

**REQUEST FOR APPLICATIONS – FEDERAL FUNDS  
FORMAL EMPLOYMENT SUBAWARD**

The Nebraska Department of Health and Human Services, Division of Public Health (DHHS) Council on Developmental Disabilities (NCDD or Council), is issuing this Request for Applications (RFA) for the purposes of entering into a Grant agreement (subaward) and awarding Federal funds to an eligible and qualified agency, entity, or multiple eligible and qualified agencies to improve the employment outcomes for individuals with intellectual and developmental disabilities (I/DD)

| <b>RFA #</b>                | <b>TOTAL FUNDING AVAILABLE</b>        | <b>RELEASE DATE</b>                                                          |
|-----------------------------|---------------------------------------|------------------------------------------------------------------------------|
| 7572                        | \$50,000.00                           | September 14, 2026                                                           |
| <b>APPLICATION DUE DATE</b> | <b>PERIOD OF PERFORMANCE</b>          | <b>APPLICATION SUBMISSION AND QUESTIONS</b>                                  |
| October 26, 2026            | January 1, 2027, to December 31, 2027 | <a href="mailto:DHHS.DDCouncil@nebraska.gov">DHHS.DDCouncil@nebraska.gov</a> |

The resulting subaward from this RFA is subject to and shall follow federal regulation, as set forth herein. Subrecipients receiving subawards may only be paid up to the actual and allowable costs (as defined herein). No Subawards resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Subrecipient may keep a profit from its subaward.

A copy of this RFA may be found online at DHHS' website at <https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx>. Until final Subawards are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

The Nebraska Council on Developmental Disabilities is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$524,064.00 with 100% funding by ACL/HHS. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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## **1. RFA OVERVIEW**

The Council awards subawards to various agencies, organizations, and other entities to address gaps and barriers in the system. Subaward activities demonstrate new ideas for enhancing people's lives through training activities, community education and support, making information available to policymakers, and eliminating barriers.

The Council engages in Advocacy, Capacity Building, and Systemic Change in activities that ensure that individuals with developmental disabilities and their families participate in the design and have access to the needed community services, individualized support, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

### **1.1. Background and Purpose**

DHHS, Division of Public Health, Nebraska Council on Developmental Disabilities (NCDD, or Council) is issuing this RFA for the purposes of improving the lives for individuals with intellectual and developmental disabilities and/or family and community members. Council funds are intended to support innovative projects. Funds for this project are provided by the Council under DHHS through the federal Administration on Disability/Office of Intellectual and Developmental Disabilities. Employment subawards should improve the lives of individuals with developmental disabilities through competitive, integrated employment. A definition of developmental disability, and competitive, integrated employment is included in the Glossary of Terms for reference. Applicants should justify how their project supports inclusion and self-direction, as well as how the project will be sustained beyond the one-year subaward period.

### **1.2. The Nebraska Council on Developmental Disabilities**

The Nebraska Council on Developmental Disabilities (NCDD, or Council) is an independent agency funded by the federal government to work with the State of Nebraska to better support individuals with developmental disabilities and their families. The Council engages in Advocacy, Capacity Building, and System Change activities that ensure that individuals with developmental disabilities and their families participate in the design and have access to needed community services, individualized support, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

The Council's State Plan priorities concentrate on people who experience a chronic disability that occurs before the age of twenty-two, including people with physical disabilities, mental/behavioral health conditions, and developmental disabilities. Priorities identified in a five-year state plan focus on improving the system of support for people with disabilities and their families. Goals concentrate on people who

experience a severe disability that occurs before the age of twenty-two, including people with physical disabilities, mental/behavioral health conditions, and developmental disabilities. Support systems across the lifespan are examined.]

NCDD is comprised of 25 volunteer members appointed by the governor and a small staff. Members include individuals with developmental disabilities and family members or guardians of individuals with developmental disabilities, professionals, advocates, and representatives of state and private agencies.

Priorities identified in a five-year state plan focus on improving the system of supports for individuals with disabilities and their families. Goals concentrate on individuals who experience a severe disability that occurs before the age of twenty-two, including individuals with physical disabilities, mental/behavioral health conditions, and developmental disabilities. Support systems across the lifespan are examined.

DHHS is making the full amount of the \$50,000.00 available for Grants under this RFA. A total award of this amount of funds is not guaranteed but is subject to the Applications received, to actual money appropriated to DHHS, and to DHHS' discretion.

### **1.3. Who is Eligible**

Eligible entities include local governments, Indian tribes, institutions of higher education, and nonprofit entities. Individuals and for-profit organizations may not apply for this grant funding. Applicants must demonstrate a working knowledge of the issues that affect individuals with developmental disabilities and their families, experience working with and/or advocating on behalf of individuals with developmental disabilities, and a history of conducting education in the activity area identified in the application. NCDD strongly encourages applications from organizations that are located in rural or urban poverty areas, organizations that employ staff with disabilities, and/or organizations that represent linguistic and cultural minorities.

### **1.4. Use of Federal Funds**

The following is a list of items that may be allowed under an NCDD subaward. This list is not all-inclusive. Refer to 45 CFR 75.420 for a more detailed description of selected items.

- Advertising and public relations
- audit services
- compensation for employees for the time and effort devoted specifically to the execution of the subaward project
- publication and printing
- rental costs such as for computer equipment used specifically for the subaward project and office space
- supplies
- telecommunications

- travel associated with the project.

Council subaward funds **CANNOT** be used for the following:

- Alcoholic beverages
- bad debts
- capital expenditures for buildings or land
- contingency funds
- entertainment, to include amusements, social activities, and related incidental costs
- federal employee compensation or travel expenses
- fines and penalties
- fund raising
- gift cards
- trinkets
- interest
- lobbying
- memberships
- organization costs such as incorporation fees, brokers' fees, attorneys, accountants, or investment counselors in connection with the establishment or reorganization of an organization
- construction or renovation costs
- direct services for individuals with developmental disabilities (unless these services are part of a model demonstration)
- ongoing organizational activities
- to supplant existing private, state or federal funding sources
- to duplicate or replace existing services provided to individuals with developmental disabilities and family members
- to purchase equipment to support entrepreneurship or given to launch a small business.

NCDD subaward funds **cannot** be used for ongoing organizational activities; to supplant existing private, state or federal funding sources; or to duplicate or replace existing services provided to individuals with developmental disabilities and family members

Expenditure of these funds must be for necessary, allowable, and reasonable costs incurred during the Period of Performance from date to date. The dates and allowable uses of funds may be subject to change.

### 1.5. Award of Funding Information

| Federal Agency Name | Assistance Listing Program Name | Assistance Listing Number | Federal Award Date | Federal Award Identifier Number (FAIN) |
|---------------------|---------------------------------|---------------------------|--------------------|----------------------------------------|
|---------------------|---------------------------------|---------------------------|--------------------|----------------------------------------|

|                                                                                    |                                                              |        |                |                                |
|------------------------------------------------------------------------------------|--------------------------------------------------------------|--------|----------------|--------------------------------|
| Department of Health and Human Services; Administration for Community Living (ACL) | Developmental Disabilities Basic Support and Advocacy Grants | 93.630 | April 10, 2026 | 2601NESCDD-01<br>2701NESCDD-00 |
|------------------------------------------------------------------------------------|--------------------------------------------------------------|--------|----------------|--------------------------------|

The total anticipated available funds under this RFA are a single award of up to \$50,000.00 [fifty thousand and 00/100 dollars]. A total award of this amount of funds is not guaranteed, but is subject to the Applications received, to actual money awarded to DHHS from the Federal Awarding Agency, and to DHHS' discretion. DHHS has established a cap on total amount of funds that any one Applicant, or Applicants acting jointly, may request. Total funds may be split among multiple Subrecipients at the discretion of DHHS.

DHHS will evaluate Applications in the manner set forth herein. An Intent to Subaward will be posted on the DHHS Website with selected Applicants by November 30, 2026. Funds will be awarded through a written agreement, termed a Subaward, which will incorporate this RFA by reference. No promise of funds is binding on DHHS, and no funds will be paid to any Applicant until a Subaward has been executed by both the Applicant and DHHS.

Project activities are to begin no sooner than **January 1, 2027, and end no later than December 31, 2027**. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by DHHS, may have different obligations and liquidation deadlines.

In the Evaluation of Applications, DHHS shall not discriminate for or against an organization on the basis of the organization's religious character or affiliation, as consistent with 45 CFR §§ 87 et seq.

## 1.6. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out the work authorized under this RFA and the resulting Subaward. See the definitions in 2 CFR § 200.1 or 45 CFR § 75.2. **The initial Period of Performance for this RFA is from January 1, 2027, to December 31, 2027.** This period may be extended by DHHS as allowable by the Federal Funding Agency. If state funds are involved in the award, this may also determine whether DHHS may extend a Period of Performance.

For the initial Period of Performance, all costs must be **liquidated (i.e., spent) by and invoiced to DHHS by January 31, 2028**. These dates are dependent on federal periods of allowability and DHHS' own ability to process payments timely. They may be subject to change; final dates will be included in the final Subaward between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for

funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by DHHS, may have different obligations and liquidation deadlines.

The Period of Performance start may occur, before a Subaward is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a Subaward is fully executed by both parties.

### **1.7. Applicable Law**

Because the funds to support the activities under this RFA involve federal funds, usage of these funds is subject to federal law, in addition to any applicable state law. The Uniform Grant Guidance, 2 CFR §§ 200 et seq. (“UGG”) applies to subawards funded from the United States Department of Agriculture (USDA), the Department of Housing and Urban Development (HUD), the Department of Labor (DOL), the Environmental Protection Agency (EPA) or other federal agencies. The United States Department of Health and Human Services (HHS) has adopted the UGG but has implemented and re-codified it at [45 CFR §§ 75 et seq.](#) (“HHS GG”); for awards funded by HHS, those regulations apply. Throughout this RFA, both the UGG and the HHS GG will be cited, although they are substantially similar.

The HHS GG shall apply to this RFA if it awards funds from block grants authorized by the Omnibus Budget Reconciliation Act of 1981, unless Nebraska statute or regulation has established provisions for the payment costs and services; in all other respects, as provided herein, those block grant subawards are governed by [45 CFR §§ 96 et seq.](#)

Additional federal and state statutes and regulations may apply to the funding contained herein. These may be included in Additional Program Requirements, **Terms and Conditions Section 6**, below, as well as in the Subaward itself.

Further information about allowable costs and activities may be set forth herein.

### **1.8. Requirements of all NCDD Subrecipients**

Applicants must have a financial system in place to monitor their expenditure. Grantees may be audited at any time. All receipts must be made available upon request.

There is no limit to the number of applications an applicant may submit under this funding announcement.

The following terms and conditions apply to all organizations awarded NCDD subaward funds:

- Subrecipients must agree to use NCDD's grants management system, currently DD Suite, for reporting to NCDD over the project period. Access to NCDD's grants management system is provided at no cost to the Subrecipient. Subrecipients must have or create a DD Suite user account and an organization account. Go to [www.ddsuite.org/TA](http://www.ddsuite.org/TA) for detailed instructions on creating DD Suite users and organization accounts.
- Organizations receiving NCDD subaward funds must provide project activity updates by submitting quarterly Program and Expenditure reports in DD Suite. Detailed instructions on completing these reports can be found at [www.ddsuite.org/TA](http://www.ddsuite.org/TA) and in the Subaward User Manual.
- Subrecipient shall administer and report survey results. See Subaward User Manual included as Attachment 1.
- General Terms – Subawards
- Verification of Taxpayer Reporting (W9) and ACH Form for electronic funds transfer payments. NOTE: Electronic fund transfer (EFT) is the required method of payment for all payees doing business with the State of Nebraska.
- NCDD reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, any work developed under any subaward awarded by NCDD.
- Final drafts of any training materials, publications, videos, websites, or other products shall be reviewed and approved by NCDD prior to dissemination to the general public. Products must acknowledge NCDD funding and reference the Stevens Amendment verbiage. See Subaward User Manual for specific wording that must be used.
- All materials developed by subrecipients under this award shall be available and/or reproducible in accessible formats. Materials will be submitted to the Council office in electronic format. Provide at least four hard copies of project tangible outputs (i.e. publication(s), reports, training curriculum, etc.) to Council staff for the Nebraska Library Commission.
- As a condition of subaward funding, Subrecipients will collect and provide data to NCDD for Key Performance Indicators (KPI) throughout the subaward period. Applicants are strongly encouraged to review the Key Performance Indicators in Attachment 2.
- The following federal audit requirements are applicable to NCDD funds: Office of Management and Budget (OMB) Circular A-21, A-87, A-122, and A-133, as well as Title 48 Code of Federal Regulations (CFR) Part 31, as well as the Single Audit Act of 1984 (P.L. 98-502).
- The following regulations from Title 45 Code of Federal Regulations (CFR) may be applicable to all subrecipients. 45 CFR Parts 16, 30, 76, 80, 81, 84, 85, 86, 87, 91, 92, 93, 97, 100, 1385, and 1386.

## **1.9.DD Act Program Requirements**

Subrecipients agree to comply with the Developmental Disabilities Assistance and Bill of Rights Act that:

- The individuals served under the proposal meet the federal definition of developmental disabilities. (Definition is below.)
- Funds will be used to make a significant contribution toward enhancing independence, productivity, and integration into the community of individuals with developmental disabilities.
- Any services provided using subaward funds will be provided to individuals with developmental disabilities in an individualized manner consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individuals.
- The human rights of individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistently with Section 109 of the Developmental Disabilities Act, relating to the rights of individuals with developmental disabilities.
- Programs, projects, and activities funded and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990, Section 508 of the Rehabilitation Act of 1973, and the Fair Housing Act.
- All programs and facilities operated with subaward funds meet minimum standards, regulations, and guidelines as prescribed by federal, state, and local authority for the maintenance and operation of such programs and facilities.
- In order to avoid discrimination against persons with limited English proficiency on grounds of national origin, adequate steps will be taken to ensure that such persons receive the language assistance necessary to afford them meaningful access to the programs, free of charge.
- Create and conduct a satisfaction survey of project participants using a format and process approved by the Council Program Specialist.

Grantees will be required to submit a quarterly and annual report on the date reports are due (the 15<sup>th</sup> of the month, or the end of the month following the quarter reported that includes:

- All expenditures.
- All program narratives
- All key performance indicator numbers
- All supporting program documents attached
- General Ledger attached

## 2. PROJECT SPECIFIC REQUIREMENTS

### 2.1. Project Intent

DHHS, Division of Public Health, Nebraska Council on Developmental Disabilities (NCDD, or Council) is issuing this RFA for the purpose of improving employment outcomes in the lives of individuals with developmental disabilities.

### 2.2. Goals and Objectives

This project will address the following employment objectives related to either Goal One or Goal Two of the Council's new 2027-2031 Five-Year State Plan Goals and Objectives.

**Goal 1 – Strengthening Systems for Community Inclusion:** By 2031, Nebraskans with intellectual and developmental disabilities and their families and guardians will experience measurable increases in opportunities for self-determination, independence, productivity, safety, and inclusion in community life, as a result of systemic changes at the state, regional, and/or local level.

**Objective C. – Employment:** Through September 30, 2031, the Nebraska Council on Developmental Disabilities will, in collaboration with related state agencies and organizations, monitor and advocate for systemic changes that increase the number of Nebraskans with intellectual and developmental disabilities who engage in competitive integrated employment (CIE). NCDD will also support the improvement, collection, and sharing of employment data necessary to measure progress toward achieving this increase.

**Goal 2 – Strengthening Advocacy, Leadership, and Information Access:** By 2031, Nebraskans with intellectual and developmental disabilities and their families, caregivers, and guardians will have increased access to information, tools, and supports that empower them to make personally meaningful and appropriate choices about their services, education, employment, decision-making needs, healthcare, living situation, and relationships—leading to more self-determined lives.

**Objective C. – Youth Transition:** By September 30, 2031, transition-aged youth (ages 14–21) with intellectual and developmental disabilities, along with their families and guardians, will have increased access to person-centered planning — grounded in the Charting the LifeCourse (CtLC) framework — through education and training that support informed choice and successful transitions to inclusive, meaningful employment and adult services. This will be achieved through collaboration with the Developmental Disabilities Network, state agencies, and community partners.

Projects will begin no sooner than January 1, 2027, and end no later than December 31, 2027. Application must include a description of the project activities, expected outputs, and expected outcomes.

### **2.3. Primary Project Activities**

Subrecipient will describe the project activities that will occur to meet the Council's goal. Examples include:

- Collecting stories from individuals with I/DD and their families to discuss the specific and unique needs they face.
- Recommending strategies to improve processes or systems changes.
- Formulating plans to address a specific issue.
- Collecting survey data from project participants as applicable.

### **2.4. Expected Outputs**

- A written report of recommendations for process or systems changes.
- A handbook used by individuals with I/DD, families, service providers, medical staff, etc.
- Curriculum for training on a specific topic.
- Provide at least four hard copies of project tangible outputs (i.e., publication(s), reports, training curriculum, etc.) to Council staff for the Nebraska Library Commission.

### **2.5. Expected Outcomes**

- A specific number of individuals with disabilities and their families are included in a planning process.
- A specific number of individuals with disabilities, families, and professionals are trained as a result of the project.
- Improvements to processes or procedures were implemented.

### **2.6. Community Inclusion**

The Council is mandated by federal law by assuring that individuals with developmental disabilities and their families are integrated and included in all facets of community life. Community inclusion factors are taken into consideration when Council members review applications. The extent that a subaward application promotes full participation of the target population in the same activities of community life, recreation, employment, and education being utilized by other community members goes into the decision process. Inclusion of the larger community in the planning and implementation of the project proposal is important to enhance awareness and the expectation of success.

### **2.7. Project Sustainability**

Council subawards are awarded for one year. Applicants must describe in detail their plan to sustain the project once Council funds end (i.e., who will maintain the project, etc.).

Subaward applicants can increase the likelihood that projects will be sustained by including local community service groups, businesses, public education, and local government entities in their development. The plan should identify the activities, features, or practices that the applicant wants to sustain.

## **2.8. Background Information**

Background related to improving competitive integrated employment for individuals with intellectual and developmental disabilities:

The Nebraska Council on Developmental Disabilities (NCDD) is committed to advancing competitive integrated employment (CIE) for Nebraskans with intellectual and developmental disabilities (I/DD) through systems change, collaboration, and improved access to information and planning supports. Employment-related priorities in the Council's 2027–2031 State Plan span both Goal One and Goal Two.

Under Goal One, Objective C focuses on systemic improvements that increase the number of individuals with I/DD participating in competitive integrated employment. This includes advocating for coordinated, data-informed approaches across state agencies and partners, and improving the collection and sharing of employment data needed to measure statewide progress.

Under Goal Two, Objective C supports improved employment outcomes for transition-aged youth (ages 14–21) by expanding access to person-centered planning grounded in the Charting the LifeCourse (CtLC) framework. Through collaboration with the DD Network, state agencies, and community partners, the Council seeks to enhance education, tools, and supports that help families and youth make informed, meaningful choices about employment and adult-life transitions.

To advance these priorities, this RFA will include broad employment-focused language with several suggested areas of emphasis. Applicants may propose projects that:

- Address transportation barriers that limit access to competitive integrated employment. This may include research, community engagement, or exploration of promising approaches used in other states (for example, transportation mobility specialist models).
- Support successful transition for youth and young adults leaving high school by expanding access to person-centered planning rooted in the Charting the LifeCourse (CtLC) framework. CtLC-based planning activities may also help identify transportation-related solutions that support employment.
- Provide training, education, or outreach to businesses and potential employers to expand inclusive hiring practices and improve understanding of the benefits of employing individuals with I/DD.
- Align with the Council's employment objectives without proposing activities related to supported employment job coach training, as this responsibility falls under Nebraska VR's scope.

This RFA seeks proposals that contribute meaningfully to statewide progress in competitive integrated employment, address systemic barriers, and strengthen person-centered pathways to employment for youth, families, and adults with I/DD.

## 2.9. NCDD Resources

NCDD previously prioritized competitive integrated employment in its 2022–2026 State Plan and developed several resources now available on our website that may offer additional insight.

- Dr. Lisa Mills' report, *Necessity or Luxury? Supporting Nebraskans with Intellectual and Developmental Disabilities to Join the Workforce and Contribute to Nebraska's Economy*, provides an in-depth analysis of current employment outcomes for Nebraskans with I/DD. It examines historical policy and practice, identifies factors shaping today's employment landscape, and offers strategic recommendations that state agencies and stakeholders can use to strengthen employment opportunities statewide. This resource and the *may* offer useful background and context for applicants. The report and the Executive Summary can be accessed on the Council's website at <https://dhhs.ne.gov/Pages/DD-Planning-Council.aspx>

The following is taken from the report's *Executive Summary*:

Nebraska has a significant opportunity at this particular point in history because of the positive relationships between leadership in the key state agencies, an unprecedented need and opportunity for individuals with IDD to join the general workforce, and the availability of Supported Employment services that, with key changes to improve access, effectiveness, and to further improve cost-effectiveness, could deliver the improved outcomes desired.

- The Employer Report, developed by NCDD in partnership with the University of Nebraska Public Policy Center, summarizes employer perspectives on hiring individuals with I/DD across Nebraska. The report identifies both the strengths employers value, such as reliability and positive workplace impact, and the systemic barriers that limit broader inclusive employment, including transportation challenges, financial constraints for small businesses, and fragmented support systems. Drawing on employer surveys and interviews, the report outlines needed resources and supports to equip businesses with practical tools for inclusive hiring and retention.
- NCDD partnered with BKessler Consulting and TransCen Inc. to develop a sustainable model for increasing the capacity of employment professionals to effectively engage families in supporting competitive integrated employment for individuals with I/DD. The project provided a tailored family-engagement curriculum and train-the-trainer opportunities through regional and virtual

workshops. As a result, Nebraska now has an initial cohort of providers and families equipped with tools, skills, and materials that strengthen family expectations and support youth in pursuing community-based competitive employment. Training materials are available on NCDD's website.

- Nebraska's 2025–2031 Olmstead Plan provides a six-year strategic roadmap for ensuring individuals with disabilities can live, learn, work, and participate in the most integrated settings. Developed through a statewide collaborative process, the plan outlines broad goals and measurable outcomes, including three employment goals focused on ensuring informed choice and access to competitive, integrated employment aligned with individual strengths and preferences. More information is available at <https://dhhs.ne.gov/Pages/Olmstead.aspx>.

At its August 21, 2026, meeting, the Council voted to release a competitive RFA, offering up to \$50,000, seeking applications that focus on improving employment outcomes for individuals with intellectual and developmental disabilities as outlined in Goal One, Objective C, or Goal Two, Objective C.

### **3. RFA ATTACHMENTS**

The following documents are incorporated as attachments to this RFA:

- Attachment 1: NCDD Subaward User Manual
- Attachment 2: Key Performance Indicators
- Attachment 3: Subaward Evaluation Criteria Score Sheet

### **4. TIMEFRAME AND SUBMISSION OF APPLICATIONS**

This RFA seeks Applications to complete activities allowable under the funding source identified in Section 1.6. All Applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants should carefully examine this RFA, as well as the requirements on the state or federal funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be considered non-responsive and rejected without scoring.

#### **4.1. RFA Point of Contact (POC):**

Nebraska Council on Developmental Disabilities (NCDD)  
DHHS - Division of Public Health  
301 Centennial mall South  
PO Box 95026  
Lincoln, NE 68509-5026  
[DHHS.DDCouncil@nebraska.gov](mailto:DHHS.DDCouncil@nebraska.gov)

From the date the RFA is issued until the Intent to Subaward is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (but see exceptions, below). After the Intent to Subaward is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the Subaward on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only the POC has the authority to modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

- The electronic submission of the Application to the address designated in Submission of Applications;
- Contact made pursuant to pre-existing contracts, subawards, or obligations;
- Contact required by the schedule of events or an event scheduled later by the RFA POC;
- Contact required for negotiation and execution of the final subaward.

DHHS reserves the right to reject an Applicant's application, withdraw an Intent to Subaward, or terminate a Subaward if DHHS determines there has been a violation of these procedures.

#### 4.2. Schedule Of Events

| ACTIVITY                                                                                                                                                                                                                         | DATE/TIME                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Release RFA                                                                                                                                                                                                                      | September 14, 2026                   |
| Last day to submit written questions to <a href="mailto:DHHS.DDCouncil@nebraska.gov">DHHS.DDCouncil@nebraska.gov</a>                                                                                                             | September 25, 2026                   |
| POC responds to written questions through RFA "Addendum" and/or "Amendment" to be posted to the Internet at: <a href="https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx">https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx</a> | October 2, 2026                      |
| Application Review Period Begins (Application due date)                                                                                                                                                                          | October 26, 2026                     |
| Evaluation Period                                                                                                                                                                                                                | November 3, 2026 – November 20, 2026 |
| Post "Intent to Award" to Internet at: <a href="https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx">https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx</a>                                                                       | November 30, 2026                    |
| Period of Performance Start                                                                                                                                                                                                      | January 1, 2027                      |

\*The Period of Performance start date may occur before a Subaward is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a Subaward is fully executed by both parties.

#### 4.3. Written Questions and Answers

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to POC via email and clearly marked "RFA Number 7572 Questions." The POC is not obligated to respond to questions that are received late, as set forth in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The Subaward will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to [DHHS.DDCouncil@nebraska.gov](mailto:DHHS.DDCouncil@nebraska.gov). DHHS recommends that Applicants submit questions using the following format:

| RFA Section Reference | RFA Page Number | Question |
|-----------------------|-----------------|----------|
|                       |                 |          |

#### 4.4. Application Submission

To apply, an entity must fully complete Form 1: Applicant Cover Page, Form 2: Application Overview, Form 3: Work Plan, and Form 4: Budget. Then submit the application electronically to [DHHS.DDCouncil@nebraska.gov](mailto:DHHS.DDCouncil@nebraska.gov). Applications that do not contain the required information may be rejected. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS' discretion and in the best interest of meeting the objectives of the funding involved.

#### 4.5. Form of Application Submission

Applications do not have a limit to the number of pages submitted, the font size or typeface, or margin format. We recommend using Arial 12 (twelve) point font with a 1 (one) inch margin; however, this is not a requirement. Applications shall be submitted as a single Portable Document Format (PDF) or multiple PDFs. Additional information for each form can be found below. Required forms are provided by DHHS as part of this RFA and are noted.

#### Application Requirements

| <b>Submission Requirement</b>             | <b>Required Content</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Required form provided by DHHS</b> |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Form 1 – Cover Sheet                      | Complete and signed per section 6.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                   |
| Form 2 – Organizational Overview          | See Section 6.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No                                    |
| Form 3 – Work Plan Template and Narrative | See Section 6.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                   |
| Form 4 – Budget Template and Narrative    | See Section 6.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                   |
| Form 5 – Submission Checklist             | See Section 6.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                   |
| <b>Additional Requirements</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
| Applicant Organization Chart              | Applicant must provide a diagram displaying the structure of the Applicant's organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
| Certificate of Good Standing              | <p>Applicants must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants).</p> <p>Provide current certification form the Nebraska Secretary of State or print out proof of active state from:<br/> <a href="https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search">https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
| Cost Allocation Plan                      | Required <b>IF</b> applicant is claiming a direct cost allocation plan in budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
| Indirect Rate Agreement                   | Required <b>IF</b> applicant is claiming an indirect rate in budget other than de minimis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Letter of Community Support               | <p>Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain the organization's role in the project, including tasks and/or items to be provided.</p> <p>Applicable cash and/or in-kind contributions should appear as match on the Budget.</p> <p><b>Examples:</b><br/> Cash Commitments: "[Partner name] will provide \$500 to pay for facility rental fees;" or<br/> In-kind Commitments: "[Partner name] will waive facility rental fee (\$250)</p> |                                       |

|           |                                                                                                                                                                                                                                        |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signed W9 | Applicants must submit signed W9 from the most recent tax year. W9 must include applicant's legal name, and "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable to governmental applicants. |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 5. APPLICATION SCORING AND INSTRUCTIONS

DHHS will award the top scoring Applicant or Applicants, as DHHS determines and as funding allows. The amount of funding each Applicant receives will be based on the needs and requirements of the federal award, federal statutes, regulations, DHHS' grant application for the funding (as applicable), and other programmatic considerations.

The NCDD Grant Review Committee evaluators will score applications and recommend awards to the top scoring Applicant or Applicants to the NCDD. The NCDD reserves the right to reject, add contingencies, or adjust funding request as funding allows. The Applicant's responses to the Forms will be scored through a point method set forth below.

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS' discretion and in the best interest of meeting the objectives of the funding involved.

DHHS will evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of noncompliance with federal statutes, regulations, and the terms and conditions of the Subaward, such that DHHS should not award funding.

The NCDD Subaward Evaluation Criteria Score Sheet is attached to this RFA (Attachment 3). Evaluators will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. Evaluators exercise sole discretion as to whether the Application adequately addresses the evaluation criteria.

### 5.1. Application Requirements:

Applications that do not meet the minimum application requirements will not be considered for review. This includes applications where the target population is not persons with developmental disabilities, projects that do not address one of the four goals in the Council's 2027-2031 5-year State Plan, and Applicants who have been disbarred by the US Federal government.

### 5.2. Scoring of Application

- **Project Summary.** Applicants will receive higher scores Summary clearly states the project's goal, activities to be undertaken to meet the project goal, and the projected impact on people with developmental disabilities and their families/guardians or others. **(5 points)**
- **Qualifications.** Applicants will receive higher scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subrecipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA. Applicants will receive higher scores if the Application narratives describe and include agency qualifications, mission, programs, and services, experience advocating on behalf of people with developmental disabilities and their families/guardians- including individuals from culturally diverse backgrounds. Applicants will receive higher scores if the Application narratives describe and include past accomplishments in conducting activities similar to those proposed, and qualifications and experience of persons who will be responsible for the project. Applicants will receive higher scores if Applicant/agency has previous experience with federal grant funds and describes/demonstrates knowledge of Uniform Grant Guidance/HHS Grants Guidance. **(5 points)**
- **Coordination & Collaboration.** Applicants will receive higher scores if a list of current agency subawards and contracts is included, a list of agency membership on community focus groups, teams, coalitions, or other local organizations is included, evidence of working relationships and community partnering with shared goals and activities is documented, and letter(s) of collaboration from community partners are included. Applicants will receive higher scores if letters from agencies that are part of the sustainability plan are included with description of what they will do to support the project beyond subaward funds. **(15 points)**
- **Detailed Narrative.** Applicants will receive higher scores if goal and objective from the Council's State Plan that is being addressed are clearly identified, a description of the systems change that is being targeted is stated, if applicable, and a detailed description of what the applicant is proposing to do is clearly explained. **(30 points)**
- **Accomplishments.** Applicants will receive higher scores if expected accomplishments of the project are clearly stated, output and outcomes to be achieved are clearly stated, an explanation of how successful completion of the project will contribute to the State Plan Goal identified, and an explanation of short and long-term benefits of the project for individuals with developmental disabilities and their families/guardians and others is included. **(15 points)**
- **Work Plan.** Applicants will receive higher scores if the proposed work plan includes time-referenced and measurable activities to meet the project goal,

including one that addresses project sustainability, expected outcomes including projected numbers are stated, and a realistic timeline is identified which includes the goals, objectives, and activities that are described in the work plan. **(30 points)**

- **Project Sustainability.** Applicants will receive higher scores if the activities, features, or practices that the applicant wants to sustain once Council funds end are clearly identified, a description of whether their agency or other agencies or collaborators will assume responsibility for maintaining these activities, features, or practices is detailed, and the work plan includes a goal and objectives related to sustainability of the project and/or its outcomes. **(20 points)**
- **Budget Justification Narrative.** Applicants will receive higher scores if the budget is tailored to the work plan and utilizes allowable direct and indirect costs. Total request for funding itself will not determine score; rather, Applicants will be scored based on whether budget accurately reflects allowable costs of completing the work set forth in the work plan. A brief explanation of how the funds requested will support the project goals and activities is provided. Applicants will receive higher scores if detail of how the applicant arrived at the budget figures is included, costs to be charged to federal funds and those charged to matching funds are identified, an explanation of how phone, rent, or copying will be charged between federal funds and applicant's agency funds, and if Personnel expenses are requested, employee name, position, and percentage of time they will be working on the project is noted. **(15 points)**
- **Budget.** Applicants will receive higher scores if Budget expenses are appropriate and related to the project work plan, Budget does not include ongoing operating expenses, construction or renovation costs, or direct services for people with developmental disabilities unless these are part of a model demonstration, the Budget includes a 25% match of the subaward, and the source of matching funds is clearly identified. **(15 points)**

**Base requirements for determining the aggregate minimum State share of expenditures:**

- 10% Match – Projects/Activities that target individuals living in Urban or Rural poverty areas as determined by the US Census
- 25% Match – All other Projects/Activities not directly carried out by the DD Council or Council staff

There are **150 total points** available for Applications under this RFA.

DHHS may award to a single top Applicant, or may award to multiple top scoring Applicants, in its sole discretion. Applicants selected for funding may receive a contingency notice requesting clarification or additional information prior to the official

award. Upon receipt and approval by Council staff of any contingencies, a formal subaward document will be emailed to the applicant for electronic signature. If there are no contingencies, the formal subaward document will be emailed to the applicant for electronic signature. All subaward signatures will be obtained using DocuSign. No work shall begin on the project prior to January 1, 2027.

### **5.3. Late Applications**

Applications received after the time and date of the Application due date will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date and time of the Application Opening. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

### **5.4. Corrections**

An Applicant may correct a mistake in an application prior to the time of opening by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by DHHS.

### **5.5. Grievance and Protest Procedures**

All grievances must follow the DHHS Subaward Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

### **5.6. Competition/Joint Efforts**

Applicants may cooperate or submit Applications jointly, but all such Applications must clearly identify the Applicants involved, the administered roles each will have during the subaward, and that they are eligible for the subaward, as set forth herein. Applicants may create a legal entity or describe a plan for the creation of a legal entity, as a cooperative or joint venture if the entity itself is eligible for the subaward and all Applicants are also eligible. DHHS shall determine the proper method for any resulting subaward, should the joint Applicants be selected for funding.

### **5.7. DHHS Reservations of Authority**

After evaluation of the applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

- Amend the RFA;
- Extend the time of or establish a new application opening time (i.e., allowing additional time to submit applications);
- Waive deviations or errors in the RFA process and in applications that are not material, do not compromise the RFA process or an application, and do not improve an applicant's position;

- Accept or reject a portion of, or all of, an application;
- Accept or reject all applications;
- Withdraw the RFA; or
- Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant's budget with successful Applicants after the Intent to Subaward is issued. DHHS also reserves the right to adjust the Work Plan with Applicant to meet the requirements of the grant, Federal Funding Agency, law, or to meet DHHS programmatic needs. DHHS also reserve the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank.

If DHHS rejects all Applications, it may enter either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple Subawards with individual Applicants or non-Applicants.

## **6. REQUIRED APPLICATION CONTENT**

**A complete, responsive Application must contain the following completed documents:**

- Form 1 – Application Cover Sheet
- Form 2 – Organization Overview
- Form 3 – Applicant's Work Plan and Narrative
- Form 4 – Applicant Budget and Justification
- Form 5 – Submission Checklist (Optional)
- Letter(s) of Support or Commitment (Optional)

Applications that do not contain all of the required sections will be rejected.

An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Grants Website, which Applicants may fill in and submit.

**All electronic documents must be submitted in Portable Document Format (PDF)**

### **6.1. Cover Sheet (Form 1)**

Form 1 – Cover Sheet must be signed and returned, along with the application materials, before the Application Due Date. Applicants are encouraged to register with SAM.gov and acquire a Unique Entity Identifier (UEI). DHHS is unable to assist in the registration process. Questions regarding your UEI and SAM.gov registrations can be directed to the Federal Service Desk at [www.fsd.gov](http://www.fsd.gov) or by telephone at 866-606-8220. Applicants who do not have a UEI may enter "NA" on Form 1. Please note, a verified UEI is required prior to receiving any Federal Funds.

The applicant's name listed on Form 1 **MUST** match the legal name as displayed on the applicant W-9 and SAM.gov registration. Applicants are required to review eligibility

prior to submitting their application and certify that they are both 1) eligible to receive funding under this RFA and 2) not presently debarred or suspended. Form 1 must also be signed by an authorized signatory for the organization.

## 6.2. Applicant's Organizational Overview (Form 2)

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

- **Organization Information.** Applicant's full legal name, including any other "doing business as" names, or any previous names the organization used. A UEI number shall be provided. A parent UEI number shall also be provided, if applicable.
- **Summary of Federal Grants Experience.** A description of Applicant's previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
- **Summary of Programmatic Experience.** A description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.
- **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
- **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
  - Were terminated for cause; or
  - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

## 6.3. Applicants' Work Plan and Narrative (Form 3)

The Work Plan must respond in detail to the Project Description. It must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the

applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

**Instructions:**

Applicants must provide the following elements as part of the **workplan submission**:

- Work Plan (work plan template provided)
- Work Plan Narrative

Applicants must demonstrate a working knowledge of the issues that affect individuals with developmental disabilities and their families, experience working with and/or advocating on behalf of individuals with developmental disabilities, and a history of conducting education in the activity area identified in the application.

**In addition to the Work Plan grid, the proposal must include a Narrative with the following areas addressed:**

- **Project Summary.** Provide a brief, one paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on people with developmental disabilities and/or family members.
- **Agency Qualifications.** Describe and document the applicant's capacity to carry out the programmatic intent of funds and proposed activities. Information in this section should include agency mission, programs, and services. The names, titles, qualifications, and experience of people who will be responsible for and assisting with the project must be included.
- **Coordination and Collaboration.** Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency subawards or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Attach letters of commitment/support from these partners.
- **Detailed Narrative.** Identify the selected State Plan Goal and Objective for this project. Describe in detail the need for the proposed project and how your project will address the stated need. Responding to the requirements detailed in the Project Specific Requirements section, describe the activities that you will engage in, why these activities are necessary, and what these Primary Project Activities will achieve. Explain why this approach will be successful in achieving the project's goal, and the Expected Project Outputs (what will be created or achieved by the end of the project) and Expected Project Outcomes (the level of achievement or success that occurred because of the project activities). See Section 4 for examples of Expected Outputs and Expected Outcomes. Include a description of any products and deliverables that will be developed.
- **Accomplishments.** Summarize the expected accomplishments of the project. Identify the output and outcomes to be achieved. Explain how successful

completion of the project will contribute to achieving the State Plan Goal identified for this project. Explain what the projected short-term and long-term (post-project) benefits of the project will be for people with developmental disabilities and their family members.

- **Work Plan.** Create a Work Plan of activities to complete the objectives using the Work Plan template. The Work Plan must include the following: start and end dates for each Activity (**these dates cannot simply reflect the start and end dates of the project; each activity will have a specific start and end date**); the person responsible for the activity; and the estimated number of individuals who will benefit from the project. Work Plan **MUST** include a goal and activities related to sustainability of the project and/or its outcomes.
- **Project Sustainability.** Applicants must describe in detail their plan to sustain the project once Council funds end. The plan should identify the activities, features, or practices that the applicant wants to sustain. A description of whether their agency or other agencies or collaborators will assume responsibility for maintaining the project.

#### 6.4. Applicant's Budget (Form 4)

##### Instructions:

Applicants must provide the following elements as part of the **budget submission**:

- Budget (budget template provided)
- Budget Justification Narrative

A budget template is provided but is not exhaustive: your budget might have additional items not listed here. Applicants may edit the template to reflect planned expenditures. All electronic documents must be submitted in Portable Document Format (PDF).

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the RFA POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget. If an Applicant has or has prepared a cost allocation plan for this subaward, it may be submitted along with the Application.

If Applicant plans to charge indirect costs other than through a cost allocation plan, Applicant thus must provide one of the following along with their budget:

- 1) A current federally approved indirect cost rate agreement;
- 2) A currently approved indirect cost rate agreement with DHHS; or
- 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicant may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

- **Budget.** Create a Budget using the Budget template. \*\*\*The amount of DHHS grant funds requested in the Applicant's budget must not exceed \$50,000.00\*\*\*
- **Budget Justification Narrative.** Include a brief budget justification narrative to explain expenses listed and how you arrived at the requested amounts. Provide explanations as to why each item is necessary for the success of the project. Identify costs for which federal funds are requested and those that will be provided by match (non-federal cash funds or in-kind).

\*\*When calculating Personnel costs, provide the name of the employee or the position and the percentage of time they will be working on the project. Be prepared to provide documentation of the hourly rate/annual salary of each individual and calculations on how benefits for individuals were determined for the time they will be working on the project. \*\*

For Matching Funds, show how the amounts were determined and how they will be documented.

**Base requirements for determining the aggregate minimum State share of expenditures:**

- 10% Match – Projects/Activities that target individuals living in Urban or Rural poverty areas as determined by the US Census
- 25% Match – All other Projects/Activities not directly carried out by the DD Council or Council staff

For Office Expenses, Communications, and other/Miscellaneous costs that can only partially be allocated to the project (e.g., rent or phone), explain how the amount was determined.

- For example, if personnel is 20% then rent, phone, etc. would be 20% of the annual costs.

For Other Costs, identify each dollar amount and describe how it will be used both for subaward and matching funds.

Indirect costs: Applicants that have included indirect costs in their budgets must include a copy of the current indirect rate agreement approved by a federal agency or the Nebraska Department of Health and Human Services. This is optional for applicants that have not included indirect costs in their budgets.

Program Income: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project.

**6.5. Submission Checklist (Form 5) – Optional**

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application. Failure to submit a complete application with all required documentation may result in an application being rejected without scoring.

## **6.6. Letters of Support and/or Commitment - Optional**

Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain the organization's role in the project, including tasks and/or items to be provided.

Applicable cash and/or in-kind contributions should appear as match on the Budget.

### **Examples:**

Cash Commitments: "[Partner name] will provide \$500 to pay for facility rental fees;" or

In-kind Commitments: "[Partner name] will waive facility rental fee (\$250);"

## **7. TERMS AND CONDITIONS**

### **7.1. Addenda**

The following Addenda will be incorporated into any Subaward with a selected Applicant. They are available online at the DHHS Website:

- Addendum A - DHHS Standard Terms – Subawards

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent Subaward signed and executed by the parties; or any combination of the above. Terms required by federal or state law will not be negotiated, and if an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Subaward and take any of the actions set forth herein.

### **7.2. Budget Changes**

The final Subaward may contain terms to allow a Subrecipient to modify a budget, with or without approval from DHHS. Applicants should not, however, rely on this when submitting budgets.

### **7.3. Direct Costs**

Under this Subaward, DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the Period of Performance.

To be allowable, all costs must be:

- Necessary for the performance of Subaward activities;

- Reasonable, as provided in 2 CFR § 200.404 or 45 CFR § 75.404;
- Allocable to the federal award, as provided in 2 CFR § 200.405 or 45 CFR § 75.405;
- Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E or 45 CFR § 75 Subpart E; and
- Consistent with all other laws, regulations, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the Subaward.

Particular Federal Funding Agencies may have additional requirements and stipulations regarding allowable costs under that particular funding.

Applicants should be aware that direct personnel costs must be consistent, with 45 CFR § 75.430 or 2 CFR § 200.430, as applicable. These costs must be backed by sufficient documentation or must be shown to be allocable to the award via an alternative, allowable method, such as a random moment time study.

#### **7.4. Indirect Costs**

Federal law defines indirect costs as “costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.” 2 CFR § 200.1 and 45 CFR § 75.2. All indirect costs may only be paid if they are consistent with the UGG or HHS GG, as applicable.

As provided in 2 CFR § 200.414 and 45 CFR § 75.414, indirect costs may only be paid from a federal grant if paid through a federally approved rate or a rate negotiated between DHHS and the Applicant. If the Applicant has never had a federally approved indirect rate, it may charge indirect costs as consistent with the federal rules for *de minimis* indirect costs.

Cost Allocation plans may set forth a direct allocation of all costs under a subaward or may allocate only a portion of those costs along with an indirect rate. Subrecipients may not, however, charge items as direct costs and also as indirect costs.

#### **7.5. Program Income**

Any revenue generated by the Subaward is Program Income (see definition in 2 CFR § 200.1 or 45 CFR § 75.2). Program Income requires an accounting of its use and must be handled in accordance with 2 CFR § 200.307 or 45 CFR § 75.307. As per the Notice of Award for the federal funds involved in this RFA or from other regulation, all program income generated by the Subawards awarded as a result of this RFA must be handled under the matching method. Please see the regulations cited above for more detail.

## **7.6. Matching Requirements**

Subawards resulting from this RFA requires the successful Applicant to match the funds awarded at a rate of 25% of total program costs. See 2 CFR § 200.306 or 45 CFR § 75.306. Match must be based on the total costs, not the percentage of the federal funds alone. Federal funds from another source may not be used as match.

## **7.7. Subaward Funds and Match**

Council funds provide for up to 75% of the project costs. Subrecipients must provide the remaining 25% of the project costs through cash or in-kind match. To determine the minimum matching funds required, divide the amount of Council funds requested by 3 (\$50,000 divided by 3 = \$16,666 minimum match required for the subaward).

Applicant may provide additional non-federal matching funds to the project. The source of non-federal matching funds can include a direct financial contribution, revenue from other organizations, and in-kind contributions from the applicant or a third party such as volunteer time, supplies, and meeting space.

The amount of match required for a particular project can vary depending upon where the project activities are targeted. In most cases, grantees will be required to provide 25% of the total project costs as match. However, if project activities are targeted solely to individuals with developmental disabilities who live in federally designated poverty counties, the match requirement will be reduced to 10% of the total project costs. If 20% or more of an urban or rural area is living below the poverty level, the area is designated as a poverty area. Poverty counties are updated on an annual basis.

This information can be found at the following websites:

<https://www.census.gov/about/partners/sdc.html>  
<https://www.census.gov/programs-surveys/saipe.html>

NOTE: Urban and Rural Poverty areas – Federal Share may not be more than 90% of the aggregate cost of a project and/or activity; 10% Match.

NOTE: Federal funds cannot be used as match. Funds used to match an NCDD subaward may not be used as match for another federal grant or subaward; NCDD funds cannot be used as match for other federal grants or subawards.

Base requirements for determining the aggregate minimum State share of expenditures:

- 10% Match – Projects/Activities that target individuals living in Urban or Rural poverty areas as determined by the US Census
- 25% Match – All other Projects/Activities not directly carried out by the DD Council or Council staff

Cash match includes the use of the subrecipient organization's own funds for things they would have to pay for (i.e., part of someone's salary, rental space, communications, or postage) and cash donations from third parties on project-related

costs to support a project by an agency. In-kind match includes, but is not limited to, the valuation of donated goods and services. "In-kind" is the value of something received or provided by an outside source that does not have a direct cost associated with it. Examples include the value of non-paid volunteers working on project-related activities. Their hours are tracked using a timesheet similar to the way hours are tracked for project personnel. A calculation of the value of the hours will be included in the Budget/Budget Justification.

Subawards resulting from this RFA are subject to and shall follow federal regulation, as set forth herein. Subrecipients receiving subaward funds may only be paid up to the actual and allowable costs (as defined herein) of completing the Project Description. No Subawards resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Subrecipient may keep a profit from its subaward. Program income must be noted as Match.

## **8. GLOSSARY OF TERMS**

All terms shall have the meaning as set forth in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.

**Agent/Representative:** A person authorized to act on behalf of another.

**Amend:** To alter or change by adding, subtracting, or substituting.

**Amendment:** A written correction or alteration to a document.

**Applicant:** Non-Federal Entity that has applied for funding under this RFA.

**Application:** The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

**Application Due Date:** The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

**Benefits Planning and Assistance:** An on-going process that includes review of and assistance with state and federal benefits and their associated work incentives to support people who wish to pursue employment.

**Community Inclusion:** Community Inclusion refers to areas such as where an individual lives, works, or goes to school; relationships; pursuit of personal interests; meeting spiritual needs; learning and personal growth; physical and emotional health; self-direction; and exercising rights, roles, and responsibilities as a citizen.

**Competitive Integrated Employment:** The term "competitive integrated employment" means work that is performed on a full-time or part-time basis (including self-employment) –

1. for which an individual
  - a. is compensated at a rate that:

- i. shall be not less than the higher of the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)) or the rate specified in the applicable State or local minimum wage law; and
  - ii. is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or
- b. in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and
- c. is eligible for the level of benefits provided to other employees;
- 2. that is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and
- 3. that, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions. Source — Workforce Innovation Technical Assistance Center website)

**Developmental Disability:** (federal definition) - The term “developmental disability” means a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments.
- Is manifested before the individual attains age twenty-two.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in three or more of the following areas of major life activity: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; and (g) economic self-sufficiency.
- Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- Is an individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more functional limitations in major life activities, if the individual, without services and supports, has a high probability of meeting those criteria later in life.

**DHHS Website:** [www.dhhs.ne.gov](http://www.dhhs.ne.gov)

**Diverse Identities:** Diverse Identities refers to people of various races, cultural and ethnic heritages, genders, gender identities, gender expressions, sexual orientations, ages, and religions from diverse socioeconomic and geographic backgrounds.

**Evaluation:** The process of examining an Applicant after opening to determine the Applicant's responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to determination of the successful award.

**Evaluation Committee:** Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

**Evaluator:** An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

**HHS Grants Guidance ("HHS GG"):** The regulations codified at 45 CFR §§ 75 et seq., a re-codified version of the UGG, which provide the general administrative requirements for grant funding flowing down from the federal Department of Health and Human Services. See also Uniform Grant Guidance.

**Intent to Subaward:** A document noting the results of the RFA evaluation process, and identified any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

**Mandatory/Must:** Required, compulsory, or obligatory.

**May:** Discretionary, permitted; used to express possibility.

**Must:** See Mandatory/Must and Shall/Will/Must.

**Non-Responsive:** When an Application does not meet the minimum requirements of this RFA.

**Point of Contact ("POC"):** The person designated to receive communications and to communicate.

**Request for Applications ("RFA"):** Written solicitation of competitive applications for federal grant funding.

**Shall/Will/Must:** An order/command; mandatory.

**Should:** Expected; suggested, but not necessarily mandatory.

**Subaward:** In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Subaward means the Grant Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

**Subrecipient:** In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Subrecipient means the Non-Federal Entity that has executed a Subaward with DHHS.

**Uniform Grants Guidance (“UGG”):** The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

**Will:** See Shall/Will/Must.

## FORM 1: APPLICATION COVER PAGE

**Instructions:** This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

| RFA #                | RELEASE DATE                                                                 |
|----------------------|------------------------------------------------------------------------------|
| 7572                 | September 14, 2026                                                           |
| APPLICATION DUE DATE | POINT OF CONTACT                                                             |
| October 26, 2026     | <a href="mailto:DHHS.DDCouncil@nebraska.gov">DHHS.DDCouncil@nebraska.gov</a> |

### CERTIFICATION AND GUARANTEE OF COMPLIANCE

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.

**Application Requirements** The following information **must** be included in the application in order for it to be considered for review:

- The target population - individuals with developmental disabilities
- Must address one of the four goals in the Council's 2022-2026 5-year State Plan of the applicant's choice
- Applicants who have been disbarred by the US Federal government are not eligible to receive funding under this RFA

ORGANIZATION LEGAL NAME\*: \_\_\_\_\_

ORGANIZATION DBA NAME (IF APPLICABLE): \_\_\_\_\_

ORGANIZATION UEI NUMBER: \_\_\_\_\_ ORGANIZATION EIN NUMBER: \_\_\_\_\_

ORGANIZATION TYPE: ☐ Non-Profit Organization ☐ Institution of Higher Learning  
☐ For-Profit Organization ☐ State, Local, or Tribal Government  
☐ Other: \_\_\_\_\_

COMPLETE ADDRESS:

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

CONGRESSIONAL DISTRICT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA

\_\_\_\_ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SIGNATURE:

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

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

*\*Name must match UEI Number*

## **FORM 2 - APPLICANT'S ORGANIZATION OVERVIEW**

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

**Organization Information.** Applicant's full legal name, including any other "doing business as" names, or any previous names the organization used. A UEI number shall be provided. A parent UEI number shall also be provided, if applicable.

**Summary of Federal Grants Experience.** A description of Applicant's previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicants should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.

**Summary of Programmatic Experience.** A description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.

**Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.

**Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:

- Were terminated for cause; or
- Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

## **FORM 3: WORK PLAN**

### **Instructions:**

Applicants must provide the following elements as part of the budget submission:

- Work Plan (*work plan template provided*)
- Work Plan Narrative

The Work Plan must respond in detail to the Project Description. It must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

Applicants must demonstrate a working knowledge of the issues that affect individuals with developmental disabilities and their families, experience working with and/or advocating on behalf of individuals with developmental disabilities, and a history of conducting education in the activity area identified in the application.

**In addition to the Work Plan grid, the proposal must include a Narrative with the following areas addressed:**

- 1. Project Summary.** Provide a brief, one paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on people with developmental disabilities and/or family members.
- 2. Agency Qualifications.** Describe and document the applicant's capacity to carry out the programmatic intent of funds and proposed activities. Information in this section should include agency mission, programs, and services. The names, titles, qualifications, and experience of persons who will be responsible for and assisting with the project must be included.
- 3. Coordination and Collaboration.** Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency subawards or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Attach letters of commitment/support from these partners.
- 4. Detailed Narrative.** Identify the selected State Plan Goal and Objective for this project. Describe in detail the need for the proposed project and how your project will address the stated need. Responding to the requirements detailed in the Project Specific Requirements section, describe the activities that you will engage in, why these activities are necessary, and what these Primary Project Activities will achieve. Explain why this approach will be successful in achieving the project's goal, and the Expected Project Outputs (what will be created or achieved by the end of the project) and Expected Project Outcomes (the level of achievement or success that occurred because of the project activities). See Section 4 for examples of Expected Outputs and Expected Outcomes. Include a description of any products and deliverables that will be developed.

5. **Accomplishments.** Summarize the expected accomplishments of the project. Identify the output and outcomes to be achieved (see Output and Outcome under the DD Suite Help button). Explain how successful completion of the project will contribute to achieving the State Plan Goal identified for this project. Explain what the projected short-term and long-term (post-project) benefits of the project will be for people with developmental disabilities and their family members.
6. **Work Plan.** Create a Work Plan of activities to complete the objectives using the Work Plan template. The Work Plan must include the following: start and end dates for each Activity (these dates cannot simply reflect the start and end dates of the project; each activity will have a specific start and end date); the person responsible for the activity; and the estimated number of individuals who will benefit from the project. Work Plan MUST include a goal and activities related to sustainability of the project and/or its outcomes.
7. **Project Sustainability.** Applicants must describe in detail their plan to sustain the project once Council funds end. The plan should identify the activities, features, or practices that the applicant wants to sustain. A description of whether their agency or other agencies or collaborators will assume responsibility for maintaining the project.

| Work Plan |                                           |                         |            |          |
|-----------|-------------------------------------------|-------------------------|------------|----------|
| Goal #1   |                                           |                         |            |          |
| Objective |                                           |                         |            |          |
| Activity  | List What Your Measure of Success Will Be | Responsible Staff/Party | Start Date | End Date |
|           |                                           |                         |            |          |
|           |                                           |                         |            |          |
|           |                                           |                         |            |          |
|           |                                           |                         |            |          |

| Goal# 2   |                                           |                         |            |          |
|-----------|-------------------------------------------|-------------------------|------------|----------|
| Objective |                                           |                         |            |          |
| Activity  | List What Your Measure of Success Will Be | Responsible Staff/Party | Start Date | End Date |
|           |                                           |                         |            |          |
|           |                                           |                         |            |          |
|           |                                           |                         |            |          |
|           |                                           |                         |            |          |

## **FORM 4: BUDGET**

Applicants must provide the following elements as part of the budget submission:

- Budget (budget template provided)
- Budget Narrative

A budget template is provided but is not exhaustive: your budget might have additional items not listed here. Applicants may edit the template to reflect planned expenditures. All electronic documents must be submitted in Portable Document Format (PDF).

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the RFA POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this subaward, it may be submitted along with the Application.

If an Applicant plans to charge indirect costs other than through a cost allocation plan, Applicant must provide one of the following along with their budget: 1) A current federally approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicant may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

**Budget.** Create a Budget using the Budget template. \*\*The amount of DHHS grant funds requested in the Applicant's budget must not exceed \$50,000.00\*\*

**Budget Justification.** Include a brief budget justification narrative to explain expenses listed and how you arrived at the requested amounts. Provide explanations as to why each item is necessary for the success of the project. Identify costs for which federal funds are requested and those that will be provided by match (non-federal cash funds or in-kind).

When calculating Personnel costs, provide the name of the employee or the position and the percentage of time they will be working on the project. Be prepared to provide documentation of the hourly rate/annual salary of each individual and calculations on how benefits for individuals were determined for the time they will be working on the project.

For Matching Funds, show how the amounts were determined and how they will be documented.

For Office Expenses, Communications, and other/Miscellaneous costs that can only partially be allocated to the project (e.g., rent or phone), explain how the amount was determined. For example, if personnel is 20% then rent, phone, etc. would be 20% of the annual costs.

For Other Costs, identify each dollar amount and describe how it will be used both for subaward and matching funds.

Indirect costs: Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by a Federal agency or the Nebraska Department of Health and Human Services. This is optional for applicants that have not included indirect costs in their budgets.

Program Income: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project.

### SUMMARY BUDGET

*Organization Name*

*Project Title*

*Project Duration*

|                                | Requested Funds | Matching Funds | Total Project Budget |
|--------------------------------|-----------------|----------------|----------------------|
| <b>A Personnel</b>             | \$ -            | \$ -           | \$ -                 |
| <b>B Fringe Benefits</b>       | \$ -            | \$ -           | \$ -                 |
| <b>C Travel</b>                | \$ -            | \$ -           | \$ -                 |
| <b>D Equipment</b>             | \$ -            | \$ -           | \$ -                 |
| <b>E Supplies</b>              | \$ -            | \$ -           | \$ -                 |
| <b>F Consultants/Contracts</b> | \$ -            | \$ -           | \$ -                 |
| <b>G Other Direct Costs</b>    | \$ -            | \$ -           | \$ -                 |
| <b>H Total Direct Costs</b>    | \$ -            | \$ -           | \$ -                 |
| <b>I Total Indirect Costs</b>  | \$ -            | \$ -           | \$ -                 |
| <b>J Total (Sum H+I)</b>       | <b>0.00</b>     | <b>0.00</b>    | <b>0.00</b>          |

## FORM 5: SUBMISSION CHECKLIST

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application.

| Submission Requirements                                                | Required Documentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Included?                |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>All Application Sections</b>                                        | Form 1 – Application Cover Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
|                                                                        | Form 2 – Organizational Overview                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |
|                                                                        | Form 3 – Work Plan Template and Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |
|                                                                        | Form 4 – Budget Template and Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |
|                                                                        | Form 5 – Submission Checklist (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| <b>Applicant Organizational Chart</b>                                  | Applicant must provide a diagram displaying the structure of the Applicant's organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| <b>Certificate of Good Standing</b>                                    | Applicants must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants). Provide current certification from the Nebraska Secretary of State or print out of active state from:<br><a href="https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search">https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search</a><br><input type="checkbox"/> NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |
| <b>Indirect Cost Rate/ Direct Cost Allocation Plan (if applicable)</b> | If an applicant is requesting an indirect rate, the applicant must provide a current approved indirect rate agreement approved by either the federal government or the State of Nebraska. If the applicant is requesting the de minimis rate, applicant must provide calculations to support the request.<br><br>Applicants with a direct cost allocation plan must include sufficient documentation to demonstrate costs are properly allocated. Approved cost allocation plan must be submitted with application.<br><input type="checkbox"/> NA                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |
| <b>Letters of Support or Commitment</b>                                | Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain the organization's role in the project, including tasks and/or items to be provided.<br><br>Applicable cash and/or in-kind contributions should appear as match on the Budget.<br><br><b>Examples:</b><br>Cash Commitments: "[Partner name] will provide \$500 to pay for facility rental fees;" or In-kind Commitments: "[Partner name] will waive facility rental fee (\$250) | <input type="checkbox"/> |
| <b>Signed W9</b>                                                       | Applicants must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable to governmental applicants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |