# **TCDD Grant Continuation Application Preview**

While this example document allows you to preview the questions in the official continuation application online survey, **you must submit this information through the online survey**. There are small differences in the content and format between this document and the online survey. Certain information specific to your project will be auto-filled in your online survey.

Complete the following application to request funds for the next 12 months of your TCDD grant. This application will build on the outcomes, activities, and staff from your prior grant period.

You have been provided a unique access code to online version of this continuation application. This access code will allow you to complete the application in multiple sessions. Your progress throughout this application will be saved automatically. If multiple users within your organization will be completing this application, be sure all users are entering the unique access code provided to you in the continuation email to access the saved application.

Contact your TCDD grant coordinator if you have questions about this application.

## **Part I: Grantee Information & Authorizing Officials**

In this section, provide the required information about your organization and authorizing officials.

**1)** Organization Name:

**2)** Project Title:

**3)** Please indicate the budget period cycle in which you are requesting continuation:

[ ]  Year 2

[ ]  Year 3

[ ]  Year 4

[ ]  Year 5

[ ]  Other (please specify)

**4)** Name of Grant Project Director:

**5)** Email of Grant Project Director:

**6)** Will your Grant Project Director stay the same?

[ ]  Yes, the Grant Project Director will stay the same.

[ ]  No, the Grant Project Director needs a personnel revision.

**7)** Will your Financial Authority and Alternate stay the same?

 [ ]  Yes, the Financial Authority and Alternate will stay the same.

 [ ]  No, the Financial Authority and Alternate need a personnel revision.

**8)** Will your Organization Authorizing Official stay the same?

[ ]  Yes, the Organization Authorizing Official will stay the same.

 [ ]  No, the Organization Authorizing Official need a personnel revision.

**9)** If there are changes to your project's staff, have you submitted a personnel revision to reflect these changes?

 [ ]  Yes

 [ ]  No

## **Part II: Project Description & Outcomes**

In the online version of this section, you are provided the RFA project description and your project abstract. Based on this information, provide updates about your project's progress toward its outcomes.

**10)** TCDD uses your project abstract and summary to describe your activities and goals on our website and in our other reporting. Does this summary accurately reflect the current status of your project, including any evolutions of your project to date?

 [ ]  Yes, the summary is accurate.

 [ ]  No, I need to make revisions.

**11)** Enter your project summary revisions in the following field (if applicable):

Grant project activities may lead to outcomes such as improved knowledge and skill; change in attitude or culture; change in behavior or practice; increased access to services and supports; change in the way our service system provides support to people with DD; or increased engagement in advocacy.

**12)** Thinking about your accomplishments over the past 12 months, what progress have you made toward the overall goals and outcomes for your project?

**13)** What data or information supports your reported progress toward the goals and outcomes of your project?

**14)** Do you plan to use any **NEW**data collection methods to track program outcomes in the next 12 months? If so, please describe:

## **Part III: Stories of Impact on Project Participants**

In this section, provide stories and photos about participants' experience in your project.

Participant stories are the best way to demonstrate progress toward your project goals. Grantees must submit at least one story that describes a participant’s experience or the impact of project activities.

A story should highlight what a participant learned, how they grew their advocacy skills, or other improvements in daily life. Stories should also mention if a participant overcame any barriers or challenges, increased their access to support, or had other experiences related to project activities.

Stories can also summarize perspectives and life experiences gathered in program development or evaluation such as individual, provider, or community surveys; focus groups; or other data.

**15)** Provide your participant story (or stories) in the following field. If you have stories in other formats, including videos or other media, please upload those in the next section.

**16)** Do you have any photos, videos, or other multimedia content that could be shared with TCDD to reflect the activities and outcomes of your project? *\*You can upload media files in the online version of the application.*

[ ]  No (skip to next section)

 [ ]  Yes

**17)** Does TCDD have permission to share these stories, photos, and links in our communication materials, including our social media and websites?

 [ ]  No

 [ ]  Yes

## **Part IV: Project Workplan - Next 12 Months**

Thinking ahead to the next 12 months, what activities will be conducted with TCDD funding? This section includes a summary of your current approved workplan. For each activity,  indicate if you will continue the activity in the next year or if the activity is completed. You may also add new activities that the project requires. For each activity, describe the specific tasks and activities you will conduct that are consistent with your project narrative and the budget items requested from TCDD.

**18)** The following summary is your approved workplan for this budget period. Please indicate any revisions.

|  |  |  |
| --- | --- | --- |
| **Activity Description** | **Person Responsible** | **Changes to Activity** |
|  |  | Keep As Is | Revise | Delete |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Revised Activity Name** | **Revised Activity Description** | **Revised Person Responsible** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**19)** Is there anything else you would like to share about your project plans for **the next 12 months?**

## **Part V: Participants - Next 12 Months**

In this section, provide updated information about your project's expected participants in the next 12 months.

**20)** Does your project include a peer-to-peer opportunity for self-advocates to support each other? Are self-advocates serving in project leadership positions and making decisions about your project activities? (Check all that apply)

 [ ]  Peer-to-peer support for self-advocates

 [ ]  Self-advocates in project leadership and decision-making positions

 [ ]  Other roles for self-advocates in my project (specify):

 [ ]  Self-advocates are not currently participating in this project

**21)** Will your project expand or change its geographic locations in the next 12 months? This may include conducting activities in new cities and counties or expanding statewide.

 [ ]  No geographic changes for next year

 [ ]  Yes (specify):

**22)** TCDD projects must include specific strategies to make activities available to all participants in the community. This may include participants who live in rural areas, participants who speak different languages, participants from various racial and ethnic groups; and participants from other groups. Which diverse cultural groups in your community have been included in your project activities to date?

**23)** What plans do you have for outreach strategies in the next 12 months to reach culturally diverse groups in your community?

## **Part VI: New Products - Next 12 Months**

In this section, provide information about your project's planned products. **Products** refer to the forms, flyers, handbooks, videos, websites, training materials, and other items you develop with your TCDD funding to conduct and share your work.

**24)** Will you develop or distribute any **NEW**products in the next 12 months of your project?

 [ ]  No (skip to next section)

 [ ]  Yes, I have NEW products to report.

**25)** Report on any **NEW products** to be developed or distributed in the next 12 months of your project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Name** | **Product Type** | **Primary Audience** | **Primary Method of Distribution** | **Product Description** |
|  |  |  |  |  |
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## **Part VII: Partners & Collaborators - Next 12 Months**

In this section, provide updated information about your project's expected partners and collaborators.

Partners and collaborators may include other nonprofit organizations, private corporations, for-profit organizations, religious institutions, local community groups, private or public foundations, schools, institutions of higher education, and other groups to achieve a common goal or benefit from each other’s resources.

*A list of partners and collaborators is included in your latest application.*

**26)** Do you have **NEW** partners and collaborators you plan to engage in the next 12 months?

[ ]  No (skip to next section)

 [ ]  Yes, I have NEW partners and collaborators to report.

**27)** Report only **NEW** partners and collaborators you plan to engage in the next 12 months.

|  |  |  |
| --- | --- | --- |
| **Name of Person or Organization** | **Role in Project** | **Will partner receive TCDD funding?** |
|  |  | Yes | No |
|  |  |  |  |
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## **Part VIII: Project Advisory Committee**

In this section, provide updated information regarding your project advisory committee (PAC).

We encourage you to include people with disabilities, family members, and other community members in the development and implementation of your grant project.

A Project Advisory Committee (PAC) is optional and based on the needs of your project. If you choose to have a PAC for the first year of your grant, then you must provide information in this application about committee members and how they will support your project.

At any point in the project, TCDD may determine a grantee will need to establish a PAC to help the project produce outcomes that are consistent with the RFA goals.

**28)** Will your project have a PAC in the next 12 months?

[ ]  No (skip to next section)

 [ ]  Yes, the project will have a PAC to report.

**29)** If you establish a PAC, you must list proposed members in the following table and incorporate any expenses or match calculations into your budget proposal under Other Costs.

|  |  |  |
| --- | --- | --- |
| Member Name | Member Role (self-advocate, subject matter expert, project partner, community leader, other) | Describe how this member will contribute to the activities and outcomes of this project. |
|  |  |  |
|  |  |  |
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## **Part X: Budget & Financial Monitoring - Next 12 Months**

In this section, provide required information regarding your project's budget. Grantees must submit a new budget for the next 12-month budget period. You may choose to use the same budget from the prior year or make changes. **A copy of your current budget in an Excel file has been emailed to you.**Please **update and upload** your project budget file for the next 12 months.

## **Part XII: Program Assurances & Signature**

In this section, read the required program assurance statements and provide your acknowledgment.

By typing my name in this section, I certify that the information provided is true and accurately reflects our progress to date and our goals for the next 12 months. Our organization will maintain compliance with all program rules and cost principles as outlined in the [TCDD program assurances](https://tea.co1.qualtrics.com/CP/File.php?F=F_1OmE7n9tS1oKelo).

Name of Organization Authorizing Official:

Title of Organization Authorizing Official:

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