

Call for Investment
for
**Field Initiated
Projects**

APPLICATION PACKET



7 West 6th Avenue, Suite 507
Helena, Montana 59601
406-443-4332
406-439-5077 Deborah
406-202-6009 Danielle

Virtual Informational Bidder's Session

A Call for Investment (CFI) informational and training meeting will be held prior to the due date to discuss and explain the application and the target plan process. We strongly encourage key people from your organization who will be responsible for the initiative to attend.

**The session will be held via Zoom on April 7, 2022
1:00pm – 2:30pm**

For more information and to sign-up for the virtual session please call Council offices at 443-4332, 439-5077 (cell) Deborah, 202-6009 (cell) Danielle or you may use the form below to email our response.

RSVP by – Monday, April 4, 2022

Email: deborah@mtcdd.org or danielle@mtcdd.org

CFI Bidders/Information Session

Agency/Provider _____

Name(s) and Phone Number(s) of those attending:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I. COUNCIL INTENT

The Montana Council on Developmental Disabilities releases this Call for Investment to fund four (4) Field Initiated Projects each up to \$20,000. This is your opportunity to present your project/idea for Council funding.

GIVENS

The following givens pertain to federal guidelines the Council operates under and cannot be reasonably changed.

- Implementor will submit written quarterly reports on customer progress, and at least one in-person report before the Council.
- 25% Match is required of funds requested (cash preferred)
- Program must have measurable outcomes
- MCDD funds cannot be used for expenditures for the purchase of property, either real or personal, other than consumable supplies that do not have a life beyond the length of the project.

II. TARGET PLAN CONTENT

A. FACE SHEET

Complete the face sheet included in your packet. This must be the first page of your target plan/application. The face sheet must have an original signature on the form.

B. ABSTRACT

Include a one-page (1) abstract of the project. This summary will be used during the MCDD evaluation process and will be used to describe the project to the public.

C. TARGET PLAN (Between 2 to 4 pages)

D. BUDGET Sheet (using MCDD format)

E. BUDGET Narrative (No more than 2 pages)

1. THE MARKET AND YOUR CUSTOMERS

Define the numbers and characteristics of the customers you will assist. Indicate how they are different from the broader population of people with developmental disabilities with the same need. In other words, whom are you targeting with your idea? (We don't want to know the potential market of customers, e.g., "All people with developmental disabilities in X County.")

Profile two or three people typical of those to be served by your idea. Explain why they want what you have to offer, not why you think they need it.

Name the intermediaries whose involvement is critical for your idea to work. Indicate why they will cooperate. We don't want letters of support.

2. YOUR PRODUCT OR SERVICE

Specify your proposed "product" or service, its key features and its comparative advantages over other approaches used to achieve the same outcomes. What are the important and distinct functions of the product or service? Highlight or focus on those aspects of your proposal that you believe will make your project successful.

3. KEY INDIVIDUALS

Profile those individuals who will have the most responsibility for the project. Describe why they are the right person(s) for the job. We do not want resumes. Instead, focus on the energy, capacity and commitment.

If a team approach to managing and/or implementing is used, specify how strengths of individuals are complimentary and not duplicative.

4. ORGANIZATIONAL SUPPORT

This section deals with your agency's capacity to achieve your stated targets.

Explain one or two similar projects your agency has undertaken and the extent to which you stated and achieved results.

List specific resources that your group will contribute to the project and which are critical to success.

State and justify the priority this project has for your agency.

F. BUDGET

The Montana Council on Developmental Disabilities has identified funding for four (4) projects up to \$20,000 each. The time of performance for this project will begin on July 1, 2022 and end on June 30, 2023. Shorter times of performance may be negotiated.

Complete the Budget Information page attached. A 25% non-federal match is required for all projects. This matching requirement means that 25% of the total project must come from non-federal funds (e.g. state, local, and/or private funds). For assistance in identifying match contact MCDD staff. **Provide a budget narrative for each line item listed in your proposed budget.**

III. SUBMITTING THE APPLICATION AND CLOSING DATE

The original target plan/application must be received by:

5:00PM on May 19, 2022

Send or email your target plan/application to:
Montana Council on Developmental Disabilities
7 West 6th Avenue, Suite 507, Helena, Montana 59601

Deborah@mtcdd.org

Danielle@mtcdd.org

NO Handwritten Copies will be accepted.

IV. SELECTION PROCESS

After submission of your application, the Council will conduct a due diligence selection process:

An initial review of submitted plans will be conducted by the Council.

Most applicants will be contacted and given the opportunity to answer questions reviewers may have about the target plan or to clarify any part of the plan.

After the initial screening has been made, remaining applicants will be given the opportunity to meet personally with the Council to present, elaborate, substantiate and generally build upon the submitted target plan. Ideally, the Project Supervisor, a financial person and a consumer (if they assisted in the target plan development) would be present for the presentation.

V. TIMELINES FOR APPLICATION PROCESS

Here is an estimated timeline for the completion of each step of the application process.

Virtual Informational Session	April 7, 2022
Applications Due	May 19, 2022
Zoom/In-Person Presentations	June
Awards Announced	June
Contract Period	July 1, 2022– June 30, 2023



CFI Face Sheet

Please type or print clearly

1. Agency's Legal Name, Address and Phone Number

(406) _____
2. Federal Tax ID Number _____
3. Authorizing Official _____
Phone Number _____
email address _____
4. Project Director _____
Phone Number _____
email address _____
5. Financial Officer _____
Phone Number _____
email address _____
6. Project Title _____
7. Council Funds Requested _____
8. Contractor Match _____
9. Grant Period: July 1, 2022
June 30, 2023

CERTIFICATION: I certify that I am authorized to sign on behalf of the applicant. Accurate documentation and records will be kept to support program activities.

ASSURANCES: All mandatory portions of the Call for Investment have been addressed in our application.

Signature of Authorizing Official

Title

Date

Signature of Project Director

Title

Date



BUDGET SHEET

	MCDD Funds	25% Match	TOTAL
Personnel & benefits	_____	_____	_____
Supplies	_____	_____	_____
Printing	_____	_____	_____
Travel	_____	_____	_____
Council Travel	_____	_____	_____
Rent	_____	_____	_____
Utilities	_____	_____	_____
Printing	_____	_____	_____
Postage	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____
TOTALS	_____	_____	_____

BUDGET NARRATIVE

Please explain your budget line items