

# **Application for Deafblind Community Inclusion Services**

## **Board of Education and Services for the Blind Deafblind Grant Program Description**

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### **I. Background and Intent**

**A. The Board of Education and Services for the Blind (BESB) administers the Deafblind Grant Program, which provides funding to create opportunities for recreation, communication, socialization and other services that further community inclusion for adults age 21 or older who are deafblind as defined in Section 10-295 (d) of the Connecticut General Statutes. Priority in funding proposals is given to those select individuals identified in the original 1977 deafblind pilot study. In BESB's evaluation of proposals for funding, emphasis shall be placed on meaningful activities which help qualifying individuals to prepare for and engage in more independent functioning.**

**B. This application allows state and private agencies and individuals to request funds for programs they design for persons who are deafblind to provide them access to recreation, communication, socialization and other services that further community inclusion.**

**C. In submitting proposals under this application, an agency or individual shall describe the proposed services for promoting community inclusion, the agency or person(s) who will provide these services, and the scope and duration of services for the two upcoming state fiscal years (i.e., ; 7/1/11-6/30/12 and 7/1/12-6/30/13).**

**D. Those proposals which are accepted through the process described herein shall result in a separate contract between BESB and the agency or person(s) selected to provide grant program services.**

## **II. Scope of Services**

### **A. Persons to be served:**

**1. Funds shall first be used to serve those persons who are deafblind and who were also identified in the original 1977 deafblind pilot study (to be known hereafter as select individuals), up to a maximum of \$10,000 per person.**

**2. After select individuals have had funds allocated through this grant program, BESB shall use the remaining grant program funds to serve other individuals who are deafblind, up to a maximum of \$10,000 per person.**

**3. The final determination regarding the awarding by BESB of grants under this program is subject to the availability of funding.**

## **B. Content and Form of Client Service Plan:**

**1. The Client Service Plan (hereinafter referred to as CSP) shall be developed in each proposal according to Appendix B, below, and shall include all of the following:**

**a. outcomes and performance measures for the services outlined in the proposal for the upcoming year, and**

**b. an assessment covering the outcomes and performance measures for the services provided under the plan (if any) for the preceding year, and**

**c. the names and qualifications of the persons who shall be providing the services described under the plan (if known), and**

**d. itemized costs of proposed services (see Appendix C, below).**

**Note: Client shall mean a qualifying individual as described in Section III, below.**

**2. Where the agency or person(s) who shall directly provide such services has not been determined at the time of the proposal submission, the proposing agency or person(s) shall describe in detail the process that will be used to identify and hire such agency or person qualified to provide such services under this grant program. BESB shall assume no responsibility for the selection of an agency or person directly hired by the bidder for the provision of proposed services under this grant program.**

**3. In situations where a bidder has not identified potential client recipients of services at the time of bid**

submission, the vendor shall submit Client Service Plans that propose inclusive hourly rates for specific types of services that would offered to deafblind individuals upon subsequent identification after a contract award.

4. The agency reserves the right to award contracts to bidders based on approved hourly rates, where the actual number of clients to be served, and the number of hours for each client to be served shall be identified subsequent to contract award. In these instances, the contract shall be awarded with an identification of the maximum number of clients and maximum financial value over a two year period.

5. All contract awards are subject to available funding.

**C. Factors to be Considered in Evaluating a Client Service Plan:**

1. The Client Service Plan (CSP) Review Committee, a subcommittee of the BESB Deafblind Advisory Committee, shall approve the CSP for the full amount sought by the proposal, or for some reduced amount, or shall return it to the submitting agency or individual with recommendations for revision and improvement so that the services proposed in the CSP are aligned with the goals and requirements set forth in this application and with the requirements of state and federal law.

2. In reviewing CSPs, the CSP Review Committee may also consider other factors, including but not limited to the following:

- a. the client's established interests, practices, and relationships;
- b. the client's ability to make informed choices;
- c. the client's ability to participate in and benefit from the proposed services;

- d. the amount of supervision ordinarily required by the client;
- e. the benefit available to the client through services offered collectively to a group of individuals;
- f. whether and to what degree the benefit of the proposed services can be measured and tracked;
- g. whether similar services are available absent the funding requested; and
- h. the shortage or availability of funds otherwise available after the provision of services to select individuals.
- i. in situations where the bidder has not identified the actual clients to be served at the time of the bid submission, the CSP Review Committee shall further assess the capacity of the bidder to provide proposed services to clients subsequently identified within a 30 day period of purchase order issuance authorizing provision of the service(s).

3. Upon receiving a CSP, the CSP Review Committee may request that the proposing agency or individual revise the CSP if public funds are otherwise available from specifically identified additional sources to pay for all or part of the services described in the CSP as originally submitted.

#### **D. Proposed Fees:**

Fees shall be proposed only on an hourly rate basis for each year of the CSP (that is, for the two upcoming state fiscal years, from July 1, 2011– June 30, 2012 and from July 1, 2012-June 30, 2013), except where services proposed include camp programs which are priced weekly. Agencies making proposals under this grant program shall use Appendix C, the Cost Proposal Form.

## **E. Scope of Services:**

- 1. The services to be provided under this grant program may include:**
  - a. Enrichment of the client's life through community experiences (including camp) to decrease social isolation while promoting social interaction to help the client realize greater participation in the community through self-empowerment.**
  - b. Services of a qualified communicator or facilitator between the client and the public to facilitate the client's involvement in the community.**
  - c. Helping the client to discover, develop, and adapt independent living skills that fit the client's interests and abilities.**
- 2. Proposing agencies or individuals must include information demonstrating that they have secured or will obtain the services of qualified persons with particular skills in serving clients who are deafblind.**
- 3. All proposing agencies or individuals who are approved to enter into contracts with BESB for the provision of specific services under this grant program shall agree to submit activity reports documenting the services provided (including the date and the number of hours of service) and written progress summaries on forms provided by BESB.**

## **III. Definitions**

**“Blind” shall describe a person whose central visual acuity does not exceed 20/200 in the better eye corrected, or whose**

**visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.**

**“Client” shall mean a resident of Connecticut who is deaf and blind and is at least 21 years old.**

**“Client Service Plan Review Committee” shall consist of: the BESB Supervisor of Adult Services and at least two members of the BESB Deafblind Advisory Committee, including parents and guardians.**

**“Client Service Plan” shall mean a plan which describes the services that will be made available to the client through a Deafblind Grant Program award. When necessary, the legal guardian of a client may, in writing, appoint and authorize a designee who, for a definite period of time, may develop and submit the CSP.**

**“Community inclusion specialist” shall mean a person retained by a specialized public or private agency to provide services to a client to facilitate their greater involvement in the community.**

**“Deaf” shall describe a person whose hearing is non-functional for the purpose of understanding ordinary conversation with optimum amplification.**

**“Deaf-Blind” or “deafblind” shall mean having a combination of deafness and blindness.**

**“Other individual” shall mean a resident of Connecticut who is age 21 or older, is deafblind, and is not a select individual.**

**“Select individual” shall mean a member of the class of deafblind individuals who were identified in the deafblind pilot study authorized by Connecticut Special Act 77-81.**

**“Services” shall mean supports and activities (other than residential and basic care) from which clients benefit and which are individually or collectively provided to clients to promote or enhance community inclusion. Services shall include recreation, socialization, communication, skill building, physical fitness and health as outlined in a client service plan submitted to and approved by the CSP Review Committee under the guidelines described in this application, provided that said services are delivered by or through a specialized public or private agency, or other individual determined to be qualified by the CSP Review Committee, and are not otherwise available through alternative public funds.**

**“Specialized public or private agency” shall mean (a) a facility or program located within the state of Connecticut which is operated by a public or private entity, is licensed or certified by the state or other authority, and which provides services to a client, or (b) a person or entity located within the state of Connecticut who provides services to clients under the direction and oversight of said clients or their guardians.**

**“Visually impaired” shall describe a person whose central visual acuity does not exceed 20/70 in the better eye corrected.**

#### **IV. Proposal Requirements and Required Format**

**A. All proposing agencies or individuals must follow the outline structure and maximum page limits, where applicable, set forth below.**



**B. The proposal should be typed and double-spaced with 16-point font size.**

**C. The component sections of the proposals submitted for the grant program shall be as follows:**

**1. Section One (Appendix A) – Initial Information (two pages).**

**This section shall indicate the name of the client(s) where applicable, the proposing agency or individual(s) and the service provider (if known). It also contains the section obtaining permission to provide services and authorizing release of information, asks whether the client has ever received a BESB Deafblind Program Grant, and whether the client is a select individual as defined above in Section III.**

**2. Section Two (Appendix B) – Proposed Client Service Plan (two pages), including:**

- a) Statement of activities to be provided to increase community inclusion and independence of the client or clients that will be identified at a subsequent time.**
- b) Statement of outcomes and measures for client's personal goals for community inclusion.**
- c) Summary of agency or person(s) who will be utilized to provide services.**
- d) Selection process to be used for hiring persons to provide grant program services.**
- e) Assessment of the results of services provided under the preceding year's grant for this same program, if applicable.**

**Important Note: Where proposals are funded solely by BESB through this grant program, BESB will provide such funds directly to the proposing agency or individual(s), who shall in**

turn be responsible for the direct administration of the contracted services and payment to any third parties for services rendered. Proposing agencies or individuals shall submit verification (on forms provided by BESB) of such program services being rendered.

**3. Section Three (Appendix B, cont.) – Additional Information (one page), including:**

- a. The name, title, address, telephone number(s), and e-mail address for the individual with the authority to negotiate and contractually bind the proposing agency or individual.
- b. The names, titles, addresses, telephone numbers, and e-mail addresses for the individuals who may be contacted for the purpose of clarifying the information provided in the proposal(s).
- c. Any additional information that the proposing agency or individual wishes to bring to the attention of the CSP Review Committee that is relevant to this application (see “Factors to be Considered in Evaluating a Client Service Plan,” Section II.C.2 of this program description).

**4. Section Four (Appendix C) – Cost Proposal Form (one page).**

This section shall include the estimated annual cost of services provided to the client. In situations where a vendor is proposing to provide specific types of services to clients who will be identified at a later date, this section shall include the estimated annual cost of services based on an hourly rate for the type of service, times the number of hours the bidder can realistically provide to the client each year of the two year grant period.

## **V. Services – Outcomes and Measures**

- A. The proposing agency or individual(s) shall implement the services described in the proposal to result in the identified outcomes on behalf of the clients. Such outcomes shall be measured in the manner described below. Outcome results achieved pursuant to these terms and conditions will be monitored by BESB.**
- 1. Outcome: Clients shall be provided opportunities that include recreation, socialization and other services that further community inclusion (refer to “services” in Definitions, Section III).**
  - 2. Measure: Clients’ community inclusion experience shall be documented on monthly or quarterly report forms that note the location, the number of hours and the scope of the activity.**
- B. Confidentiality: All data provided to the proposing agency or individual(s) by the state or developed internally by the proposing agency or individual (s) with regard to the BESB contract resulting from an award under this grant program will be treated as proprietary to the state and confidential unless the state agrees in writing to the contrary. The proposing agency or individual(s) agree to forever hold in confidence all files, records, documents or other information designated as confidential, whether prepared by the state or by others, which may come into the proposing agency or individual’s possession during the resulting contract term, except where disclosure of such information by the proposing agency or individual is required by other governmental authority to obtain compliance with laws, rules, or regulations, and such disclosure will be limited to that actually so required. Where such disclosure is required, the proposing agency or individual(s) will**

**provide advance written notice to BESB of the need for the disclosure and will not disclose any such information absent written consent from BESB.**

#### **VI. Reports Required**

**Successful bidders who receive funds shall be required to maintain adequate records on forms provided by BESB showing that such funds allocated to them under this grant program have been spent in a manner consistent with the Client Service Plan that they outlined in their proposal. BESB will monitor the services provided using the outcomes and measures included in the BESB-approved application.**

#### **VII. Method of Payment**

**Payments: BESB shall review and must pre-approve all invoices submitted by the agency or individual(s) providing services under this grant program. With the exception of camp registration fees, which may be paid in advance, in a manner consistent with preregistration requirements of the camp, BESB shall reimburse monthly or quarterly, at the discretion of the proposing agency or individual(s), by retrospective payment. All such pre-approved and documented services that have been rendered shall be paid at the rate agreed to and authorized in the contract award. Payment will be made by BESB only after BESB's receipt and approval of the required reports and invoice.**

#### **VIII. Contract Period**

**In accordance with the proposed schedule attached (see section XII), BESB seeks to have contracts and programs in place effective July 1, 2011 through June 30, 2012 and July 1, 2012 through June 30, 2013 .**

## **IX. Proposal Submissions**

**A. The proposal must be postmarked via US mail by Friday, April 8, 2011 or hand-delivered no later than 4:30 pm local time on Monday, April 11, 2011. Proposals postmarked after April 8, 2011 or received after 4:30 pm local time on April 11, 2011 will be returned unopened to the proposing agency or individual(s).**

**B. The original proposal plus one copy must be submitted to:**

**Board of Education and Services for the Blind  
(BESB)**

**Attn: Christopher Lassen, Adult Services Supv.**

**184 Windsor Avenue**

**Windsor, CT 06095**

**Phone: (860) 602-4180**

**FAX: (860) 602-4030**

**e-mail: christopher.lassen@ct.gov**

**Directions: North out of Hartford on Interstate-91 to Exit 34 (Route 159, Windsor/Wilson). At the stop sign at the end of the ramp, cross Meadow Street directly into the BESB parking lot. Park in the front of the building and enter at the left entrance (marked ADMINISTRATION).**

## **X. Questions**

**A. Questions may be directed in writing or faxed to Christopher Lassen by Friday, April 1, 2011.**

**Responses will be sent in writing or faxed and will also be posted to the DAS website.**

**B. Proposing individuals or agencies can also contact Christopher Lassen by phone at (800) 842-4510, Ext. 4180 or locally (860) 602-4180 or through operator relay (711). Questions can not be**

**answered if the answer would jeopardize the validity of the bid process.**

## **XI. Timetable for Review of Proposals**

**The following dates represent a tentative schedule of events and due dates for this grant program. The state reserves the right to modify these dates at any time.**

**Issuance of Applications                      Wednesday, March 23, 2011**

**Deadline for Questions  
About Application    Friday, April 1, 2011**

**Proposal Due Date                      Postmarked by Friday, April 8, 2011  
Or hand delivered by 4:30 pm local  
time on Monday, April 11, 2011**

**Proposal Evaluation Begins                      Monday, April 18, 2011**

**Negotiations with Selected  
Proposing Agencies Completed                      Thursday, May 5, 2011**

**Final Approval by Acting Executive  
Director of BESB    Monday, May 23, 2011**

**Contracts to be signed by Acting  
Executive Director & vendors    Friday, June 3, 2011**

**Submitted to the Office of the  
Attorney General    Tuesday, June 7, 2011**

**Services to Clients Begin    Friday, July 1, 2011**

## **Appendix A -- Initial Information (Proposal, Section One)**

### **Deaf Blind Grant Program Initial Information:**

**In accordance with Connecticut Special Act 77-81, and Sections 10-293(a) and 10-295(d) of the Connecticut General Statutes, the documents contained within relate to the provision of services for deafblind clients, age 21 and older (refer to definition within) and the approved content of the application for state fiscal years 2012 and 2013, commencing on July 1, 2011.**

**Name of Client:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Proposing Agency/Person(s) Name, Address.**

**Contact person: Phone number and email address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Provider Name, Address & Telephone #:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Appendix A (cont.) – Initial Information (Proposal, Section One)**

### **Deaf-Blind Grant Program Initial Information (cont.)**

#### **Permission to Provide Services/Release of Information**

The signature below of the client or guardian indicates agreement with the program goals and also serves as permission for the proposing agency or person(s) and BESB staff to exchange written and/or verbal information related to the provision of such program services.

\_\_\_\_\_  
**Client or Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

**Name of Client:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Has the client received services through the BESB Deaf-Blind Grant Program before?**

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

**Do you believe the client is a select individual who participated in the deaf-blind pilot study in 1977?**

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**



**Appendix B -- Proposed Client Service Plan (Proposal,  
Section Two)**

**Client Service Plan**

**Client Name:**

**Proposed Services (please number each service):**

**Proposed Outcomes (please number each outcome):**

**Appendix B (cont.) – Proposed Client Service Plan  
(Proposal, Section Two)**

**Performance Measures (please number each measure):**

**Names and Qualifications of Persons Providing Proposed Services (please indicate who will provide each proposed service numbered above):**

**NOTE: if persons have not yet been chosen to provide services, use the space above to describe selection process to be used for hiring such persons.**

**If client received services under the Deafblind Grant Program during the preceding year, please attach an assessment covering the services, outcomes and measures of that grant (maximum of two additional pages, using an extra copy of pages 14 and 15).**

## **Appendix B (cont.) (Proposal, Section Three)**

**Additional Information that the proposing agency or person(s) wish to bring to the attention of the CSP Review Committee that is relevant to this application (see Factors to be Considered in Evaluating a Client Service Plan, section II C. above):**

**Name, title, address, telephone number(s) and e-mail address of the individual with the authority to negotiate for and contractually bind the proposing agency or person(s):**

**Names, titles, addresses, telephone numbers and e-mail addresses of individuals who may be contacted for the purpose of clarifying the information provided herein:**

## **Appendix C – Cost Proposal Form (Proposal, Section Three)**

### **Cost Proposal Form**

**Proposing agencies are instructed to use this form to submit their cost proposal.**

**Client Name:**

**Proposed Services:**

**Total Number of Hours of Proposed Services:**

**Inclusive Proposed Hourly Cost:**

**Total Cost of Proposal:**

### **IMPORTANT NOTES:**

- 1) The proposed hourly rate must be an all-inclusive rate, including all costs such as transportation, activity fees, meals and any other costs associated with the proposal. Separate reimbursement for items such as admission tickets for events shall not be granted and must be factored into the proposed hourly rate. If the proposal includes or is limited to camp fees, it should specify the comprehensive fee for a week, a weekend, or some other distinct time period.**
  
- 2) The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the federal government and/or the state. Such taxes must not be included in prices or costs submitted with the proposal.**