



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

(512) 437-5432
(800) 262-0334
TDD (512) 437-5431
Fax (512) 437-5434

6201 E. Oltorf, Suite 600, Austin, TX 78741
E-Mail TXDDC@txddc.state.tx.us
<http://www.txddc.state.tx.us>

Mary Durham, Chair
Andrew D. Crim, Vice Chair
Roger A. Webb, Executive Director

TO: TCDD Executive Committee

FROM: Sonya Hosey, Grants Management Specialist
Jessica Ramos, Public Policy Director
Joanna Cordry, Planning Coordinator

SUBJECT: Summary of Applications

- REACHing East African Children and Families
- Recovery is Possible, Inc.

DATE: April 24, 2013

TCDD staff reviewed 2 additional proposals that were received in response to the Outreach and Development Grants Requests for Proposals. Staff comments and the proposal itself are attached.

Background

The Council approved awarding grants of up to \$10,000 each for up to one year to groups made up of people who are black or African American, Hispanic/Latino, Asian, or Native American that are working to improve the lives of individuals with disabilities from ethnic minority cultures. TCDD designed these small grants to be an avenue through which the Council may reach out to and establish relationships with groups of individuals who are typically unserved and/or underserved.

TCDD's Goals in Funding These Grants

- Develop an improved understanding of the different values, cultures, and customs that exist in Texas, and how cultural issues may impact how services should be provided; and
- Support activities that the group has determined will help members of their community who have disabilities to receive support that is culturally appropriate.

Criteria for Evaluation of Proposals

The staff review panel evaluates these proposals based on their relevance to the specific goals for these grants:

- The proposer organization is comprised of people who identify with a specific ethnic or cultural minority group and are working to support individuals with disabilities of a similar cultural background. (Goal 1)
- TCDD is likely to develop a deeper understanding of that group's values, cultures, and customs. (Goal 1)
- The proposer focuses on increasing access to culturally appropriate supports and services. (Goal 2)

When proposals meet the evaluation criteria noted above and are funded, TCDD grants staff will ensure that activities implemented through these proposals are allowable under state and federal law and TCDD policies. Staff will also provide technical assistance to assure that the grantee will be able to meet TCDD's expectations. *As long as proposed activities and budget items are deemed both allowable and reasonable in order to create the intended outcomes as outlined in the proposal, proposals are not expected to meet additional requirements.*

Recommendations

TCDD staff recommend the Executive Committee approve funding for the proposal submitted by REACHing East African Children and Families. Staff do not recommend approval of funding for the proposal submitted by Recovery is Possible, Inc. Please see the attached comments for additional information.

Outreach and Development Grant Applications Summary

Applicant:	REACH Families (Reaching East African Children and Families) – Families Raising Children with Special Needs	Length of time in existence: 3 years (since February 2010)
Group Size:	About 35 families	Geographic Location: Dallas, Tarrant, and Collin Counties
Amount Requested:	\$9,910	
Meeting Frequency:	Monthly meetings and yearly family gathering	
Ethnic/Cultural Group Served	Families with East African descent: Ethiopian, Eritrean, and Somali communities	
Organization Mission:	<p>To assist families of East African descent raising children with special needs by:</p> <ul style="list-style-type: none"> • Educating, supporting, encouraging families • Advocating on behavior of the children with disabilities and their families • Empowering families to never give up in their search to help their loved ones reach their full potential • Working in partnership with other organizations dedicated to working with these families and their children • Raising public and professional awareness in the Ethiopian, Eritrean, and Somali communities about autism and other disabilities • Soliciting and receiving funds to accomplish the above purpose 	
Planned Activities:	<ol style="list-style-type: none"> 1. Provide support to families in the group including children with special needs, parent and siblings. 2. Educate families on various topics related to raising children with special needs to enable them to care and advocate for their children. 3. Bring awareness in the community holding a resource fair, doing presentations, and having materials available for families in their native language. Materials will be translated into Amharic, Tigrinya, and Somali. Informational materials will relate to services available to families (such as ECI, Medicaid, Medicaid Waivers, SSI); how to apply for services; basic information about the ARD process; early signs of developmental disabilities such as autism; information on managing stress, family and sibling issues, and how and when to seek help when needed. 4. Complete other activities to accomplish the goals of the organization. 	
Public Policy Implications:	Funding this proposal would give TCDD the unique opportunity to become acquainted with the East African community in DFW that extends beyond REACH Families to include Ethiopian Health Professional Association, Mutual Assistance Assoc for Ethiopian Community and six houses of worship.	
Planning Considerations:	<p>This organization has not received a grant from nor worked closely with TCDD before and appears to be a group with a predominantly African American membership working to improve the lives of individuals with disabilities of that same or similar cultural background. Additionally, this group may include refugees, and TCDD has very little understanding of what special issues might be relevant to the refugee communities that exist in Texas. The group could assist TCDD to develop a deeper understanding of the needs and preferences of the individuals with whom they are working.</p> <p>Funding this proposal would benefit TCDD’s planning and project development work and is recommended.</p>	

<p>Grants Management Comments:</p>	<p>The intention of the RFP is to support groups that are trying to help people receive culturally competent services and supports. This outreach and development proposal seeks TCDD funds to train, educate, empower and raise awareness of disabilities for families of East African descent. The organization identified disability-related organizations, associations, educational agencies and churches to collaborate on this project. If approved by the Council, grants staff will ensure that the organization is aware that the grant funds are not used for religious instruction and/or worship or preaching; to include training separate from religious instruction.</p> <p>The budget allocates TCDD funds for allowable costs of translation into Amharic, Tigrinya and Somali; presenters; and, filing for not-for profit status. Additional funds are requested for operating costs for printing, website, meeting room, travel, respites and promotional materials. If approved by the Council, grants staff will explore presenter’s rate at \$200/hour to determine if it is reasonable and comparable to professional rates. The project did not include totals for match. This issue would be addressed prior to grant award.</p> <p>If approved, TCDD grants staff recommend authorizing up to \$10,000 should we determine other expenses that are necessary for a successful project.</p> <p>The REACH Families proposal meets the original intent of the RFP.</p>
---	--

Applicant:	Recovery is Possible, Inc.	Length of time in existence: 1.5 yrs
Group Size:	5 people	Geographic Location: Harris county (Latino) and Fort Bend (Asian)
Amount Requested:	\$9,756.80	
Meeting Frequency:	Once a month	
Ethnic/Cultural Group Served	Hispanic/Latino	
Organization Mission:	Our goal has always been to education persons diagnosed with mental health conditions to understand their rights and services that encourage recovery and advocacy. Too many are lost in a system they do not understand and with the changes to local and state policies, person diagnosed with mental health issues are intimidated by overwhelming changes.	
Planned Activities:	<p>In order to educate persons with developmental disabilities on current local and state policies and benefits, we intend to hold community workshops and identify leaders and volunteers that will act as liaisons between community health centers and the public. We plan to:</p> <ul style="list-style-type: none"> • Create a flyer/brochure in Spanish that specifically defines intellectual disabilities and current local and state policies along with a date and time of workshop. • Hold a local community workshop that is advertised through churches and schools. Once the workshop is completed and volunteers are identified, we will teach leaders and volunteers how to navigate the process of creating an advocacy program for meeting the needs of those with intellectual disabilities. We will use the NAMI Smarts Advocacy format; the United Way to assist in leadership development; MHMRA to educate on current programs that are designed to help people with intellectual disabilities; and the National Counseling Center for Spanish interpretation. 	
Public Policy Implications:	While it is laudable that this for-profit group of five members that has been working together for 18 months has an interest in branching out from mental health work to IDD work, it's unclear whether they have the requisite cultural competence to fulfill their objective.	
Planning Considerations:	<p>The application states that the mission of this group is to educate people with mental illness; however, they are proposing to work with people who have intellectual disabilities without providing information about their experience or reasoning for doing so. There is no reference to addressing issues related to cultural competence other than language. The applicant states they serve people who are Hispanic/Latino, but it is not obvious that this is a group with predominantly Hispanic/Latino membership, and the budget notes that they will require paid interpreters for forums and group meetings. Additionally, in response to a question about counties in which activities will occur, they include "Fort Bend (Asian); however, there is nothing else in the application regarding involvement by people who are Asians.</p> <p>The application gives the appearance of professionals reaching out to serve a specific community as "a project," rather than a grassroots effort to address cultural issues that might be barriers to services. As such, this does not appear to meet the intent of the Request for Proposal. Funding is not recommended.</p>	

Grants Management Comments:	<p>The intention of the RFP is to support groups that are trying to help people receive culturally competent services and supports. This outreach and development proposal seeks TCDD funds to educate persons with developmental disabilities on current local and state policies and benefits. This proposal is not clear whether activities will help their community provide or promote culturally competent supports to people who have disabilities</p> <p>The budget allocates TCDD funds for allowable costs of consultants, financial administrator and presenters. Additional funds are requested for operating costs for printing, postage, personal attendants, leader stipends and travel. If approved by the Council, grants staff will explore rate for financial administrator and further clarification regarding the leader’s stipend. The project did not include totals for match. This issue would be addressed prior to grant award.</p> <p>The Recovery is Possible, Inc. proposal does not appear to meet the original intent of the RFP.</p> <p>However, if approved, TCDD grants staff recommend authorizing up to \$10,000 should we determine other expenses that are necessary for a successful project.</p>
--	---

TEXAS COUNCIL FOR DEVELOPMENTAL DISABILITIES

Outreach and Development Grants Application

Application: pages 1–5

Instructions for Application: pages 6–8

Supplemental Information: pages 9–11

APPLICATION Part 1 – Who will work on this project and who will it benefit?

A. Name of group or organization applying:

**REACH Families (Reaching East African Children and Families)
Families Raising Children with Special Needs**

1. How long has your group been working together?

Our first meeting was February 2010

2. Approximately how many members do you have?

We currently have about 35 families.

3. When does your group meet?

We meet monthly on Sunday afternoons.

We also hold a yearly family gathering to include children with disability, siblings, and extended family members.

4. What are your goals and/or mission? Why do you exist?

REACH Families exists for the purpose of assisting families with East African descent raising children with special needs by

1. educating, supporting, encouraging families

2. advocating on behalf of the children with disabilities and their families

3. empowering families to never give up in their search to help their loved ones reach their full potential

4. working in partnership with other organizations dedicated to working with these families and their children

5. to raise public and professional awareness in the Ethiopian, Eritrean, and Somali communities about autism and other disabilities

6. to solicit and receive funds to accomplish the above purpose

B. What ethnic/cultural group your organization serves:

(01) Black

(02) Hispanic/Latino

(03) Asian

(04) Native American

Other, or more information:

Ethiopian, Eritrean and Somali Families living in the DFW area

C. Where (counties) in the state will most activities occur:

Dallas, Tarrant, and Collin Counties

D. Amount you are requesting for one year:

\$9,910

E. Contact Person: Leah Seyoum-Tesfa, RN

Address: 100 Bald Cypress Circle, Irving TX 75063

Telephone Number: 214 533 0933

Email Address:

Leahlst@sbcglobal.net

F. Signature of Contact Person:

G. Application Date:

For assistance with completing these forms call (800) 262-0334 or (512) 437-5432
and ask to speak to Joanna Cordry or Cynthia Ellison.

APPLICATION Part 2: Who will manage the money?

TCDD grant funds can be provided only to certain types of organizations. If your group is not one of these types of organizations, you may partner with an organization that can manage the funds.

A. Name of the organization that will manage the funds:

REACH Families

B. What type of organization will manage funds?

(01) State Agency

(02) Other Governmental Agency

(03) **Not-for-Profit**

(04) For-Profit

(06) Institution of Higher Education

(05) Faith-based

(07) Hospital

C. Tax ID Number: 46-1149704

D. Name of Authorizing Official: Aster Tseggai

Authorizing Official Title: **Accountant** Authorizing Official Signature: **Aster Tseggai**

E. Name of Financial Administrative Authority

FAA Title: **Treasurer / accountant**

FAA Signature: **Aster Tseggai**

Address: **1826 Post Oak, Carrollton, TX 75007**

Telephone Number: **214 457 2842**

Email Address: **zachaster@yahoo.com**

APPLICATION Part 3: Assurances

Certification Statement

The grantee hereby assures and certifies that they have read and agree to comply with all guidelines and requirements with respect to this grant project as specified by:

The Developmental Disabilities Assistance and Bill of Rights Act, ([DD Act](#)) of 2000 (P.L.- 106-402) and [Federal Regulations Title 45 CFR](#) Parts 74 or Part 92 (as applicable) and relevant cost principles.

The full list of assurances is available on the TCDD website under [Assurances](#), or by contacting Barbara Booker at: TCDD, 6201 E Oltorf, Suite 600, Austin, TX 78741-7509; e-mail: barbara.booker@tcdd.state.tx.us.

I certify that I have read all assurances and certifications and do hereby certify, warrant and confirm that compliance with the assurances will be maintained.

Title:

Date:

Signature of Authorizing Official: _____

APPLICATION Part 4: About Your Project

Please answer the following questions as best as you can.

A. Why do you want this grant? What do you intend to do?

The grant money will be used to

- 1. Support families in the group, including children with special needs, parent and siblings**
- 2. Educate families on various topics related to raising children with special need to enable them to care and advocate of the children**
- 3. Bring awareness in the community by holding resource fair, doing presentation and having materials available for families in their native language**
- 4. All other activities to accomplish the goals of the organization.**

B. How will this grant help people with developmental disabilities living in your community?

- 1. When given the much needed support, Families are better able to cope and care for their children with disability**
- 2. By getting access to resources families are able to provide better care for their children with disability**
- 3. When families advocate for their children, more appropriate services will be provided which will help the child with disability reach their maximum potential**
- 4. By bringing awareness in the community, families will be able to recognize the early signs of developmental disabilities therefore accessing early intervention**
- 5. Having material and information available in their native language will enable them to access services for their children.**
- 6. When the community is better educated about various disabilities, all children are better accepted and embraced.**

C. About the people this project will help:

- 1. How many people or families, approximately?**

About 35 families but continue to grow.

We also plan to reach out to other families in Austin and Houston area.

- 2. What are the approximate ages, general income levels and education levels of the people you will assist (if known)?**

Age(s): Parent are mostly young families. Children with disability vary from age 3 to 21.

Income level(s): Approximately 90% of the families have children who qualify for Medicaid.

Education level(s): Approximately 80% of the parents are high school graduates

Approximately 30% have college degree.

- 3. Will you create printed materials? If so, will they be available in languages other than English? What languages?**

We plan to have materials translated into Amharic, Tigrinya and Somali. We will have documents professionally translated on

- 1. Services available to families such as ECI, Medicaid, Medicaid Waiver programs, SSI and how to apply for these programs.**
- 2. Basic information on the ARD process**
- 3. Early signs of developmental disabilities such as autism and what to do.**
- 4. Information on how to manage stress, family and sibling issues and how and when to seek help if needed**

- D. What other organizations or groups will work with you in this project? How will they work with you?**

We will reach out to many organizations that have similar goals such as ours. We will seek help from them in educating and supporting our families. We already have worked with the following organizations and will continue to work them.

- 1. Ethiopian Health Professional Association (EHPA)**

<http://www.ethiohpa.com/>

This organization was instrumental in starting this support group and continues to support REACH-Families by providing members to do presentation for the group.

- 2. Mutual Assistance Association for Ethiopian Community (MAAEC)**

<http://maaecdallas.org/community.html>

MAAEC has supported REACH Families by providing the platform for community outreach during community gatherings and celebrations.

They have also allowed radio time for the group to continue to reach the community.

- 3. The following faith based organizations have also allowed REACH to do presentation and do community awareness programs in their churches.**

- Ethiopian Evangelical Baptist Church**

Dallas Texas

<http://www.eebc-dallas.org/>

- Eritrean MEDHANEALEM ORTHODOX CHURCH**

Dallas Texas

<http://tewahdo.org/Diocese/Diocese%20Churches.html>

- Gospel Light Eritrean Church**

Dallas Texas

<http://gospellighteritrea.org/english/english.html>

- **Debre Tsion Saint Mary Ethiopian Orthodox Tewahedo Church**
1515 South Nursery Rd, Irving TX 75016 USA
www.dfwstmary.com
- **Ethiopian Orthodox Tewahedo Debre Mehret St. Michael Cathedral**
N. Jupiter Rd. Garland TX 75042
- **Jewish Family Services of Dallas**
<http://www.jfsdallas.org/>

4. We also plan to work with the following organizations to educate and support families

National Autism Association of North Texas.
Path Project
Region 10 Educational Center
ARC of Dallas County
Metrocare/ Local authority
Family to Family
Parent to Parent
Local Educational Agencies

APPLICATION Part 5: Plan and Budget for your Project

PLAN FIRST: Use this guide to decide what you will need for this project.

Add additional lines at the end of this form if needed.

	We do not need this	We have this for free	Our group can pay for this	This will be donated by <i>(name people or organization, including volunteers)</i>	We need TCDD to pay for this; give cost estimate
People to coordinate activities, administer grant, complete paperwork					X
Translators, interpreters, consultants, or presenters					X
Copy Services/Printing					X
Postage	X				
Phone			X		
Internet					Website
Personal Attendant(s) for individuals with disabilities					X
Childcare or respite for participants					X
Local transportation			X		
Transportation and lodging when traveling to Austin or other in-state location					X
Food and other expenses WHILE TRAVELING					X
Office space	X				
Meeting or training space					X
Family Support Sibling Support Shop Mom Get Together Childcare					X
Hold Resource Fair in churches and other community events in various cities in Texas					X
Establish non-profit Status					X
Total					

APPLICATION Part 5: Plan and Budget for your Project

BUDGET SECTION: If you checked the box on the previous page marked

“We need TCDD to pay for this,” complete the table below.

Hourly Employees, Translators, Interpreters, Consultants, Presenters				
Name or Title	What responsibilities will this person have? What will they do for the project?	Rate Per Hour	Number of Hours	Total (Rate X Number)
Translation Agency	Translate parent education into Amharic, Tigrinya, and Somali	40/hr	40	\$1600
Presenters	Speakers on various topics related to Raising children with Disability Parent Training /Advocacy training	200	12	\$2400
IRS filing application	Consultant and application fee	600	1	\$600
Total:				\$4,600

Operating Costs	Rate per Unit	Amount (Number of Units)	Total (Rate X Amount)
Printing/Copying (1 unit = 1 page or 1 item)	<i>0.20</i>	<i>3,000</i>	<i>\$600</i>
Postage (1 unit = 1 mailing)			
Telephone (1 unit = 1 month)			
Web site (1 unit = 1 month)	<i>30</i>	<i>12</i>	<i>\$360</i>
Meeting room (1 unit = 1 event)	<i>50</i>	<i>12</i>	<i>\$600</i>
Trip expenses to Houston and Austin Travel/food	<i>2</i>	<i>300</i>	<i>\$600</i>
Respite or childcare for participants (1 unit = 1 hour) 4-6 providers at \$10/hr	<i>60</i>	<i>12</i>	<i>\$720</i>
Awareness postcards, business cards, brochures and promotional products for community fares	<i>4</i>	<i>500</i>	<i>\$2,000</i>
Total			\$4,880

Travel – IN STATE ONLY	Rate per Unit	Amount (Number of Units)	Total (Rate X Amount)
Travel (per mile or fare)	<i>0.55</i>	<i>Austin 200miles</i>	<i>\$110</i>
Lodging while traveling (per night)	<i>100</i>	<i>2nights / twoparents</i>	<i>\$200</i>
Food and other expenses while traveling (per day)	<i>30</i>	<i>4</i>	<i>\$120</i>
Total			\$430

Rental/Leasing	Rate Per Square Foot	Number of Square Feet	Total (Rate X Number)
Office Space (Rate per Sq. Ft. X Number of Sq. Ft).			
Other – describe and indicate unit:			
Total			
Total Requested from TCDD (Add the Totals from each table on this page)			\$9,910

TEXAS COUNCIL FOR DEVELOPMENTAL DISABILITIES
 Outreach and Development Grants Application
 Application: pages 1-5
 Instructions for Application: pages 6-8
 Supplemental Information: pages 9-11

APPLICATION Part 1 – Who will work on this project and who will it benefit?

A. Name of group or organization applying: Recovery Is Possible, Inc.

1. How long has your group been working together? 1 1/2 years
2. Approximately how many members do you have? 5
3. When does your group meet? Once every month
4. What are your goals and/or mission? Why do you exist? Our goal has always been to educate persons diagnosed with mental health condition understand their rights and services that encourage recovery and advocacy. We exist because too many are lost in a system they do not understand and with the changes to local and state policies persons diagnosed with a mental health issues are intimidated by the overwhelming changes.

B. What ethnic/cultural group your organization serves:

- (01) Black (02) Hispanic/Latino
 (03) Asian (04) Native American
 Other, or more information: _____

C. Where (counties) in the state will most activities occur: Harris (Latino) and Fort Bend (Asian)

D. Amount you are requesting for one year: \$9756.80

E. Contact Person: Donna Kocurek

Address: 10001 Westheimer Rd. Ste 2115, Houston, TX 77042

Telephone Number: 281-750-1308 Email Address: donnakocurek@recovery-is-possible.com

F. Signature of Contact Person: *Donna Kocurek*

G. Application Date: *April 9, 2013*

For assistance with completing these forms call (800) 262-0334 or (512) 437-5432
 and ask to speak to Joanna Cordry or Cynthia Ellison.

APPLICATION Part 2: Who will manage the money?

TCDD grant funds can be provided only to certain types of organizations. If your group is not one of these types of organizations, you may partner with an organization that can manage the funds.

A. Name of the organization that will manage the funds: National Counseling Center

B. What type of organization will manage funds?

(01) State Agency

(02) Other Governmental Agency

(03) Not-for-Profit

(04) For-Profit

(06) Institution of Higher Education

(05) Faith-based

(07) Hospital

C. Tax ID Number: 46-1180261

D. Name of Authorizing Official: Porshira Anderson

Authorizing Official Title: President

Authorizing Official Signature: 

E. Name of Financial Administrative Authority (FAA): Porshira Anderson

FAA Title: Managing Member

FAA Signature: 

Address: 11313 Elegant Way, Houston, TX 77066

Telephone Number: 713-839-6850 **Email Address:** porshira@acct2go.com

APPLICATION Part 3: Assurances

Certification Statement

The grantee hereby assures and certifies that they have read and agree to comply with all guidelines and requirements with respect to this grant project as specified by:

The Developmental Disabilities Assistance and Bill of Rights Act, [\(DD Act\)](#) of 2000 (P.L.- 106-402) and [Federal Regulations Title 45 CRF Parts 74 or Part 92](#) (as applicable) and relevant cost principles.

The full list of assurances is available on the TCDD website under [Assurances](#), or by contacting Barbara Booker at:TCDD, 6201 E Oltorf, Suite 600, Austin, TX 78741-7509; e-mail: barbara.booker@tcdd.state.tx.us.

I certify that I have read all assurances and certifications and do hereby certify, warrant and confirm that compliance with the assurances will be maintained.

Title: *Managing Member*

Date: *3/28/2013*

Signature of Authorizing Official: 

APPLICATION Part 4: About Your Project

Please answer the following questions as best as you can.

A. Why do you want this grant? What do you intend to do?

Goal:

The goal of this project will be to educate persons with developmental disabilities on current local and state policies and benefits. We intend to hold community workshops and identify leaders and volunteers that will act as liaisons and advocates between community health centers and the public.

What we plan to do:

1. Create a flyer/brochure in Spanish that specifically defines intellectual disabilities and current local and state policies along with date and time of workshop.
 - a. Timeline: Within 3 weeks from execution of grant
2. Hold a local community workshop that is advertised through churches and schools (places of community gathers). Once workshop is completed and volunteers are identified, we will teach leaders and volunteers how to navigate the process of creating an advocacy program for meeting the needs of those with intellectual disabilities. We will use the NAMI Smarts Advocacy format to teach on the process of advocacy. We will use the United Way to assist in leadership development. We will use MHMRA Developmental Disabilities Department to educate on current programs that are designed to help persons with intellectual disabilities.
 - a. Timeline: Within the first 6 months from award.

B. How will this grant help people with developmental disabilities living in your community?

The desired outcome will be to educate and bring awareness to the “voice” of each person with intellectual disabilities, while also identifying and developing strong local leadership for the identified community. This grant will help build confidence through education within the communities in hopes of creating a non-profit with the help of the United Way.

- a. Timeline: Within 9 months from award.

C. About the people this project will help:

1. How many people or families, approximately?
 - b. We plan to involve 40 people or 20 families.
 - c. We plan to identify 2 strong volunteer leaders and 2 teams of volunteers.

2. What are the approximate ages, general income levels and education levels of the people you will assist (if known)?

Age(s): 25-45

Income level(s): \$30,000 to \$45,000

Education level(s): We do not know what the education levels will be. Our hope is we will influence both GED, high school and some with higher education.

- i. Will you create printed materials? If so, will they be available in languages other than English? What languages?

Yes they will be printed in both English and Spanish

3. What other organizations or groups will work with you in this project? How will they work with you?
 - a. We will use NAMI (National Alliance on Mental Illness) Smarts Advocacy program
 - b. We will use the United Way to help with leadership training and Board development.
 - c. We will use National Counseling Center for Spanish interpretation.
 - d. We will use MHMRA Harris County to help with educating on current government benefits for those with intellectual disabilities.

APPLICATION Part 5: Plan and Budget for your Project

PLAN FIRST: Use this guide to decide what you will need for this project.
Add additional lines at the end of this form if needed.

	We do not need this	We have this for free	Our group can pay for this	This will be donated by <i>(name people or organization, including volunteers)</i>	We need TCDD to pay for this; give cost estimate
People to coordinate activities, administer grant, complete paperwork					\$3020.00
Translators, interpreters, consultants, or presenters					\$2760.00
Copy Services/Printing					\$1500.00
Postage					\$36.80
Phone			x		
Internet			x		
Personal Attendant(s) for individuals with disabilities					\$360.00
Childcare or respite for participants		x			
Local transportation			x		
Transportation and lodging when traveling to Austin or other in-state location					\$736.00
Food and other expenses WHILE TRAVELING					\$144.00
Office space		x			
Meeting or training space		x			
Other (describe) Brochure/flyer design			x		
Other (describe) Leader(s) Stipend					\$600.00
Other (describe)					
Total					\$9756.80

APPLICATION Part 5: Plan and Budget for your Project

BUDGET SECOND: If you checked the box on the previous page marked
"We need TCDD to pay for this", complete the table below.

Hourly Employees, Translators, Interpreters, Consultants, Presenters				
Name or Title	What responsibilities will this person have? What will they do for the project?	Rate Per Hour	Number of Hours	Total (Rate X Number)
<i>Donna Kocurek/coordinator</i>	<i>Coordinate activities relating to grant such as set up identifying local community centers and schools.</i>	<i>\$18.00</i>	<i>140</i>	<i>\$2,520</i>
<i>Brenda Jimenez/Emilio Jimenez</i>	<i>Presenter and Interpreter for forums and group meetings</i>	<i>\$60.00</i>	<i>56</i>	<i>\$3360</i>
<i>Porshira Anderson</i>	<i>Grant and Financial Administrator</i>		<i>24</i>	<i>\$500</i>
			Total:	\$6380.00

Operating Costs	Rate per Unit	Amount (Number of Units)	Total (Rate X Amount)
Printing/Copying (1 unit = 1 page or 1 item)	1000	1.50	\$1500.00
Postage (1 unit = 1 mailing)	80	.46	\$36.80
Telephone (1 unit = 1 month)	0		
Internet (1 unit = 1 month)	0		
Meeting room (1 unit = 1 event)	0		
Personal Attendants for people with disabilities (1 unit = 1 hour of service)	\$15.00	24	\$360.00
Respite or childcare for participants (1 unit = 1 hour)			
Other - describe item and indicate units or hours: Leader(s) Stipends	50	12	\$600.00
Total			\$2,496.80

Travel – IN STATE ONLY	Rate per Unit	Amount (Number of Units)	Total (Rate X Amount)
Travel (per mile or fare)	\$0.56	600	\$336
Lodging while traveling (per night)	\$100.00	4	\$400
Food and other expenses while traveling (per day)	\$36.00	4	\$144
Total			\$880

Rental/Leasing	Rate Per Square Foot	Number of Square Feet	Total (Rate X Number)
Office Space (Rate per Sq. Ft. X Number of Sq. Ft.)			
Total			
Total Requested from TCDD (Add the Totals from each table on this page)			\$9756.80