Meal expenses are not allowable for non-project related persons.
- (18) Minor Modifications of Space and Utilities - Allowable only if specified in the Request for Proposal and only for essential "minor" modifications of space and utilities within to complete structure for the purpose of adapting it to meet the needs of the project objectives more effectively.

hours;

- (c) Consultant fees may be paid to an employee of the grantee agency or organization only under unusual circumstances and with prior approval of the AADD; and
- (d) Consultant contracts must receive prior approval by the AADD.

The grantee's policy prevails as to determination of consultant fees, unless the AADD determines that the projected fee is unreasonable with respect to the nature of work to be accomplished and the credentials of the consultant.

- (8) Equipment and Furnishings - Allowable. However, prior AADD approval is required for:
 - (a) any item the acquisition cost of which exceeds \$500;
 - (b) printing or audio-visual equipment;
 - (c) equipment for offices, conference rooms, and similar facilities;
 - (d) furnishings, exclusive of office equipment, if specified in the RFP.

Equipment may be rented or purchased -- the grantee must select the option which is least expensive.

A grantee may be reimbursed for the capital cost for an item of equipment already owned only when it is in its central purchasing department and held in a central stockroom for issuance and sale to an organizational component.

For purposes of charging Developmental Disabilities grants, the cost of a single unit or piece of equipment includes necessary accessories, duty, excise and sales taxes (unless the organization is exempt from such taxes). If the organizational policy provides that charges for transportation, protective-in-transit insurance, and installation are a part of the cost of equipment, such charges must be included in the equipment costs if they are to be charged to Developmental Disabilities grants.

- (9) Equipment Maintenance and Repairs - Allowable on equipment used specifically on the Developmental Disabilities project.
- (10) Equipment Rental - Allowable provided the equipment is not owned by the grantee. Rental charges to a grant must be made in conformance with grantee policies and in the same manner that similar charges are made to any account.
- (11) Films - Allowable for purchase of a film provided the film is used only for training purposes in connection with the project. Not allowable for public showing unless prior written approval is obtained from the AADD. Allowable for film production if fully justified in support of the goals and objectives of the RFP, with prior approval by the AADD.

- (12) Fringe Benefits - Allowable for employer's share to the extent that such payment is made under formally established and consistently applied organizational policies, uniformly charged as a direct cost on an actual rather than an estimated basis, and charged in proportion to salary charged to the grant. The employee's share is part of the gross salary and included therein.

If a grantee has an established fringe benefit rate with the Federal government, the rate charged must be supported by the following: (1) the rate negotiated; (2) the date of negotiation; (3) the agency or Federal office with whom the negotiation was conducted; and (4) a copy of the negotiation agreement issued by the Federal agency.

If a grantee requests reimbursement for fringe benefits through a fringe benefit rate not established by the Federal government, then this rate must be supported by the following: (1) basis for the rate; (2) a breakdown and explanation of what the rate consists of; (3) any other supportive data justifying the rate; and (4) a copy of any negotiation agreement that the grantee may have.

If technical assistance is needed, please contact the AADD.

- (13) Honoraria - Not allowable. An honorarium is considered a payment or reward whenever the primary intent is to confer distinction on, or to symbolize respect, esteem, or admiration for the recipient. A consultant fee, on the other hand, is compensation for services rendered and is allowable.
- (14) Insurance - Allowable for liability insurance, workers' compensation insurance, business interruption insurance, fire insurance, health insurance, and insurance against vandalism and malicious mischief, equipment or automobiles in accordance with the same policies as are employed for non-Federally funded activities.
- (15) Land or Buildings - Not allowable.
- (16) License Fees - Allowable on start-up grants for direct service only.
- (17) Meals - Allowable for service recipients, or when an agency or organization customarily provides for meals to employees or volunteers. Meal expenses are not allowable for non-project related persons.
- (18) Minor Modifications of Space and Utilities - Allowable only if specified in the Request for Proposal and only for essential "minor" modifications of space and utilities within to complete structure for the purpose of adapting it to meet the needs of the project objectives more effectively.

A grantee receiving funds for minor modifications of space and utilities must --

- (a) comply with the Executive Order No. 11246 entitled "Equal Employment Opportunity" as supplemented in Department of Labor regulations (41 CFR Part 60).
- (b) comply with the Copeland "Anti-Kickback" Act (18 USC 874) as implemented in Department of Labor regulations (29 CFR Part 3) if the grant is in excess of \$2,000. All suspected or reported violations of the Copeland Act must be reported to the AADD.
- (c) include a provision for compliance with the David-Bacon Act (40 USC 276a to a7) as supplemented by Department of Labor regulations (29 CFR Part 5) in all construction contracts awarded in excess of \$2,000. The grantee shall report all suspected or reported violations to the AADD.

(19) Ongoing Program Expenses - Not Allowable.

(20) Publication and Distribution of Materials - Allowable for costs of publishing books, monographs, pamphlets, brochures, or other materials described in the grant application, subject to the conditions noted in paragraph #2 above. Costs of publishing or reproducing reports required by the AADD and of distributing materials as stipulated as a condition to receiving the grant are also allowable.

(21) Recruitment Costs - Allowable for recruitment of full-time staff if specified in the Request for Proposal and only for costs related to want ads and other advertising. Out-of-State travel costs related to recruitment will be considered only when and if in-State recruitment cannot be accomplished.

(22) Rental of Space - Allowable when charges are made in conformance with grantee policies and in the same manner that similar charges are made to any account. No rental charge may be made for space owned or controlled (managed or administered) by the grantee or by an affiliated organization, except that a charge may be allowed equivalent to the cost of ownership (e.g., depreciation or use allowance, taxes, and normal maintenance and operating costs). Also, when a grantee transfers a facility to a third party through sale, lease, or otherwise, and then leases the facility back from that third party, the lease cost which may be charged to the project may not exceed the equivalent of the "cost of ownership".

NOTE: All conference/training/project activities space must be accessible for persons with mobility and sensory impairments.

(23) Salaries and Wages - Allowable for time or effort spent on a grant supported project. No supplementation of base salary is

permitted; however, when a project employee's full-time base salary covers a period less than 12 months, the salary may be prorated to the grant period. Salary and wage rates must be in conformity with those permitted by the grantee's wages and salary scales and policies. Requisite documentation (e.g., time and attendance records as required by the Federal Cost Principles applicable to the Grantee) must be maintained.

The Executive Director of an organization cannot be the Project Director for the grant.

- (24) Services Provided by Affiliated or Cooperating Organizations - Costs incurred by affiliated or cooperating, separately incorporated agencies and organizations in support of grantees are allowable with prior AADD approval for reimbursement by the grant only if one of the following conditions exist:
- (a) the grantee is charged for, and pays for, a service provided through a contract or sub-grant with the affiliated or cooperating agency or organization specified in the grant application;
 - (b) the affiliated or cooperating agencies or organizations submit joint applications and the award is made to them jointly. In this case, costs incurred by either or both may be reimbursed to the extent otherwise allowable.
- (25) Supplies - Allowable.
- (26) Taxes - Allowable only for those taxes which a grantee is required to pay in connection with employment, services, travel, renting, or purchasing for a project.
- (27) Travel - Allowable for domestic travel when such travel is essential to the successful conduct of the project being supported. Travel on grant funds may be allowed for those persons listed in the application who are holding staff positions at least 50 percent of full time in the conduct of the project (others with prior AADD approval). Prior approval is required for such travel if the total required for travel exceeds the amount approved by the AADD. Foreign travel is not allowed. Less than first class air travel must be used when available. Mileage cost and expenses related to the travel will be applied in accordance with the grantee's and State's policy. U.S. Government Travel regulations (GSA Bulletin FPMR-A40, Supp. 20, issued under Title I, P.L. 99-234, 5 U.S.C. 57) and State policy must be followed when a grantee has no established guidelines.
- (28) Tuition and Related Costs - Allowable with prior written approval from the AADD when short-term specialized staff training is required for successful implementation of the objectives of the project.

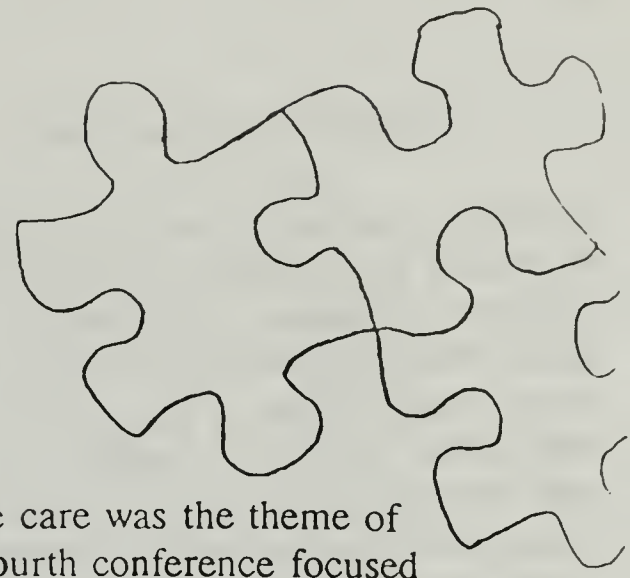
(29) Volunteer Reimbursements - Allowable for the reimbursement of in-State travel and meal expenses incurred by volunteers as a direct result of activities undertaken as part of the project. Such reimbursements should be made on the basis of receipts showing the exact nature and amount of expenses incurred. If the grantee's stated policy regarding volunteer utilization and reimbursement allows for expenses in excess of travel and meals, those costs may be treated as a match to the grant.

APPENDIX C

STATE PLAN EXCERPT

1993 MDDC State Plan

SECTION III-1:
SUPPORTING FAMILIES



A. Background/Family Perspectives

• **History of Council Involvement**

The Family Support Steering Group (FSSG) started as an ad hoc sub-group in 1986 and became an official Council committee in FY 1992. Its purpose is to select and execute initiatives supporting families caring for a family member with disabilities at home. Group members share information on family support programs in the state, analyze the state budget for family support funds, and advocate for a coherent family support policy for Massachusetts.

The FSSG has a history of working in collaboration with the Executive Office of Health and Human Services (EOHHS) and a variety of other public and private agencies to obtain endorsement of the philosophy of family support by the executive and legislative branches of state government. Several parents, whose children have different disabilities and are varying ages, are actively involved in the Group. Two parents co-chair the group. Family empowerment is central to the mission of the Family Support Steering Group. To obtain family input into the design of a family support system, the FSSG held four yearly statewide Family Support conferences from 1986-1989. In the fall of 1986, approximately 150 people came together from all over the state and provided insights which were compiled in the paper, Families Uniting for Change. The theme of the second conference was political empower-

ment, and respite care was the theme of the third. The fourth conference focused on reaching out to and including people from multi-cultural groups and making information accessible to them.

During the past few years, the Group has worked to establish a relationship with staff from EOHHS and has promoted the formation of a grassroots organization of family members. These efforts and others are described more fully under Section C., Status of Current Council Efforts.

• **Defining Families and Their Needs**

A family with a member with a disability is defined as one or more people residing together in one household and where one or more of the people is a person with disabilities. Families come in all ages, from all geographic areas of the state--rural, urban, and suburban; they may be rich or poor; and of any racial heritage. Family includes biological as well as foster and adoptive parents, and people in extended family relationships. The common denominator for these families is that a family member has a developmental disability--beyond that, their circumstances and needs will vary from one another, and will also change over time as individuals within the family reach different ages and/or stages of development.

•The Role of the Family

In society, the family has a dual role: (a) to provide for the basic needs, socialization, and nurturance of its members, and (b) to mediate between its members and larger social groups. The "service system" should not supplant either role or else the well-being of the individual, the family, and the society is threatened. One example of this has been the bias towards avoidable, costly out-of-home placements for children.

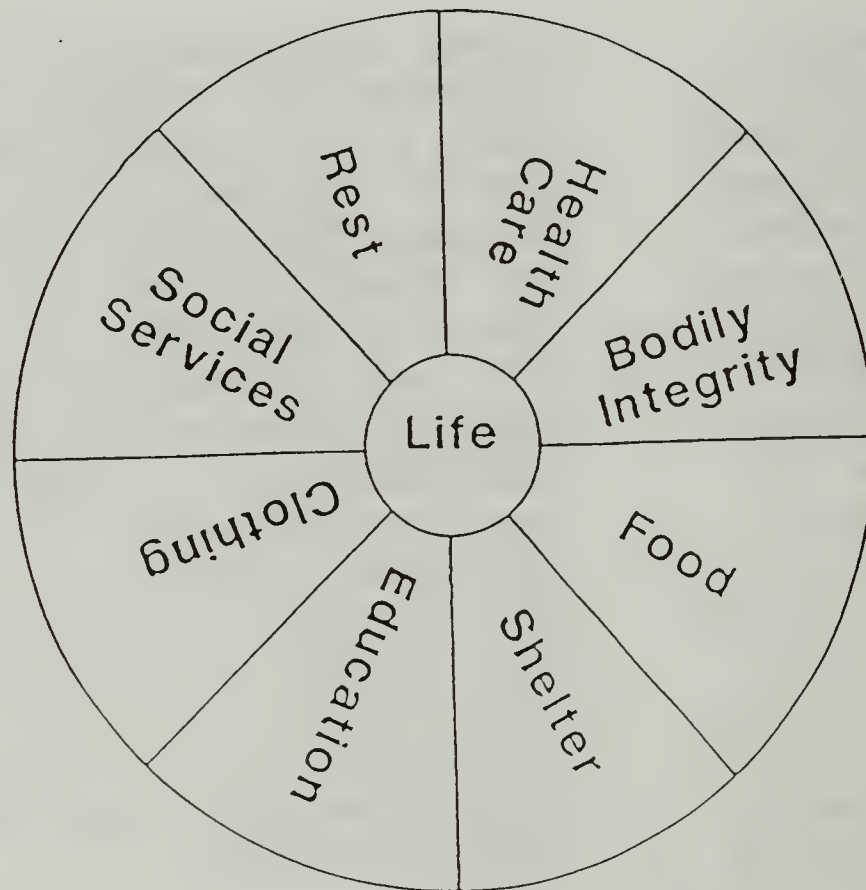
•What are Family Supports, and What is the Rationale for Family Support?

A Council member recently said that "people with disabilities do not want anything that anybody else does not get."

However, people with disabilities may need supports to conduct daily life activities and to participate in their communities. A parent at the Council's June 1991 public forum defined family supports as "what families want, what they need, whenever they need it."

Unfortunately, society does not appear to understand the key role of the family in caring for members with disabilities. A common complaint is the lack of resources: "(there is) nothing else out there." "(The) system needs flexibility to meet all these (needs)."

UNIVERSAL HUMAN NEEDS



Examples of Family Supports include: respite care, personal care attendant services and personal care attendant surrogacy services, home health aides, cash assistance or vouchers to purchase needed services, case management/service coordination, home modifications, assistive technology, integrated day or after-school care--anything which enables the family and/or individual with disabilities to participate in the community.

Promoting supports for families to care for family members with disabilities at home or in the community gives the person with disabilities the opportunity to develop in a typical, societally valued way. Some supports, such as after-school or day care, can help other family members to obtain or maintain employment so they can pay taxes. Often, without integrated day care or aftercare, mothers or fathers cannot work outside of the home and lose job opportunities. Many families cannot make it on just one income.

Furthermore, a child is more "productive" doing what typical children do--going to their local school ("the least restrictive environment" for most children), learning with peers, and making friends. When a person is enabled to stay in the community, integration can occur naturally, to the benefit of all citizens.

B. Key Issues and Analysis

● Introduction

Within the past decade, there has been a growing realization that children grow best in families, and that families are the "experts" on the needs of their family mem-

bers who experience (developmental) disabilities. Partnerships, in which responsibilities are shared between equals, have developed between family members and professionals. While some progress has been made in expanding the range of supports, much more needs to be done. A comprehensive array of supports must be available to "enhance the ability of the family to meet the need of persons with developmental disabilities and to function effectively as a unit." (1)

While some helpful supports are available, consistency and coordination are lacking. Sometimes the geographic location of a family determines to what services it has access. Enabling people with developmental disabilities to live in the community means we must ask them and their families what they need, and then provide the supports that will make it possible. Although families may differ in their opinions about life or politics, they share the belief that they must be the decision-makers.

A Family Support System is defined as a statewide initiative that enables families to provide care at home to persons with disabilities and alleviates the financial and emotional costs incurred by families providing such care. The most important characteristics of such a system include:

1. ensuring flexibility in availability and delivery of supports;
2. offering a range of supports to families;
3. identifying the family as decision-maker about what specific supports they want and need;
4. coordinating existing supports and resources; and

5. addressing the needs of all families.

A Family Support System must incorporate certain fundamental values to guide program design and administration, as follows:

1. Everyone, able or disabled, needs family ties and enduring relationships.
2. Families must receive the supports they need to care for the family member with disabilities at home and to enhance family members' capacity to provide care.
3. A system for supporting family efforts must build on existing social networks and natural sources of support in the community. ⁽²⁾

The policy of supporting families has far-reaching implications for Massachusetts. When families are enabled to stay together, thus preventing more costly institutionalization, all citizens benefit. Keeping families with a member who experiences disabilities together enables all of them to be more productive members of society.

● Problems Families Face

(a) Lack of a coordinated, comprehensive service system: Agencies with differing mandates work with an individual in only one particular area. There is no single entry point, so families must contact several agencies. Some families may have the energy and resources to pursue this effort, while many others may not. Families consistently identify the need for information as one of their most important needs.

(b) Lack of incentives to create integrated, inclusive neighborhood school programs: Although Massachusetts has been considered a leader in special education because its state law preceded the federal mandate and provided a stricter standard (maximum feasible benefit to the student), in actuality, the trend since the law's implementation has been to include children with special needs in increasingly segregated placements.

(c) Mis-application of reimbursement mechanisms which promote segregated placements: To give some fiscal relief to Massachusetts cities and towns, legislation was passed to allow cities and towns to share expenses for special education residential placements with the state (now reimbursed at 50%). Contrary to the intent of the legislation, the available reimbursement has encouraged cities and towns to send children to programs outside of their own communities.

d) Systemic Inconsistencies and/or Exclusions: To families attempting to do the right thing and care for a member with disabilities at home, it feels like the system works against them and actually promotes their dissolution. Two examples are described below:

*Medicaid, as a publicly-financed payer of basic health care, could, if available, really help a family caring for a child or adult with disabilities at home. However, because Medicaid is for "poor" people and many families are "over-income," families struggle along without health insurance or other help to keep their children at home. In contrast, a child in a long-term care institution may individually receive

Medicaid benefits and a higher level of service, by virtue of being in the facility.

* The Department of Social Services provides day care and authorizes the Department of Public Welfare to allow Medicaid eligibility for families who abuse their children without regard to parental income, but cannot provide this same support to families who do not abuse their child with disabilities.

(e) Lack of Resources and Flexibility for Housing Adaptations: The Massachusetts Department of Public Health used to administer a small program to help families modify their houses for children with physical disabilities, but the program has received no funding in recent years. Families with children can theoretically access funding through Independent Living federal funds, Part A, but the amount of money is very limited, and the waiting lists are long.

In addition, middle-income families are often frustrated in their attempts to make their homes more accessible for a child with physical disabilities. (They are considered a poor risk by typical lending institutions--if they bought their house within the last few years, they might have a large mortgage and not be making enough money--and they are over-income for loans through the Massachusetts Housing Finance Authority.)

(f) Lack of an "open intake" system which welcomes families to access services intermittently without repetitive paperwork: Families should be able to come into the service system when they need services; they should not have to stay in the system in order to reserve their place. A "slot" should stay open throughout the life span of the family member with disabilities, which would allow them to move in and out of the system based on their need for supports.

"The single most frustrating and anxiety-producing part of having a disabled child is not the child, but getting services to meet his needs. And getting support for his family, who's in desperate need at all times, or most of the time, just trying to get through and to keep some normalcy in our lives." ⁽³⁾

(g) Inadequate Financial Commitment to Family Supports and Services: It is one thing to support families philosophically, but another to commit to funding what is needed year after year. As various services have been cut because of the state's fiscal situation, many families have been left with fewer and fewer supports which could help them to maintain their family member with a disability in the community.

"I think the hardest thing for us is the energy level it takes in managing Kevin. And I know we are not alone. If we get even less than what we get now, Kevin would not be in as good shape as he is in physically and mentally, because we wouldn't be in as good shape either." ⁽⁴⁾

(h) Poverty and the Economy: Massachusetts has experienced a worsening economy over the last few years, and many people are finding it harder to make ends meet.

It has been documented that people living in poverty are more likely to experience disabilities. In addition, many families of color experience poverty to a disproportionate degree.

"A clear and disturbing picture emerges: environments in which economically disadvantaged children develop from conception on are far less supportive of physical and mental growth than environments of children who are not disadvantaged. These economically-influenced differences are profound, enduring, and inter-generational. We must urge communities to become committed to equality and strengthening families--enabling parents to do their jobs well--with communities and families joining in caring pursuit of the development of competence and the prevention of developmental problems." ⁽⁵⁾

• Complex and Generic Service Delivery Needs

Because their needs are complex, people with developmental disabilities do not fit into any one place in the service system. They need a multi-disciplinary approach, and since they do not fall under any one

human service agency, very often their multi-faceted needs are neglected. Given these facts, a single point of entry to the service system is very attractive; a family could go to one agency and obtain whatever kinds of help they need.

People with developmental disabilities also have the same kinds of needs as everyone else, such as for housing and food. In its report entitled Children are Hungry in Massachusetts, Project Bread documents that "hunger is a reality for 195,000 children under 12 in Massachusetts--one in four." ⁽⁶⁾ During state Fiscal Year 1992, the state administration cut out the clothing allowance for children on AFDC; fortunately, in FY 1993, the \$150 allowance has been restored. Meanwhile, the real income of people on AFDC has continued to lag behind the poverty level, logging in at approximately 40% below.

● Cuts in Services

In 1991, the state withdrew its legislative mandate for "optional" Medicaid services which provide for basic needs.

In addition, although the Office for Children continued to exist during FY 1992, its local and statewide advocacy functions have been decimated. This Office formerly provided critical support services for individual children and families and served as a watchdog for these vulnerable populations.

At a State House press conference in June 1990, Richard Rowe, former Chair of the OFC Statewide Advisory Council, said:

"As an employer, I am increasingly concerned by the state's retreat from

children...less money for child care, regular and special education, job training, child abuse prevention and treatment, drug treatment and other social services hurts the children and families who need it most. These children grow up with no job skills unable to compete in a skilled labor force and unable to raise their own children. That's bad for business. In fact, it's this shortsightedness that might cause me to think about relocating in another state, not taxes or state regulations." ⁽⁷⁾

In the area of special needs adoption, advocates feel that the administration is undercutting the support needed to return children to their families where appropriate, or to make them available for adoption. Over the last two years, the Department of Social Services has lost over 200 social worker positions. Sandy Wickset of the Special Needs Adoption Network, a group working on speeding up adoptions for special needs children, expressed her concern:

"Cuts are not our idea of how to move children out of the system--in fact, you need more funds to move them out quicker." ⁽⁸⁾

On another front, the backlash against special education continues. As cities and towns have received a smaller share of state aid, they have watched their education budgets, especially for special education, grow, and resentment has built up. Because of problems with "regular" education, such as large classroom sizes, teachers have been less able to cope with the diverse learning styles of students, have received less support for their efforts, and

have often referred students out for special education services inappropriately.

In January 1992, the definition of which children are eligible for special education was changed: a child must now have a definable "disability" instead of "special (educational) needs." This change is supposed to bring Massachusetts more in line with the national average of 12% of the student population using special education services. However, the current Massachusetts percentage is 17%, which translates into a difference of 50,000 students. While there may be some students who receive special education services inappropriately, we are not convinced that 50,000 students were inappropriately classified as having special educational needs.

It is disheartening that basic family supports are often perceived as extras, not as necessary as "bricks and mortar" institutions. Even though these supports can be very cost effective, they are the first to go when budgets are cut. Very often, these supports can enable a family to stay together. It is far less costly to provide a family help to keep a child at home, than to put the child in an institution or in alternative care.

● Exemplary Efforts

Most service systems look at the child or individual as if he or she existed in a vacuum. No one can achieve total independence, and an undue emphasis on this value can translate into isolation. All people are inter-dependent, and this trait must be recognized as healthy and human. There needs to be more emphasis on the child or individual as a community mem-

ber who belongs to a family and/or other people and support systems with whom the child and family relate.

To ensure that resources will be provided to achieve this end, high-level managers in human services agencies and the Department of Education as well as a representative from the Massachusetts Children's Legislative Caucus have been meeting on a regular basis since early 1991 as the Children's Services Policy Group. The group promotes coordination among the agencies to better meet the needs of children under their purview. It has worked on revenue maximization (such as obtaining increased federal funds) and on how to bring more services to people in the community. It provides a forum where agency representatives can have ongoing communication and identify and work on issues of common concern.

Publicly Funded Programs Which Consider Comprehensive Needs: Massachusetts has pioneered various programs of this type, as described below:

- (1) Early Intervention Services, where Individualized Family Service Plans look at the child within the family and involve the family in identifying strengths and needs;
- (2) "Turning 22" Planning Process, where the Individualized Transition Plan can, if well used, bring together a variety of resources to examine the individual's adult life needs, before s/he approaches the adult service system. We are pleased to note that federal legislation now encourages transition planning starting at age 14; and
- (3) Department of Mental Retardation/Family Support Services and Respite

Care, where the Department has moved forward in funding some flexible family support programs although funding for DD respite care has remained static for several years and not all families which need these services have been able to access them.

Smaller/private programs: Several local programs have helped families integrate or maintain their son or daughter with disabilities in the community by working with "generic" providers. Examples include:

(1) Greater Boston Association for Retarded Citizens' KOALA Program: This program continues to provide technical assistance to generic after-school programs in Boston to include and integrate children with special needs into their regular programs.

(2) Community Integration Projects: The Massachusetts Developmental Disabilities Council (MDDC) funded four different pilot programs to work with individuals with disabilities to identify and pursue their interests by joining local civic groups.

(3) Cash Assistance Project: Also funded by the MDDC, this three-year pilot project provides families with some control and choice (through cash) to obtain services not otherwise available.

(4) Respite Care Exchange Program: Operated by Toward Independent Living and Learning (TILL), this program is similar to a baby-sitting cooperative but is coordinated through the Program to match families with each other.

Newer State Programs:

(1) Medicaid's Personal Care Attendant (PCA) Surrogacy Program: This relatively new service was designed for those individuals who cannot legally enter into a contract (people with cognitive limitations and children). This service is similar to the PCA program for adults with physical disabilities who can manage their own PCAs. Under PCA Surrogacy, the families, rather than an agency, must recruit, hire, train, and fire the PCAs (which saves the "system" money by avoiding overhead and administrative expenses which are charged by agencies which provide home health aides). Although not every family with a child with disabilities may benefit from this type of support, there are many families and individuals who can benefit from it. However, the state's Medicaid Program has been slow to implement these programs, which are in jeopardy as of mid-summer 1992.

(2) Department of Social Services/Family Preservation: During this past year, discussion has taken place about a refocusing of the DSS service delivery system to emphasize family preservation. The Department will attempt to prevent placements out of home, offer rehabilitation and reunification services to families whose children are in substitute care, and assure permanent plans for children who cannot be reunified with their families. DSS plans to place about 250 children into specialized community-based family settings in early state fiscal year 1993. (Some of these children have been in residential schools, while others have never been placed in private residential schools.) ⁽⁹⁾

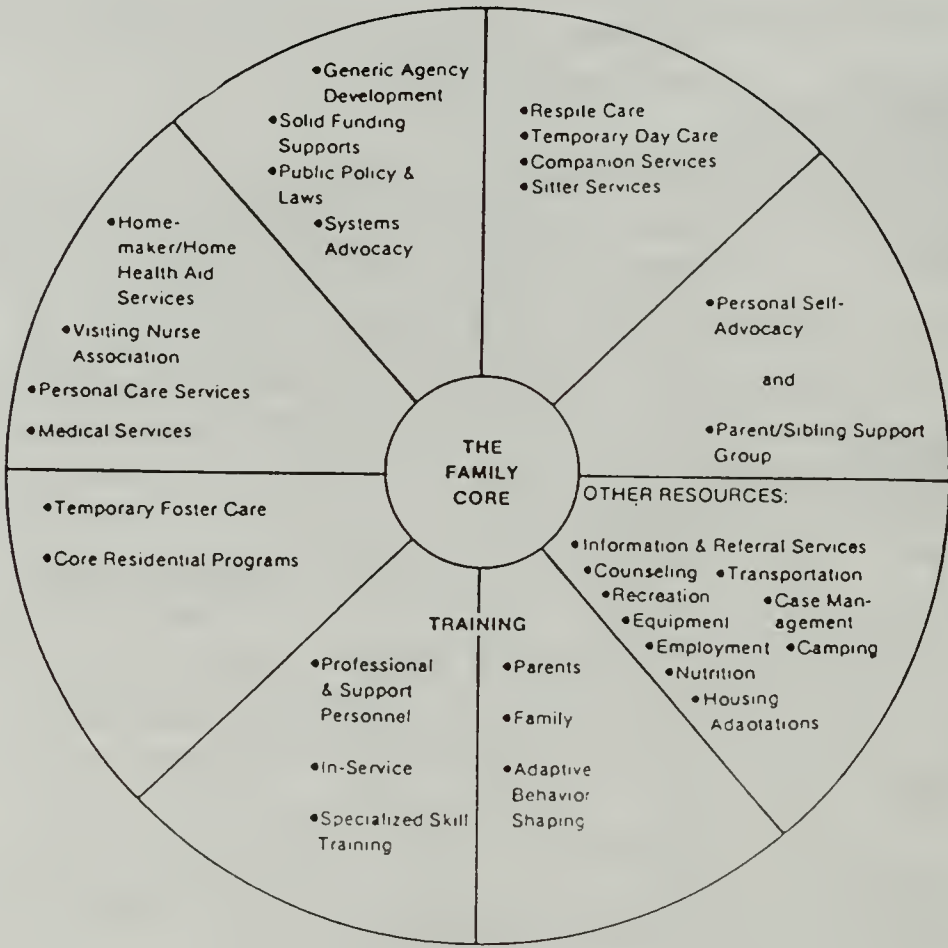
As of the summer of 1992, DSS plans to fund twenty-six family support service centers throughout the state to provide help

to families through an open referral process have been put on hold. Although DSS, as a child protection agency, is mandated to serve families of vulnerable children and protect children from maltreatment (neglect or abuse), these centers would serve a broader population which could include families with children with disabilities.

(3) Department of Mental Retardation (DMR) and Department of Education (DOE) Interagency Agreement, Community Residential/Education Pilot Project: As of the summer of 1992, plans were underway for this Project. Its goal is:

"To support less restrictive and more cost-effective residential options, special education services, and community-based supports for young people with mental retardation or young people with autism and mental retardation for the purpose of facilitating effective transitions from school life to independent adult life within the community."
(10)

A Model Array of Family Supports



SOURCE: CASS—Respite Services Community Development, Omaha, Nebraska
Adapted by the Massachusetts Developmental Disabilities Council

An agreement will be made between DMR, DOE, and the Executive Office for Administration and Finance to set aside \$1.25 million from the DOE "50/50 Account" in state fiscal year 1993. This Account reimburses public school systems at 50% for special education expenditures for children in 502.6 placements (usually, placements at private residential schools). This agreement will enable the departments to bring adolescents and young adults out of the 502.6 placements back into the community and provide flexible family support and/or community-based residential services to them and their families.

DOE staff estimates that the Pilot Project will serve about 25 children. In addition, if there are any savings from the Project, the money will be used to "develop additional community based services for children and their families...or to bring additional young people from residential schools into the pilot project." ⁽¹⁾

C. The Council's Agenda for the Next Two Years

● Status of Current Efforts

Since 1986, the Council has maintained and enhanced its commitment to Family Supports. The State Plan has included an objective for Family Supports for several years.

*During FY 1991, the Family Support Steering Group studied the issues of health care, home care, and housing, and then hosted a "Think Tank" (a day-long meeting to exchange information and ideas) in the fall with

Secretary Forsberg and other key personnel of EOHHS. At a follow-up meeting in early June 1992, members of the FSSG met with Janet George, Under-Secretary for Health, and Hans Toegel, Director of Transitional Planning. EOHHS staff expressed receptivity to the philosophy of An Act Relative to Supporting People with Disabilities and made suggestions about how the family councils could function. In addition, they talked about other developments that would help families:

- (a) day care income eligibility requirements for families with children with disabilities are being made more flexible;
- (b) the Department of Mental Retardation is applying to expand its home and community-based waiver (which would free up more money for family support services); and
- (c) an inter-agency agreement between the Department of Education and EOHHS is being revised and will address family support issues more specifically.

*In addition, staff and a committee member kept track of developments in child care and promoted the inclusion of children with disabilities in "generic" day care services. In May 1992, Council staff participated as part of a review committee for proposals for projects to include children with disabilities in child care and day care.

*The Council has funded a pilot cash assistance project in Massachusetts for three years. Several other states have already funded pilot projects or implemented statewide cash assistance programs to support families caring for family members with disabilities at home.

Findings from the second year evaluation of this Project include:

**participants felt more empowered, especially with respect to having choices and control over the purchases they could make for their family member with a disability;

**project families perceived their family member as having less severe disabilities than a comparison group (and this perception continued over time, even though the condition of the family member did not change);

**participating families remained satisfied with the program (from year one to year two), especially with the availability of the family agent, the ease of obtaining cash, and the amount of cash received;

**43% of the participating families felt that the program had a strong influence on their quality of life;

**nearly half of the families reported at least one "opportunity gain"--seven mothers of family members with disabilities accepted part time jobs and three started school/training programs; four families purchased respite or special items at less than traditional agency

costs which left them with more discretionary income. ⁽¹²⁾

The Project has demonstrated that families are the experts on the needs of their children and should be given the freedom and trust to purchase the services or equipment their children need. While cash assistance is only one type of family support service, it is one which truly serves to empower families.

*During FY 1992, the FSSG began to work with the Human Services Research Institute (HSRI) on a Parent Training Project. HSRI has done this type of work with grassroots organizations in several other states under a federal grant, and wanted to expand its efforts to Massachusetts. With outreach through Council and HSRI staff, HSRI convened about seventy family members (who represented different geographic areas and disabilities, ages of child and parent), to establish a grassroots organization of family members. The families decided to call themselves Families Organizing for Change.

HSRI provided support to a sub-group of these families who then drafted legislation to legitimize individual and family supports in Massachusetts. The legislation, An Act Relative To Supporting People with Disabilities and Their Families, was submitted in November 1991, for consideration during the 1992 legislative session. It was reported out favorably by the Human Services and Elder Affairs Committee of the House, and was being considered by the House Ways and Means Committee as of mid-summer 1992.

As part of its effort, HSRI has helped the larger group organize into regional groups for local forums about family support and continued advocacy activities around the legislation. Members testified at the hearings, made phone calls and wrote letters to their legislators. One of the parents was a presenter at the Council's Legislative Reception in March 1992 at the State House.

●The Council's Commitments for FFY 1992 and Beyond

During the past few years, as fiscal constraints have seemed to gain priority over human needs, the Family Support Steering Group has reiterated the need for a mandate for family supports, and a desire for a commitment by the state to assist these families through less expensive, more human, family-based alternatives. This coming year:

- The Group plans to maintain contact with EOHHS staff to follow up on the issues described above, and to share suggestions about how to help families maintain members at home and in the community, to exchange information on models of family support services, and to promote the inclusion of families with members with disabilities in generic services. After the completion of the third year of the Family Cash Assistance Project and Evaluation, probably in calendar year 1993, the Group will convene state policymakers and others to discuss cash assistance as part of a comprehensive family support system and how to implement a cash assistance program in Massachusetts.

- The Family Support Steering Group expects to continue to work cooperatively

with Human Services Research Institute (HSRI) to support Families Organizing for Change, through continuation of the Parent Training Project.

- In cooperation with Families Organizing for Change, the FSSG will continue work on An Act Relative To Supporting People With Disabilities and Their Families or an equivalent piece of legislation during the next legislative session.

- The Family Support Steering Group will also continue other efforts, such as networking, gathering and sharing information on model family support projects and practices, and participating on appropriate groups. The Group is also concerned with changing attitudes in the community.

- In addition, in FFY 1993, the Council plans to award a new Family Support Project grant, which will reach out to families of color. Anticipated project components are: outreach through community contact workers, a family advocacy curriculum (which will include information on the concept of family support), assistance with care management, development and dissemination of a care management notebook for families (to help them keep/organize their information and contacts), and a regular group activity which will encourage mutual support and networking.

References

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⁽³⁾ Linda Isaacs & Jack A. Clark, Life-lines: People with Disabilities Speak Out. 1988.

⁽⁴⁾ Ibid., pg. 2.

⁽⁵⁾ Alfred Baumeister, Paul R. Dokecki, and Frank Kupstas, Preventing the New Morbidity: A Guide for State Planning for the Prevention of Mental Retardation and Related Disabilities Associated with Socio-economic Conditions, John F. Kennedy Center, Vanderbilt University, Nashville, TN, 2/88, pg. 6.

⁽⁶⁾ Children are Hungry in Massachusetts: A Statewide Study on Childhood Hunger, Massachusetts Community Childhood Hunger Identification Project (sponsored by Project Bread, Massachusetts Department of Public Health, Massachusetts Anti-Hunger Coalition), disseminated May 1991, frontispiece.

⁽⁷⁾ Office for Children's Statewide Advisory Council News (press release) for June 12, 1991, "Nationally Recognized Child Advocate and Local Supporters Ask State Officials to Save Key Children's Agency," Statewide Advisory Council, MA Office for Children.

⁽⁸⁾ State House Watch, April 3, 1991.

⁽⁹⁾ Department of Social Services Memorandum, "Family Preservation Activities," May 14, 1992, Pamela Kaufman, Director of Program Audit and Assistance, Division of Special Education, Department of Education, and Evelyn Strawn, Deputy Commissioner, Department of Social Services.

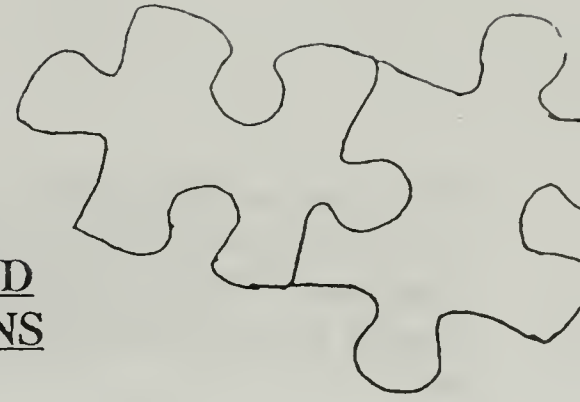
⁽¹⁰⁾ August 1992 draft, "Department of Mental Retardation and Department of Education Interagency Agreement Community Residential/Education Pilot Project."

⁽¹¹⁾ Ibid.

⁽¹²⁾ "Executive Summary of the Impact Study of the Family Cash Assistance Project, Year Two Results" (Division of Social Science, Ethics and Law, The Shriver Center, 1992), summarized from pages 1-2.

SECTION III-3:

SUPPORTING MULTI-CULTURAL AND OTHER UNDERSERVED POPULATIONS



A. Background/Consumers' Perspectives

•The Challenge of Growing Diversity

The face of Massachusetts is changing. In the last ten years, the Commonwealth's White population has grown by less than 1%, whereas communities of color have grown anywhere from 25% to nearly 200%, according to the 1990 U.S. Census.

⁽¹⁾ Today, nearly 10% of the state's population is African-American or Latino and the number of Asians has nearly tripled since 1980. ⁽²⁾

The state's growing diversity presents substantial challenges in all arenas of social discourse: including commerce, public governance, education, health and human services, and the arts.

•People of Color with Disabilities: Who are They and What Do They Say?

Nationwide, there is little data available about the prevalence and distribution of disabilities among ethnic and linguistic minority populations. People with disabilities who are from non-dominant cultural communities have been largely ignored by mainstream disability researchers and service planners, resulting in a large, and largely uncharted, interlocking web of problems.

However, a study conducted by Bove in 1985 found that "African-Americans between the ages of 16-64 constitute a proportionately larger segment of the disabled population than any other ethnic group in the country." ⁽³⁾ A more recent study by Asbury, Walker, et al., found similarly disproportionate prevalence of chronic conditions among Latinos and African-Americans at younger age levels, compared to their White cohorts. ⁽⁴⁾ In addition, these persons of color with disabilities were much less likely to have received a college education. ⁽⁵⁾

This study also found unmistakable evidence that African-American, Latino and other persons from multi-cultural backgrounds who experience a variety of disabilities consistently appear at the bottom of the economic ladder, in comparison to people of European ancestry with disabilities. ⁽⁶⁾ This finding has serious implications for people of color who face the multiple burdens of disability, race, cultural difference and/or disadvantaged economic status.

Responding to the lack of information about the number of people from non-dominant cultural communities who live in this state, the Minority Disabilities Task Force of Action for Boston Community Development, Inc. (ABCD) convened in December 1988, and asked ABCD to conduct a survey. Completed in the fall of

1990, this first attempt to systematically assess the needs of people of color with disabilities in Massachusetts was conducted through personal interviews and found that:

- Nearly half of all respondents felt there are not enough services available to them: neither "basic services" such as health care, housing, employment & training, education and information & referral, nor "specialized services" such as assistive technology and transportation services.

- 65% of respondents reported encountering barriers to receiving services and/or living independently. These included linguistic, transportation, and accessibility barriers, as well as lack of sensitivity and discrimination based on race and disability. ⁽⁷⁾

Although African-Americans as a group have been found to receive more benefits overall from the Disability Insurance and Supplemental Security Income programs than do Whites, those filing new applications are far more likely to be rejected for Social Security disability benefits than are White applicants. ⁽⁸⁾

The higher overall numbers of referrals for benefits have been attributed to higher rates of work-related disabilities among African-Americans. ⁽⁹⁾

Conducted by the U.S. General Accounting Office, the study also found that African-Americans also had a more difficult time winning appeals after being denied benefits. These disparities date back to 1961. ⁽¹⁰⁾

Another national study examined differences in utilization of rehabilitation services by African-Americans and White Americans. It found that African-Americans reported lower utilization of physical therapy, counseling, and social services than White Americans. Difficulty in accessing services and low income were suggested as factors contributing to lower utilization. ⁽¹¹⁾

B. Key Issues and Analysis

The 1989 Census figures on poverty and income show that no significant progress was made on reducing poverty in 1989, and that the gap between rich and poor is at its widest point in more than 40 years. ⁽¹²⁾

According to the 1990 census, per capita income for African-Americans was \$10,867 and \$7,833 for Latinos, while per capita income for Whites was \$18,003. ⁽¹³⁾

Another study related to the concerns of low-income people has found that women who receive Aid to Families with Dependent Children are more likely to be disabled than other women their age.

"According to the 1983/84 Survey of Income and Program Participation (SIPP), nearly one in four women on AFDC under the age of 45 (22%) report themselves as disabled compared to one in eleven (9%) such women not on AFDC. In fact, women on AFDC have disability rates nearly as high as women old enough to be their mothers (or grandmothers.)" ⁽¹⁴⁾

Many of these women face a "triple whammy" of race, disability, and being female.

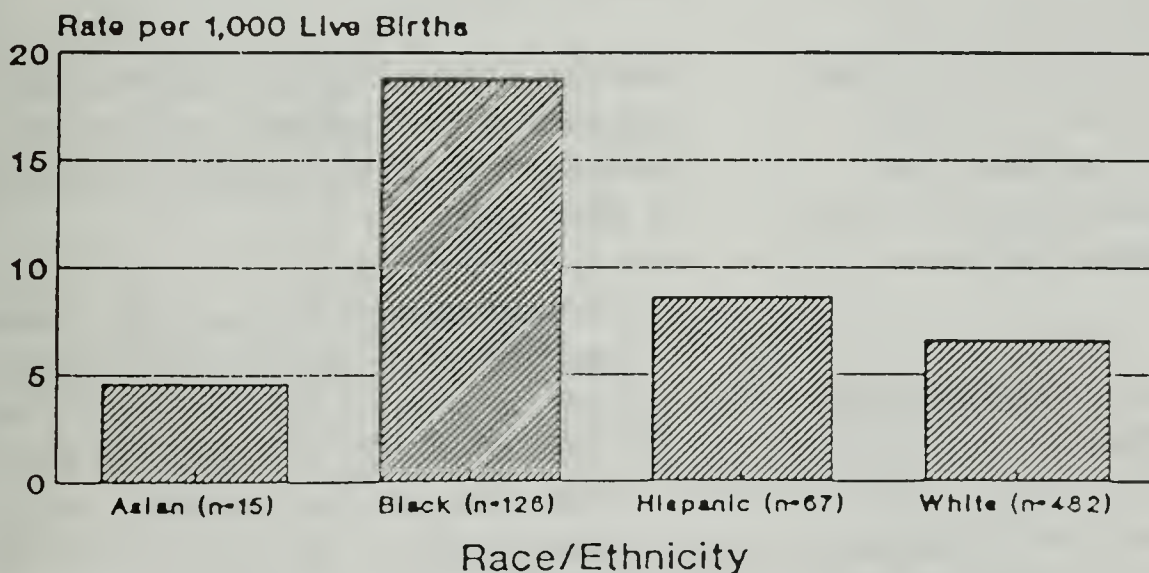
•Factors Impacting Health

A recent study by the Massachusetts Department of Public Health, "Disparities in Health Status Among Racial and Ethnic Groups in Massachusetts," confirmed what providers and advocates have known for a long time: the data unmistakably shows that "African-American and Latino residents of Massachusetts are disproportionately affected by chronic diseases, cancers, substance abuse, AIDS, poor perinatal outcomes, sexually transmitted diseases and injuries..."⁽¹⁵⁾

Factors which increase the risk of these conditions include poverty, lack of adequate housing and employment opportunities, lack of adequate medical care, and discrimination, to name a few.

The disparities begin at birth. A separate study conducted in 1990 by the DPH shows the connection between socio-economic status and infant mortality - noting that low income status makes it difficult, if not impossible, for low income women to meet not only the expenses of survival such as food and shelter, but also other child-related expenditures such as transportation to medical appointments, baby-sitters for older children, etc. ⁽¹⁶⁾

Infant Mortality by Race and Ethnicity Massachusetts: 1989



Source: Registry of Vital Records and Statistics - Death Registry

● Infant Mortality

"In 1989, the infant mortality rate for African-American infants was 19 per 1,000 live births. Among Latinos, the infant mortality rate was 9 per 1,000 live births. White infants had a rate of 7 per 1,000 live births, and Asian infants had a rate of 5 per 1,000 live births." ⁽¹⁷⁾

"Of 937 African-American infant deaths that occurred between 1980 and 1988 in Massachusetts, more than half, 53%, would not have occurred if African-American and White infant mortality rates had been equal." ⁽¹⁸⁾

Among babies who survive, low socioeconomic status has long been associated with higher incidence of developmental disabilities, with concomitant factors of poor nutrition, family disruption and lack of access to regular health care for these fragile infants.

Massachusetts' Early Intervention Program, administered by DPH, tries to identify and serve those children at greatest risk for developmental disabilities, but waiting lists are long and resources inadequate to meet the expanding needs.

● Creating Educational Opportunity for Children

Once children enter the school system, a variety of complex issues must be addressed if they have special needs. For children of color, there are additional needs which, if not addressed, may seriously hinder their learning and development.

● Will a child's learning needs be accurately assessed, to avoid inappropriate placement into special education?

● If a child has a documented need for special education services, will those services be provided appropriately?

● If English is not the primary language spoken in the home, will his/her need for bilingual services also be evaluated and met appropriately?

● And finally, if a child is from a newcomer refugee or immigrant family, and if the child was exposed to violence in his/her home country, does the school understand the dynamics of post-traumatic stress disorder?

These issues are only a few of the critical questions facing special education professionals. As school demographics show increasing numbers of children of color in U.S. public schools, special and regular education must find new resources with which to respond.

Dorothy Kerzner Lipsky, Assistant Superintendent of the Oceanside (NY) Public Schools, addressing a national conference in 1991, said:

"When a student does not learn, rather than first of all asking what is wrong with her or him, might we not do better to see the matter as a mismatch between what the student needs - and is ready to accept - and what we as the professionals are offering?"

• The Effects of Violence

The impact of violence on the incidence of disabilities in non-dominant cultural communities can no longer be ignored. As violence becomes more and more a daily occurrence on the streets of Boston and other Massachusetts cities and towns, it is critical to recognize that it is a major public health issue which requires a major public response.

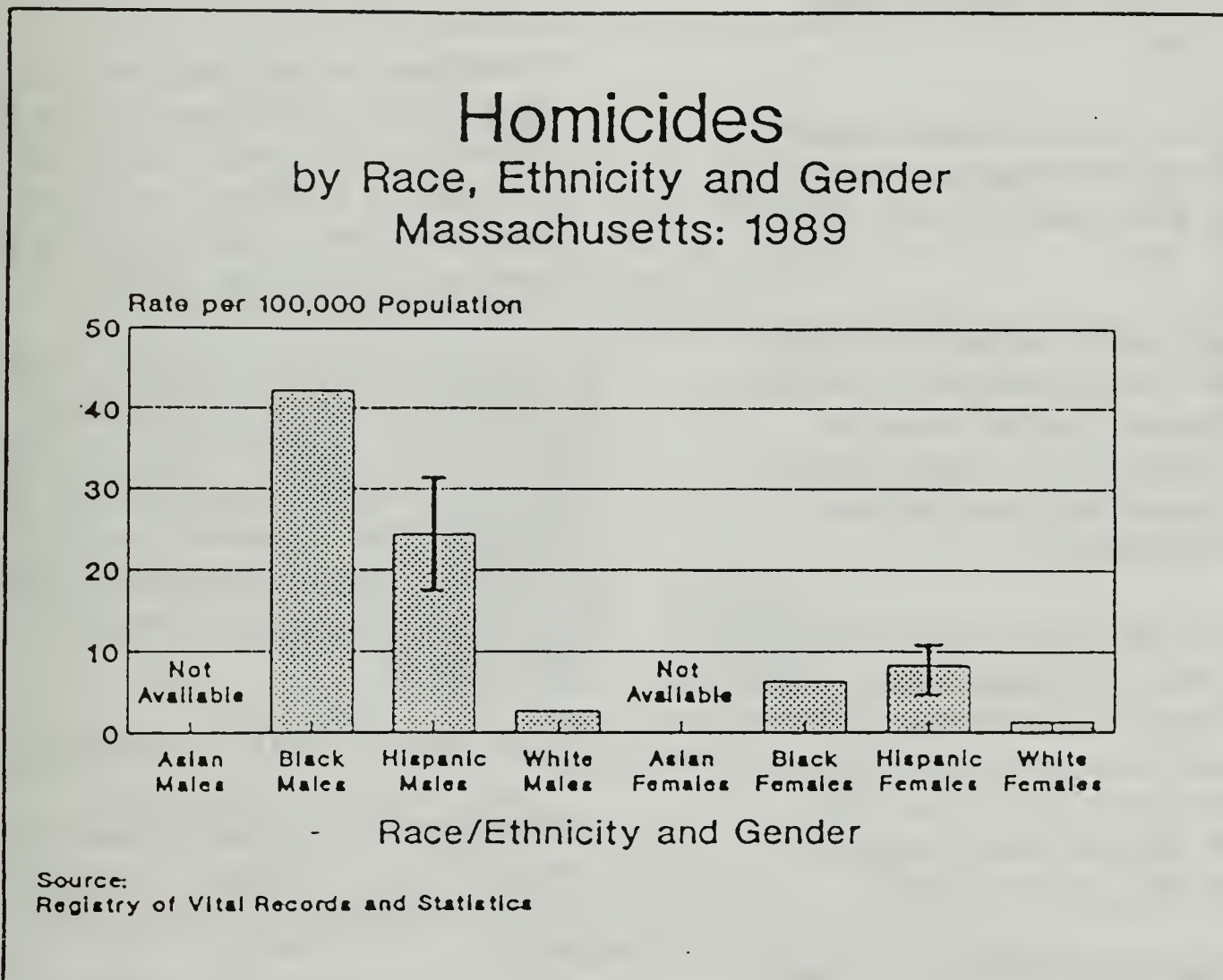
Intentional injuries, which include suicide and homicide, account for 33% of all injury-related deaths in Massachusetts. Latino males have the highest suicide death rate in the state. ⁽¹⁹⁾

Overall, African-American residents have an injury death rate which is 44% higher than that of White residents.

"It is estimated that for every injury-related death there are 16 injuries that warrant hospitalization and 381 injuries that require ambulatory care." ⁽²⁰⁾

The homicide rate among minorities: African-American males had a rate that was 14 times that of White males, and Latino males had a rate that was 6 to 10 times that of White males. ⁽²¹⁾

The DPH report underlines the need for prevention and intervention efforts to



address "the larger social forces that interact to foment and sustain violence among racial and ethnic groups in the state (such as) low socioeconomic status...discrimination, low educational attainment, low income jobs, unemployment, inadequate housing, and poor health." ⁽²²⁾

The links between violence, injuries and disabilities need to be recognized and addressed.

Efforts in this area are beginning, with the recent funding of a Massachusetts Adolescent Violence Prevention Program, as well as a variety of other prevention programs. ⁽²³⁾

Violence resulting from social and political upheaval also puts mothers and young children at risk:

"...African American babies under a year old are almost twice as likely to be killed as White males between ages 15 and 41." ⁽²⁴⁾

Another study which examined the effect of social and political violence in Santiago Chile on pregnant mothers found that women in high-violence neighborhoods were much more likely to experience pregnancy complications. ⁽²⁵⁾

In addition to the risk of physical injury itself as a result of violence, recent research has found that witnessing violence has a profound adverse affect on young children's development. A June 1992 story in *The Boston Globe* poignantly documented this growing problem.

"In Boston, where the rate of young children's exposure to violence is just

beginning to be studied, research released [in May 1992] showed that one of every ten children receiving routine pediatric care at Boston City Hospital had witnessed a shooting or stabbing before reaching school age." ⁽²⁶⁾

Violence is increasingly a topic of conversation, not only in the public schools, but in day care centers attended by very young children.

"These children are fixated with death, their own and of others," said one early childhood educator. ⁽²⁷⁾

Witnessing chronic violence may be even more damaging than exposure to a single incident, researchers say.

"In addition to producing sleep problems, unusual fearfulness and clinging to parents, it can result in extremes of aggression or withdrawal and profound pessimism about a child's own life and the future of his or her world." ⁽²⁸⁾

Services to deal with the realities of inner-city trauma are in their infancy at best, and much more needs to be done to reach out to these children. Meanwhile, parents must walk a fine line between protecting their children from violence, and allowing them the independence they need to develop and grow. ⁽²⁹⁾

● The Impact of HIV as a Disability

Non-dominant cultural communities are disproportionately feeling the impact of HIV disease among both children and adults.

During 1990, the rate of HIV infection in African-American children was 23 times that of White children and the rate among Latino children was 4 to 13 times that of White children. ⁽³⁰⁾

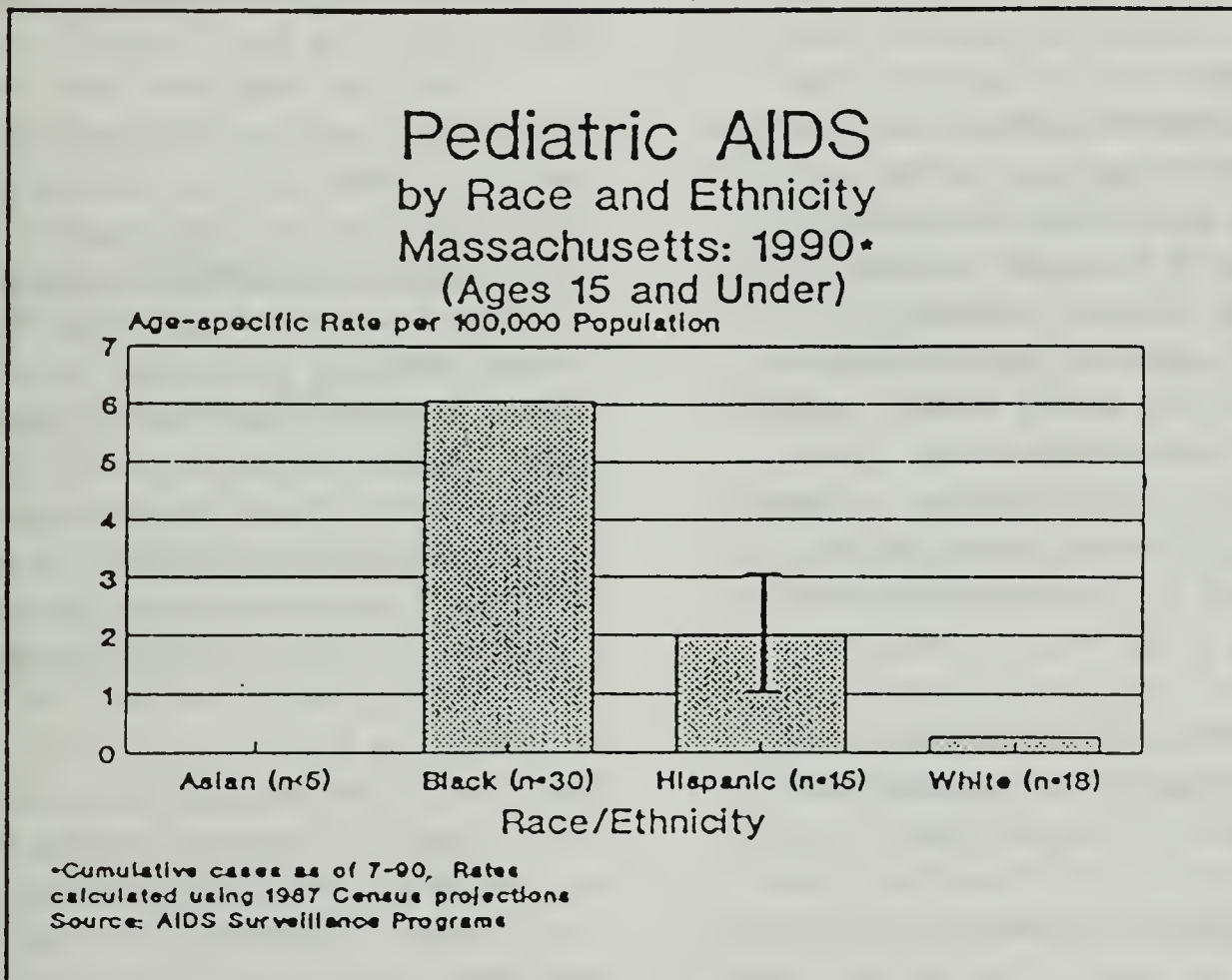
Women are also being increasingly impacted by the epidemic worldwide, according to researchers speaking at the International AIDS Conference in July 1992. In the U.S.,

"Women are now the fastest-growing sub-group among AIDS patients...with a very worrisome high proportion of adolescent girls getting ill," according to Anke A. Ehrhardt. ⁽³¹⁾

Over time, the impact of HIV on these communities has been staggering. From 1982 to 1990, the rate of AIDS deaths among African-American residents was five times greater than among White residents and in the Latino community 2-3 times greater. ⁽³²⁾

Among Asian residents, there is much less data on HIV, due in large part to limited access to linguistically appropriate testing services. ⁽³³⁾

All people with HIV disease face numerous obstacles to getting the care they



(Note that many HIV+ children are not diagnosed with AIDS, so the graph does not tell the whole story.)

need, including language barriers, the fear of being stigmatized in the community or workplace, problems with transportation, lack of stability for those who are homeless, and non-compliance with prescribed treatment by clients with problems such as substance abuse. ⁽³⁴⁾

Sexually active adolescents and intravenous drug users are two groups which are particularly at risk.

It is impossible to convey the full scope and implications of HIV disease for Massachusetts citizens in a few short paragraphs. Persons desiring more information about HIV in Massachusetts should call the AIDS Office at the Massachusetts Department of Public Health at (617) 727-0368.

Despite a broad array of resources available in the Commonwealth for those with HIV, stronger linkages and more aggressive advocacy are needed, as the disease becomes more of a chronic disabling condition. For all of these individuals, a broad array of supports are necessary, many of which are similar to those needed by people with other disabilities. (See Family Support and IPI narratives.) Many persons with HIV could benefit from services offered by Massachusetts' independent living programs, for example.

The Developmental Disabilities Council's work in building alliances in these communities has shown that there are numerous benefits to HIV/AIDS and disability collaborations for consumers, including:

- appreciating how various groups share common experiences;

- learning new advocacy strategies from people who have used them;

- an opportunity to discard outdated attitudes and stereotypes about people with HIV disease and people with a wide range of functional limitations;

- new allies;

- new friends. ⁽³⁵⁾

● Conclusion: Access and Inclusion

The notion of what truly constitutes "access" must be expanded if we are to address the service needs of all Massachusetts citizens with developmental disabilities.

Services for people with disabilities sometimes have been deficient because planners designed for the predictable needs of the many, and not the unique situations of individuals. Plus, we have often designed services based on the desires and expectations of professionals, rather than on the stated, explicit desires of consumers themselves. Tuning in to what individuals need to gain access entails not only the providers listening, but consumers, customers, if you will, naming what they need.

In considering the needs of people with disabilities from non-dominant cultural communities, it is easy to assume that all we have to do is open the door and put down a ramp: folks will be able to pick what they need from the "supermarket" of services and supports, and their needs will be met. However, even if there are goods on the shelves (for which there is no guar-

antee), they may not be usable by persons from other cultures and backgrounds. Both language and cultural barriers must be taken into consideration.

Most people are not born empowered, but everyone can learn, with support, how to speak for themselves. Supporting consumers from all cultures and with all types of disabilities in this learning process is a critical role for professionals to learn and practice.

The alternative to empowerment is to perpetuate a dependency on the system that is unhealthy and increasingly economically unfeasible. **Empowered persons** are many times more functional, and can often be partners in obtaining services and supports they need. **Empowered persons** use services more efficiently, and are clearer not only about what they need, but also what they don't need.

C. The Council's Agenda for the Next Two Years

● **Status of Current Efforts**

Since the publication in January 1990 of "Creating Open Communities," the Council's comprehensive policy analysis, the Multi-cultural Outreach Committee and the Council can point to the following accomplishments:

- two enormously successful two-day conferences bringing together the HIV and disability communities in Massachusetts for discussion of their common issues;
- steady growth of the HIV/AIDS and Disability Network as a major new

resource bridging the HIV and disability communities through numerous consultations and presentations;

- a grant award to Stavros Foundation to initiate a Project in Self Advocacy specifically for consumers in multi-cultural communities;

- a grant award to the Consortium of Black Health Center Directors to encourage minority-run agencies to apply for DD and other disability-related grants and contracts;

- publication of two editions of an annotated bibliography, "Disability and Diversity," which lists relevant resources on file at the Council office; and continuing dissemination of disability fact sheets in eight languages;

- ongoing collaboration with ACCESS NOW, a coalition of groups dedicated to enhancing employment and other opportunities for people of color with disabilities, including participation in planning and hosting of a conference focusing on these issues. Other sponsors of this effort included the Massachusetts Rehabilitation Commission, Morgan Memorial Goodwill Industries, and Howard University;

- four roundtable programs, two focusing on the needs of Native Americans and two focusing on the needs of Southeast Asians; and

- ongoing outreach to a variety of community leaders and groups, to foster sensitivity to disability issues in their communities.

● **The Council's Commitments for FFY 1993 and Beyond**

During this time of major budget cuts and increased hardship in communities of color, the Multi-cultural Outreach Committee has strengthened its resolve to be a strong, outspoken voice for access and inclusion of all people with disabilities from multi-cultural communities in the Commonwealth.

The Multi-cultural Outreach Committee has reaffirmed its 1992-94 three-year objective, as well as its objective for the coming year. (These can be found in the next section.) In FFY 1993, the Committee will:

- continue to fund the Project in Self Advocacy for consumers in multi-cultural communities;
- conduct followup activities relating to the second coalition-building conference for the HIV and disability communities, and consider strategies for "spinning off" the HIV/AIDS and Disability Network;
- plan and sponsor an African-American Roundtable, to be held in the spring of 1993;
- convene a sub-committee to explore issues and conditions which disproportionately impact children from non-dominant cultural communities;
- continue its collaboration with ACCESS NOW;
- continue its outreach to community agencies serving communities of color,

to inform them of Council and other disability-related resources. Committee members will strengthen the Council's partnerships with community-based agencies through networking and outreach in their own communities;

- build stronger alliances with the Black Legislative Caucus, to advocate with its members on issues of common concern; and
- continue its advocacy for multi-cultural sensitivity in all of the Council's activities, ranging from Council member recruitment to the design and implementation of all Council projects. (Collaboration with the Family Support Steering Group on their development of a grant project began in the spring of 1992.)

Building a strong multi-cultural commitment within the Mass. Developmental Disabilities Program requires caring, consistency and commitment over the long term. Assuredly, all three are present, along with available resources, and a strong conviction about the importance of this work. Stronger allies in the community and among state leaders will enhance these efforts and result in a better quality of life for all Massachusetts people with developmental disabilities, regardless of their cultural heritage.

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SECTION IV.

SUMMARY OF 1993 OBJECTIVES

Objective #1: FAMILY SUPPORT

Three Year Objective: To forge an informed, community-based mandate for entitling families to family support.

(Priority Area: System Coordination and Community Education)

1993 Objective: To promote a mandate for an entitlement to high quality family support services...work toward state legislation...support families to articulate their needs and desires, share information...and sponsor and monitor innovative quality services which enable families to support, empower, and train each other.

Activities

A. Work toward state legislation and clear policy in support of families with members who experience disability, and plan and implement public and parent training and education toward this end.

1. Continue to provide technical assistance and support to Families Organizing for Change, a grassroots organization of family members.

2. Advocate for new state family support legislation (with Council's Public Policy Committee and Families Organizing for Change).

3. Promote cash assistance as one element of a comprehensive Family Support System. Convene meeting with state policymakers upon completion of Cash Assistance Pilot Project and companion Evaluation Project to discuss project findings and how to implement a cash assistance program in Massachusetts.

4. Continue and enhance contacts with the Executive Office of Health and Human Services and its agencies to promote family supports/family preservation services.

B. Support families to articulate their needs and desires, share information with families and policy makers regarding model programs and systems, and sponsor and monitor innovative quality services which enable families to support, empower, and train each other.

1. Staff and support the Family Support Steering Group, a Council committee composed of parents and relatives of people with disabilities, individuals with disabilities, agency representatives, advocates, and interested persons.

2. Award and begin to implement a Family Support/Multi-Cultural grant project.
 3. Continue to gather and disseminate information on family support services in the state and on models to meet the diverse needs of families within their local communities. Build on generic family supports and maintain contact with them, gather information from families on what they consider to be "good" family supports, and synthesize and share this information.
- C. Conduct other public awareness, policy, and advocacy activities.
1. Plan and sponsor a family awareness day (probable date: spring, 1993).
 2. Advocate for adequate public funding for family supports and children's services.
 3. Participate in and/or track activities of related groups, i.e., groups working on children's issues and services.

- B. 1. Committee Member and Staff Activity
 2. Three-year grant project (at \$90,000 per year). (It is anticipated that: first year funding will be 1992 money, second year funding will be 1994 money, and third year funding will be 1995 money. 1993 funds will not be needed for the Project due to the timing of its design, award, and start-up.)
 3. Committee Member and Staff Activity
- C. 1. \$10,000 in federal funds
\$ 3,333 in matching funds
 \$13,333 TOTAL
2. Committee Member and Staff Activity
 3. Committee Member and Staff Activity

Total 1993 federal funds: \$36,000

Council Committee with Lead Responsibility: Family Support Steering Group

Projected 1993 Funding and Support

- A. 1. \$26,000 in federal funds
 (Year 2 of contract)
\$ 8,667 in matching funds
 \$34,667 TOTAL
- 2-4. Committee Member and Staff Activity

Objective #2:
 LIVING AND WORKING IN THE
 COMMUNITY

Three Year Objective: To promote activities that maximize the value and inclusion of people with disabilities through their integration into their communities, increasing their productivity in employment, volun-

APPENDIX D

SUMMARY OF DMR PROJECT RELATED ACTIVITIES

Summary of DMR Project Related Activities

Board of Hispanic Families

In 1991, several Latino families formed a board of Hispanic Families in Springfield. It is an ongoing empowerment group; and the people manage respite care (funded through DMR) themselves. It works in collaboration with the Department of Mental Retardation's Region I (West) Community Service Center and other local groups. Its goals are to advocate for access to all DMR services for Spanish-speaking consumers and families and to ensure that DMR offers equitable individual and family supports to these individuals as well. (The Board originally grew from families who expressed concerns about budget cuts and funding for family support services, and their desire for money resulting from savings of closing Belchertown to go to services in the community.)

An October 3, 1992 Conference, entitled "Mano A Mano: Las Familias Tienen El Poder" (Hand in Hand: The Families Have the Power), was presented by the Board of Hispanic Families and DMR's Community Service Center Region I, in Springfield. It was the First Annual Conference for Hispanic/Latino Families with Children with Disabilities. The Conference was conducted in Spanish, with interpreters for non-Spanish speakers.

About 100 people attended the conference; 60% were family members (from Springfield, Holyoke areas and region); participants were Hispanic professionals, some service providers, speakers from agencies; parents presented, also people with disabilities were on panels and attended); participants had the opportunity to meet with each other and network. Families liked the conference experience, and enjoyed information sharing. (Plans are underway to have a conference in the future, for a couple of days; it will include discussion groups on topics such as advocacy with school systems and community participation.)

In its draft discussion paper, the Board makes several recommendations in the areas of vocational, residential, family support services, and other specialized needs.

Family support needs identified include:

- o information and referral component (services)
- o bilingual staff at serving agencies, especially for out-of-home respite, and respite facilities; and
- o involvement of Hispanic/Latino families in the design, implementation, and evaluation of these services.

MONORAM Project

The Department of Mental Retardation has established a project which targets Cambodian families through the provision of respite care services and training in Lowell. (While Cambodia has a very old culture, the modern wars and destruction have had a significant impact on the people who have come to the United States as refugees (i.e., after, as a result of, the Vietnam War) in the 1970s-1990s. The Department of Mental Retardation found that there had been no requests for services from Cambodian families, even though there were 2215 Cambodian families living in Lowell. According to population numbers, the DMR estimated that approximately 193 Cambodian children would have a developmental delay. The Department thought the lack of requests was due to several reasons:

- (1) the ethnocentricity of the helping system;
- (2) linguistic and cultural barriers;
- (3) Cambodian family's lack of knowledge of the availability of respite care and family support services for families with developmentally disabled children.

Boston Community Center, Study of the Needs of Haitians

During the past year (State FY 1992), the Boston Community Center of the Department of Mental Retardation has undertaken an effort to study the needs of Haitian families with children with mental retardation or autism in the Boston area. (MDDC staff has had input into discussions). The Boston Community Center staff have experienced difficulty in reaching and understanding these families. They know that the schools are making referrals, but the families are not always (consistently?) following through. They suspect that there may be cultural issues, such as acceptance of disability. Suspected barriers for these families include: lack of information about services; language barriers; and distrust of service providers. Staff feel unsure of the exact needs of these families, so they are working to document what the actual needs are.

The Study is being undertaken to determine the extent of the need for Boston Community Service Center services and types of services which would be culturally appropriate. Based on the findings of the study, the Boston Community Center of the Department of Mental Retardation plans to put out a Request for Proposal for services to meet those needs.

APPENDIX E
HUMAN RIGHTS REQUIREMENTS

HUMAN RIGHTS REQUIREMENTS

1. GENERAL INFORMATION

All applicants for Developmental Disabilities (DD) funds must provide assurances that they are in compliance with the policies and regulations of the Department of Health and Human Services (DHHS) concerning the protection of the rights and welfare of persons with developmental disabilities who are placed "at risk" as a result of their participation in or receiving services from DHHS funded grants.

The applicant must determine whether persons, other than those who are participating in the project, will be affected by the project activities. If the applicant determines that persons are involved with the project, it must then determine whether they are placed "at risk". For those persons who are "at risk" of physical, psychological, and/or social harm, appropriate safeguards must be identified to eliminate or to minimize these risks. In all cases, the determination must be made that the benefits to the participation in the project activities outweigh any risk involved.

DHHS regulations define "at risk" as: any individual who may be exposed to the possibility of injury, including physical, psychological, or social as a result of either participating in any research activities or receiving services from the project being funded. An individual is placed "at risk" only if the project activities and procedures used are not established and accepted methods necessary to meet his/her needs and/or which increase the ordinary risks of daily life.

Safeguards are practices which (1) ensure that the rights and welfare of those persons affected by the project are protected, (2) are designed to minimize potential risks, and (3) are consistent with standard and acceptable methods. Safeguards include: prevention of physical injury; design of data gathering instruments to limit personal information to that which is necessary to the project effectiveness; safeguarding personal information in locked cabinets; restricting access to data to authorized persons; coding personal information; destroying obsolete files; implementing procedures to ensure that clients can correct erroneous information. The safeguards for the collection, maintenance and access of personal data are required by Massachusetts General Law, Chapter 66A, the Fair Information Practices Act.

When determining the potential risks involved for project participants, the type of project funded should be

considered. (A) Biomedical or Behavioral Research projects involving persons include extensive human rights assurances covering medical, legal, social, and ethical issues; (B) Direct Services projects involve Federal and State regulations for services and clients, licensing requirements for facilities, services, and staff, and can apply to a range of habilitation issues, such as individual habilitation/service plans, etc.; (C) Other Activities projects such as public relations, information and referral, and advocacy include risks and safeguards such as informed consent, privacy and confidentiality, and protection of data from physical harm or unauthorized use.

2. POLICIES

To further the goals of promoting the welfare and dignity of all persons with developmental disabilities, the following principles will apply: programs/services must be appropriate for the individuals being served; provide the opportunity to live and receive services in the least restrictive and most normal setting possible; protect confidentiality; ensure human dignity; protect the legal rights of clients; provide client access to records; provide humane and adequate care and treatment; and assure that no individual who is placed in a program be subjected to mechanical, chemical, physical restraints, corporal punishment, seclusion, and/or any other unreasonable use of force not necessary to protect him/her from bodily harm.

3. INFORMED AND VOLUNTARY CONSENT PROCEDURES

"Informed Consent" is defined as the voluntary and knowing consent of an individual or his/her legally authorized representative. The following information applies to informed consent procedures for DD grants and contracts:

- A. A fair explanation of the procedures to be used and their purposes, including identification of any procedures which are experimental (particularly for participants in biomedical and/or behavioral research);
- B. A description of any attendant discomforts and risks to be reasonably expected;
- C. A description of any benefits to be reasonably expected;
- D. A disclosure of any appropriate alternative procedure that might be advantageous for the participant;
- E. An offer to answer any questions concerning the nature of the project and any of the procedures/methods being used;

- F. An instruction that the person is free to withdraw his/her consent, and to discontinue participation in the project at any time without prejudice to the person; and
- G. With respect to biomedical or behavioral research which might result in physical injury, an explanation as to whether compensation and medical treatment is available if physical injury occurs, and if so, what it consists of, or where further information may be obtained.

4. HUMAN RIGHTS COMMITTEE REQUIREMENTS AND APPLICATION PROCEDURES

The applicant must review all proposed project activities to determine (a) whether persons will be affected by the project; (b) whether any risks are involved for participants and whether appropriate safeguards have been identified; (c) whether anticipated benefits to participants outweigh any potential risks involved.

When these determinations have been made, the Human Rights Assurances Form must be completed and signed. This form assures that the applicant has completed the review of project activities for human rights issues; the applicant has identified risks, safeguards and benefits; the applicant will notify the AADD when project changes occur that will affect the human rights of project participants.

If the applicant has determined that there are no risks to participants who are involved in the project and there are no issues of privacy and confidentiality for project participants, then a Human Rights Committee (HRC) will not be required. However, the AADD must approve this determination. During the grant period, if changes occur to affect human rights of project participants, then the AADD must be notified and a project human rights committee must be convened.

If the applicant has determined that participants' human rights will be affected, then a Human Rights Committee must be convened. The minutes of the first Human Rights Committee meeting must be submitted to the AADD to show compliance with this section within thirty (30) days from the notification date of grant award.

For projects providing direct services to persons, the Human Rights Committee will meet on a quarterly basis throughout the grant period; and for other activities projects involving privacy and confidentiality issues and informed consent requirements, the Human Rights Committee will meet biannually. Minutes of the Human Rights Committee meetings will be submitted to the AADD as attachments to the appropriate quarterly progress report materials.

The Human Rights Committee must be comprised of at least five (5) members, with varying backgrounds, to assure complete and adequate review of the project. The Committee may be an already existing one or especially appointed for the project. The committee may include staff and/or consultants. However, at least one third of the membership must not have any affiliation with the project or any sponsoring institution.

Any questions regarding the information and requirements contained in this section should be directed to the AADD.

APPENDIX F
APPLICATIONS AND ASSURANCES

DATE: _____

RFP # _____

APPLICANT: _____

RFP APPLICATION CHECKLIST

INCLUDED

1. Cover Sheet (Form #1)
2. Table of Contents
3. Project Narrative
4. Narrative Support Documents
 - a. Job Descriptions for Project
 - b. Project Staff Resumes
 - c. Applicant Organization Chart
 - d. Project Organization Chart
5. Project Workplan (Form #2)
6. Project Budget (Form #3)
7. Budget Justification
8. Applicant Qualification Documents
 - a. Three year audit history
 - b. OMB Assurances for Non-Construction (Form #4)
 - c. Habilitation Plan Assurance (Form #5)
 - d. Merit System Certification (Form #6)
 - e. Certificate of Vote (Form #7)
 - f. Certificate of Legal Existence (Form #8)
 - g. Financial Interest Disclosure (Form #9)
 - h. Human Rights Assurances (Form #10)
 - g. Certification Regarding Debarment, Suspension... (Form #11)
 - h. Certification Regarding Lobbying for Grants (Form #12)
 - i. Americans with Disabilities Act (ADA) Compliance Form (Form #13)
 - j. Affirmative Action Plan for Grants over \$50,000 (Form #14)
9. PROJECT RELATED ADDENDA
10. ORIGINAL APPLICATION AND SIX COPIES

(The applicant should complete this checklist and attach it to the cover of the original application)

COVER PAGE (FORM #1)

TITLE OF PROJECT:

Family Support Multi-cultural Project

RFP NUMBER:

#92-1(3)(B)

NAME AND ADDRESS OF APPLICANT AGENCY(S) OR ORGANIZATION(S):

NAME AND TITLE OF PROJECT DIRECTOR:

PHONE NUMBER:

FAX NUMBER:

NAME, TITLE, AND ADDRESS OF
FINANCIAL OFFICER:

PHONE NUMBER:

TYPE OF AGENCY OR ORGANIZATION

STATE _____ OTHER PUBLIC _____
PRIVATE NONPROFIT _____

REQUEST SPECIAL
"MATCHING" RATE FOR
POVERTY AREA:
YES _____ NO _____

PROPOSED TERM
OF PROJECT:

9/1/93 - 8/31/94

TOTAL FUNDING
OF PROJECT: _____

DD FUNDS: \$90,000.00

ANTICIPATED STARTING DATE:

NON-FED MATCH: _____

ANTICIPATED ENDING DATE:

Terms and Conditions:

The undersigned accept, as to any grant awarded, the obligation to comply with: terms and conditions pertinent to the awarding programs as represented in the Administering Agency for Developmental Disabilities' Conditions of Grant Award, RFP requirements, AADD Quarterly Reporting Requirements, Assurances and forms as submitted, and other Federal and State statutes, administration policies, procedures and guidelines relative thereto. The undersigned also certify that they have no commitments or obligations inconsistent with compliance with the above.

Date

Signature of Responsible Officer

Print Name

Title

The applicant must complete a workplan in the format outlined below.

PROJECT WORKPLAN FORMAT

I. OBJECTIVE:

A. ACTIVITY (beginning and ending dates):

- | | |
|---------|---------------------|
| 1. Task | Staff/# <u>Days</u> |
| 2. Task | |
| 3. Task | |

B. ACTIVITY (beginning and ending dates):

- | | |
|---------|---------------------|
| 1. Task | Staff/# <u>Days</u> |
| 2. Task | |
| 3. Task | |

II. OBJECTIVE:

A. ACTIVITY (beginning and ending dates):

- | | |
|---------|---------------------|
| 1. Task | Staff/# <u>Days</u> |
| 2. Task | |
| 3. Task | |

PROPOSED BUDGET FOR DEVELOPMENTAL DISABILITIES GRANT

Refer to "Conditions of Grant Awards" for Clarification of Allowable Costs

Project Title _____

Applicant Agency _____

1. BUDGET BY CATEGORY

PERSONNEL			TOTAL PROJECT COSTS	DD FUNDS REQUESTED	FUNDS FROM OTHER SOURCES AMOUNT	OTHER SOURCES
TITLE OF POSITION AND NAME IF KNOWN	ANNUAL SALARY	% TIME ON PROJECT				
FRINGE BENEFITS (% OF TOTAL PERSONNEL COSTS)						
<u>TOTAL:</u>						
CONSULTATION AND PROFESSIONAL FEES AND VOLUNTEER COSTS						
NATURE OF EXPENSE	TOTAL TIME	RATE				
<u>TOTAL:</u>						

2. BUDGET SUMMARY

CATEGORY	TOTAL PROJECT COSTS	DD FUNDS REQUESTED	TOTAL FUNDS/ OTHER SOURCES	TOTAL MATCH CONTRIBUTION
Personnel (including fringe benefits)				
Consultant/Volunteer				
Travel				
Equipment				
Supplies/Materials/Publications				
Furnishings				
Renovations				
Space				
Other Direct Costs				
Indirect Costs				
TOTALS:				

2. BUDGET SUMMARY

CATEGORY	TOTAL PROJECT COSTS	DD FUNDS REQUESTED	TOTAL FUNDS/ OTHER SOURCES	TOTAL MATCH CONTRIBUTION
Personnel (including fringe benefits)				
Consultant/Volunteer				
Travel				
Equipment				
Supplies/Materials/Publications				
Furnishings				
Renovations				
Space				
Other Direct Costs				
Indirect Costs				
TOTALS:				

ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

H. DEVELOPMENTAL DISABILITIES PROJECT GRANT
HABILITATION PLAN ASSURANCE

(Name of Applicant)

HEREBY AGREES THAT IT WILL assure that when appropriate a habilitation plan for each developmentally disabled person who receives services from, or under the project grant which meets the following requirements contained in 42 USC 6011:

(1) The plan shall be in writing.

(2) The plan shall be developed jointly by (A) a representative or representatives of the program primarily responsible for delivering or coordinating the delivery of services to the persons for whom the plan is established, (B) such person, and (C) where appropriate, such person's parents or guardian or other representative.

(3) Such plan shall contain a statement of the long-term habilitation goals for the person and the intermediate habilitation objectives relating to the attainment of such goals. Such objectives shall be stated specifically and in sequence and shall be expressed in behavioral or other terms that provide measurable indices of progress. The plan shall (A) describe how the objectives will be achieved and the barriers that might interfere with the achievement of them, (B) state an objective criteria and an evaluation procedure and schedule for determining whether such objectives and goals are being achieved, and (C) provide for a program coordinator who will be responsible for the implementation of the plan.

(4) The plan shall contain a statement (in readily understandable form) of specific habilitation services to be provided, shall identify each agency which will deliver such services, shall describe the personnel (and their qualifications) necessary for the provision of such services, and shall specify the date of the initiation of each service to be provided and the anticipated duration of each such service.

(5) The plan shall specify the role and objectives of all parties to the implementation of the plan.

(6) Each habilitation plan shall be reviewed at least annually by the agency primarily responsible for the delivery of services to the person for whom the plan was established or responsible for the coordination of the delivery of services to such person. In the course of the review, such person and the person's parents or guardian or other representative shall be given an opportunity to review such plan and to participate in its revision.

Dated: _____

(Applicant)

By _____

President, Chairman of Board, or
comparable authorized official)

(Applicant's mailing address)

MERIT SYSTEM CERTIFICATION

The undersigned official(s) of a public agency which is submitting an application for funds available through the Executive Office for Administration and Finance under the authority of P.L. 100-146, the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1990, hereby certifies that the following positions named for staff to be employed in the project, activity, or service described in the application are consistent with the merit and classification systems of the government (state or local) with which the applicant agency is affiliated, and that the titles and salaries represented are consistent with those established and approved by the civil service and personnel officials of the government:

<u>POSITION TITLE</u>	<u>GRADE</u>	<u>APPROVED SALARY RANGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

And that consultants and persons rendering professional services now have or will qualify for contracts for service with the approved rates of the government:

<u>TYPE OF CONSULTATION AND NAME, IF KNOWN</u>	<u>APPROVED RATE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DATE

SIGNATURE AND TITLE OF RESPONSIBLE OFFICIAL

Certification of Vote

With the application, the applicant must include a "Certificate of Vote," signed by the clerk/secretary of the applicant's organization, which lists the specific officers who are authorized to execute contracts/agreements on behalf of the applicant agency.

Certification of Legal Existence

If the applicant is a private agency, it must include a "Certificate of Legal Existence" which is issued by the Office of the Secretary of State, Corporations Division, as evidence of that agency's private, nonprofit status.

FINANCIAL INTEREST DISCLOSURE

The applicant certifies under the penalties of perjury that the following sets forth the names and addresses of all persons having a financial interest in this contract, not including, however, any person whose only financial interest consists of the holding of one percent or less of the capital stock of a corporation contracting to provide services, in accordance with the provisions of the General Laws, Chapter 7, Section 14A, as inserted by Chapter 844 of the Acts of 1963:

NAME

ADDRESS

The undersigned is authorized to make these assurances on behalf of the applicant and assures compliance by his/her signature.

Legal Name of Applicant: _____

Name and Title of Responsible Officer: _____

Signature of Responsible Officer: _____

Date: _____

HUMAN RIGHTS ASSURANCES

1. _____ will comply with the policy of the Developmental Disabilities Program for the protection of persons participating in projects or activities supported by grants and contracts from the Department of Health and Human Services (DHHS). This compliance will include a review by the applicant agency and/or their human rights committee to safeguard the rights and welfare of persons participating in the project, as applicable. The application for DD grant # _____ was submitted by this agency/organization on behalf of _____, who will be responsible for informing all staff of the conditions of this assurance. An initial review of the aforementioned application indicated the following:

A. In the opinion of this agency/organization, the risks to the rights and welfare of individuals affected by this project are:

B. The applicant states that the following safeguards against these risks have been provided:

C. In the opinion of the applicant, the potential benefits of this project to participants and/or to humanity outweigh any probable risk:

D. In the opinion of the applicant, the following informed consent procedures will be adequate and appropriate:

E. In the opinion of the applicant, the following privacy and confidentiality procedures will be adequate and appropriate:

F. The applicant agrees to develop and implement a mechanism for the continuing exchange of information and advice between the project director and the project's human rights committee, particularly concerning proposed changes in project activity or design which might affect the persons participating in the project. This communication will be implemented as follows:

G. Minutes will be kept of all human rights committee meetings and submitted to the AADD:

H. The names, occupations, or titles of the members of the committee are as follows:

NAME	OCCUPATION/TITLE	DEGREE/CERT.
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Assurances are further provided that:

- a. After careful review of project activities, it was determined that no persons or human rights risks are involved for which a human rights committee is necessary.
- b. If no human rights committee is necessary, that notification of project changes affecting human rights of project participants will be reported to the AADD.
- c. A human rights committee will be convened and minutes submitted to the AADD within thirty days after grant award.

EXECUTIVE DIRECTOR

DATE

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY,
AND VOLUNTARY EXCLUSION--LOWER TIER TRANSACTIONS

1. The prospective/lower tier participant certifies, by submission of this proposal/receipt of this award, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective/lower tier participant is unable to certify to any of the statements in this certification, such prospective/ participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Date

Signature

Title

CERTIFICATION REGARDING LOBBYING FOR GRANTS,
LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of the Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Date

Signature of Applicant

Title

COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA)
REQUIREMENTS ASSURANCES

The Americans with Disabilities Act (ADA), Public Law 101-336, 104 Stat. 327, 42 U.S.C. 12101-122213 and U.S.C. 12101-122213 and U.S.C. 225 and 611, extends Federal civil rights protection in several areas to people who are disabled. The law prohibits covered entities from excluding people with disabilities from jobs, services, activities, or benefits based on disability. The law provides fiscal penalties for discrimination.

The undersigned assures that at a minimum, the organization/agency receiving Federal Massachusetts Developmental Disabilities (DD) funds will:

1. Not discriminate against qualified applicants and employees who are or become disabled. This assurance covers all aspects of employment, including the application process, hiring, on-the-job training, advancement and wages, benefits, and employer-sponsored social activities; and
2. Not deny goods, programs, and services to people based on their disabilities. This assurance includes providing physical accessibility, changing policies and practices, providing auxiliary aid/staff assistance, etc. to reasonably accommodate people with disabilities if this does not impose an undue burden.

Date

Signature of Applicant

Title

Affirmative Action Plan for Grants Exceeding \$50,000

Federal law requires that the grantee shall not discriminate against any qualified applicant for employment because of race, national origin, ancestry, sex, color, age, marital status, military status, status as a Vietnam era veteran, and mental, physical and/or emotional disability. The grantee agrees to comply with all Federal and State statutes, rules, regulations, executive orders, and administrative procedures prohibiting discrimination in employment.

The grantee shall demonstrate that positive action will be implemented within the context of the existing law to ensure equitable participation in the project of people with disabilities, minorities, women and Vietnam-era veterans in all employment practices. The grantee shall demonstrate that a major effort will be made to employ qualified persons with disabilities.

All grantee organizations receiving over \$50,000 are required to make a good faith effort to subcontract with minority businesses for the purchase of certain goods and services included in the subsidiary accounts listed in the Minority Business Enterprise Purchasing Program (MBEPP), as well as its employment objectives, when appropriate and feasible.

All organizations applying for more than \$50,000 in DD funds must submit an organizational Affirmative Action Plan which shows a work force analysis of its current work force for the project receiving DD funds. The grantee should actively implement an equal opportunity policy and act affirmatively to provide such opportunity.

My organization's affirmative action plan is attached to this document, and it will comply with the conditions set herein.

Date

Signature of Applicant

Title

