

REQUEST FOR PROPOSALS

Competitive Funding for State Fiscal Year 2025 Special Projects: Statewide Consumer/Family Support Networks Special Service Contracts

The South Carolina Department of Disabilities and Special Needs (SCDDSN) announces anticipated state funding in FY25 for Special Projects that will strengthen and expand statewide consumer/family support networks relevant to the mission of SCDDSN. Statewide non-profit organizations that are affiliates of national disability organizations are encouraged to submit proposals that will extend access to information about disabling conditions and relevant resources, offer outreach to non-English speaking people with disabilities/families, assist people with disabilities/families to connect with peers and support groups, improve the effectiveness of peer mentors and support groups, enhance individual/family self-advocacy, expand social/recreational opportunities for people with disabilities/families, provide visibility and organizational leadership for one or more disability groups and promote multi-organization linkages and collaboration.

Contingent upon available funds and past funding levels to an applicant organization, up to six (6) projects, \$25,000-\$65,000 each, will be funded through a competitive selection process (note: total funding for all awarded projects will be under \$250,000). Following selection, a SCDDSN contract will be issued. **All products produced, trainings provided, or interactions occurring as a result of awarded grant funds shall clearly and appropriately identify SCDDSN as the sponsor of the product, training, or interaction.**

Projects must be implemented and operational at the time of award, and services must be offered from July 1, 2024 through June 30, 2025.

Non-profit organizations which meet the following criteria are eligible and encouraged to submit a proposal:

- Must be a statewide organization.
- Must be the state affiliate of a national consumer/family support network.
- Must lead a network of local/regional units.
- Must target one or more disability populations served by SCDDSN.
- Must not be on South Carolina Secretary of State's List of Suspended Charities or its Annual 'Scrooge' List.

Proposals must focus on efforts which:

- Complement but do not duplicate SCDDSN functions/services.
- Extend access to information about disabling conditions and relevant resources.
- Offer outreach to non-English speaking people with disabilities/families.
- Assist people with disabilities/families to connect with peers and support groups.
- Improve the effectiveness of peer mentors and support groups.
- Enhance individual/family self-advocacy.
- Expand social/recreational opportunities for people with disabilities/families.
- Provide visibility and organizational leadership for one or more disability groups.
- Promote multi-organization linkages and collaboration.

The SCDDSN Special Projects Selection Committee will consider the following criteria in evaluating proposed projects:

- Clear and appropriate goal(s) and objectives.
- Specific and appropriate implementation activities.
- Scope and expected impact of the project.
- Compatibility with SCDDSN mission and services.
- Direct/indirect benefits to people with disabilities/families.
- Adequate and justified budget; cost-effectiveness.
- Capability to administer a SCDDSN contract.

QUARTERLY REPORTING: Grantees must provide a concise report quarterly which includes an overview of services provided and a financial statement to DDSN Cost Analysis and the appropriate Program Division Area.

Applications must be received by Friday, May 31, 2024. Applications must be emailed with subject line State FY25 Family Support Network Application to:

Quincy Swygert
Chief Financial Officer, SCDDSN
Quincy.swygert@ddsn.sc.gov
803-898-9697

**South Carolina Department of Disabilities and Special
Needs Competitive Funding for FY 2025 Special Projects:
Statewide Consumer/Family Support Networks**

Application

Project Title: _____

Funding Requested: _____

Applicant Organization: _____

Federal or Tax Identification Number: _____

Mailing Address (*include zip code*): _____

Project Director: _____

Title: _____ Email Address: _____

Telephone: _____ FAX: _____

Fiscal Administrator: _____

Title: _____ Email Address: _____

Telephone: _____ FAX: _____

PROJECT NARRATIVE

Disability population(s) to be the Target of the Project:

Project Description Including: Scope, Expected Impact of the Project, and Direct/Indirect Benefits to People with Disabilities

Describe how your proposal is compatible with DDSN's mission and your organization's ability to administer this project as proposed

Project Goals(s) and Objectives:

PROJECT IMPLEMENTATION ACTIVITIES

Goal: _____

Objective: _____

LIST ACTIVITIES	PERSON(S) RESPONSIBLE	TARGET DATE(S)	HOW THE ACTIVITY WILL BE DOCUMENTED/EVALUATED

PROJECT BUDGET

BUDGET JUSTIFICATION

CERTIFICATION

The application must include the signature below of the President or Executive Director of the organization to certify that it is an official submission by the applicant.

Signature

Date: _____

Name (*Typed/ Printed*)

Title: _____