

New York State's Independent Intellectual and Developmental Disabilities Ombudsprogram (IDDO)

Request for Proposals, Western New York, OPWDD Region 1

February 28, 2025

Introduction

Through this Request for Proposals (RFP), the Community Service Society of NY (CSS) is inviting community-based organizations located in Western New York (covering the Office for People with Developmental Disabilities' Region 1) to participate in New York State's Independent Intellectual and Developmental Disabilities Ombudsprogram (IDDO) Regional Outreach Network.

In 2023, Section § 33.28 of the New York State Mental Hygiene Law was enacted to establish an Ombudsman that would provide independent, conflict-free services to assist individuals with developmental disabilities and preserve their rights. In 2024, OPWDD awarded funding to CSS to create and operate this Ombudsman program, now known as the IDDO. IDDO's mission is to be a resource and advocate for individuals and families as they navigate OPWDD programs to promote access to services and supports. CSS is a leading non-profit organization in New York State promoting economic and health equity. CSS provides consumer assistance and outreach and does so by partnering with over 50 community-based organizations in New York State.

CSS's IDDO is the single entity providing direct assistance through a statewide helpline. The helpline is supported by IDDO's Regional Outreach Network to deliver outreach and education services on a local level. This funding opportunity is to join the network and serve as an education and outreach partner to IDDO.



5-Year Grant Funding Opportunity

CSS will be awarding a 5-year grant to <u>one</u> community-based organization in Western New York to provide community outreach and engagement related to OPWDD services and supports to individuals in their communities as well as education and outreach about the availability of IDDO services. The grant award is up to \$40,000 during the first contract year (April 1, 2025, to March 31, 2026). CSS expects to renew these contracts every 12-month contract period subject to the organization's performance and available funding.

Organizations led by individuals with intellectual and developmental disabilities organizations serving this community are encouraged to apply. CSS seeks to fund organizations that serve diverse populations, including organizations that serve culturally, geographically, and linguistically underserved communities.

CSS expects to announce the award on <u>March 31, 2025</u>, via Community Health Advocates website <u>www.communityhealthadvocates.org</u>.

Eligibility Criteria

Applicants must be non-profit organizations, membership associations, or other mission-driven organizations that have demonstrated experience serving individuals with intellectual and developmental disabilities and engaging in outreach and/or educational activities.

Applicants must be physically in at least one of the counties in OPWDD DDRO Region 1 and available to serve individuals residing in OPWDD's Developmental Disabilities Regional Offices ("DDRO") Region one that covers the following counties: Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben Wayne, Wyoming, and Yates.



Important Dates

| EVENT | DATE |
|-------------------------------|-------------------|
| Release of RFP | February 28, 2025 |
| Questions about this RFP due | March 7, 2025 |
| Answers posted | March 11, 2025 |
| Application due | March 27, 2025 |
| Award announcements | March 31, 2025 |
| Projected contract start date | April 1, 2025 |



Role and Responsibilities of Regional Outreach Network

The organization funded under this RFP will increase awareness and utilization of IDDO services through education and outreach to individuals with intellectual and/or developmental disabilities, families of individuals with developmental disabilities, service providers, advocates, and/or priority populations as identified by OPWDD. CSS welcomes applicants to propose additional innovative marketing and outreach ideas. The organization selected for this project must also ensure that all materials, programs, and activities are accessible to individuals with developmental disabilities and meet the socioeconomic, racial, ethnic, linguistic, and cultural needs and perspectives of the population being served, subject to review by CSS.

As a part of the IDDO Regional Outreach Network the organization will be required to provide the following services:

- 1. Outreach and marketing activities: Each network organization must submit a community outreach and marketing plan outlining the activities they will complete during the contract year.
 - Activities Examples:
 - Online events, workshops, and webinars
 - In-person events
 - Community events
 - Paid advertising
 - Social media marketing
- **2. Participation in monthly network meetings:** CSS organizes monthly meetings for IDDO Outreach Regional network of sub-grantees to report on outreach activities and to learn and collaborate from one another.



- **3.** Identifying engagement strategies and barriers: CSS expects that the subgrantees will collaborate with CSS to identify successful strategies to engage with consumers. Sub-grantees should also be willing to help identify barriers that prevent OPWDD recipients from accessing support and services through various programs such as Self-Direction.
- **4. Reporting of services** provided in an accurate and timely manner including reporting on the number of people exposed to each marketing/outreach activity¹. Organization will be asked (if possible) to report on the number of people referred to the IDDO because of the marketing/outreach activities conducted.

Deliverables

Staffing

Participants in the 5-year Regional Outreach Network will designate an Outreach Coordinator who will perform the following activities.

- 1. Attending regularly scheduled outreach network meetings monthly and disseminating materials and updates to their organizational teams, as appropriate.
- 2. Developing an annual outreach workplan and conducting outreach and marketing activities
- 3. Collecting and reporting data as directed by CSS on a timely basis
- 4. Collecting client stories during the contract period with appropriate media releases
- 5. Training program staff adequately so they are competent to conduct outreach and education services.

¹ For example: The number of attendees for an online or in-person event or number of likes, impressions, shares or other engagement with social media posts and/or ads.



Reporting

Participants in the 5-year Regional Outreach Network will also agree to:

- Collect and report data, via the cloud-based CSS database (Salesforce), about outreach and educational activities performed and services provided, following CSS guidelines outlined in Policies and Procedures Manual.
 - Organizations must currently have computers with internet access, printers, telephone, and email.
- 2. Cooperate with monitoring by CSS, which may include site visits, observations of community presentations, and reviews of education services reported through the database; and
- 3. Encourage consumer participation in any program evaluations, as deemed necessary by CSS, including client satisfaction surveys, presentation participant evaluations, and surveys.



Proposal Submission

Please include the following in your proposal submission.

Proposal Checklist (Attached)

Please fill out and submit the attached checklist to ensure that your application is complete.

Cover Form (Attached)

Complete and submit the attached cover form, signed and dated by: (1) the organization's Executive Director; or (2) the President or Leader of the organization's Board of Directors or governing board and of the organization's fiscal sponsor, if applicable. Include the organization's Employer Identification Number (EIN).

Financial Statements & Legal Documents

- 1. Proof of not-for-profit status, if applicable, such as a copy of your organization's 501(c) tax-exempt verification.
- 2. A copy of the organization's most recent audited financial statement with the management letter from the auditors.
- 3. A copy of the organization's most recent CHAR500.
- 4. A copy of the organization's most recent IRS Form 990.

Proposal Narrative (not to exceed 4 pages):

Please include the following information in your proposal.

1. **Mission:** Describe your organization's mission and experience helping individuals with intellectual and developmental disabilities, their families, caregivers and representatives successfully access OPWDD-funded services and supports.

5



- **2. Population Served:** Describe what population(s) your organization's primarily serves including but is not limited to income status, primary language(s), race/ethnicity, geographic location, age, gender identity/expression, or any unique characteristics.
- **3. Outreach experience:** Describe your organization's experience organizing outreach, marketing and/or educational events.
- **4. Diversity, Equity and Inclusion:** Describe any experience the organization has in reducing disparities and promoting equity in the community you serve, especially those with intellectual and/or developmental disabilities. Describe your organization's accessibility policies and/or language access plans, if any.
- **5.** Capacity: We would like to know if your organization would be ready to begin providing services at the contract start date (or as soon thereafter as practicable) which would be in early April.
 - a. Staffing: Describe the staffing that will be dedicated to the grant to provide these services, including the background, experience, and current duties of any personnel already on staff who will deliver or supervise services under this project.
 - b. Deliverables: Describe your proposed outreach deliverables including number of events, trainings, and/or marketing activities for the contract year.
 - c. Conflict of Interest: Describe how your organization would prevent, mitigate or eliminate any potential conflict of interest in the provision of your services and education about the IDDO.
- 6. Reporting experience: Has your organization demonstrated experience reporting data



about services provided to funders in a timely fashion? Describe current data tracking capacity.

7. Sustainability: Would your organization be able to participate in sustainability activities like educating community leaders about the need for IDDO services in your community.

Budget and Budget Narrative (each to not exceed 1 page)

- 1. Propose a grant amount for the project period
- 2. Provide a line-item budget
- 3. The budget should include:
 - a. Personnel expenses
 - b. Other than personnel expenses
 - c. In-kind or other organizational contributions
- 4. Provide a budget narrative: if you propose a significantly higher or lower cost as compared to the typical grant in relation to services proposed, explain the cost difference.

Proposal evaluation criteria

- 1. **Mission:** The mission of the organization aligns with this program.
- 2. **Population served:** Organization's plan to target consumers with developmental disabilities, their families and providers in this area.
- 3. **Outreach:** Organization's outreach plan strategy and proposed number of outreach events.
- 4. **Diversity, equity, and inclusion:** The organization itself adds to the diversity of the program network and promotes equity and inclusion in access to OPWDD services.
- 5. Capacity: The organization will be ready to provide services upon receiving the award.
- 6. **Reporting:** Organization's demonstrated ability to report services promptly.
- 7. **Sustainability:** The organization expressed willingness to work for the program's long-term sustainability.
- 8. Budget: Based on the financial documentation and proposal narrative provided the



organization's budget is feasible, cost-effective and efficient.

Conditions

CSS reserves rights to postpone or cancel this RFP; reject all proposals; request additional information; negotiate with applicants individually; modify the number of awardees and dollar amounts of grants; amend specifications; eliminate requirements; accept only those proposals that serve the best interests of the program; terminate subcontracts for poor performance or in the best interest of the program; and amend terms of subcontracts to serve best interests of the program. The organization selected will be asked to provide evidence of general liability insurance, workers compensation, disability, and errors and omissions insurance upon signing a subcontract with CSS.

Organization subcontract awarded through this RFP is contingent on the award and availability of funds provided by New York State.

Questions

Questions about this RFP should be <u>emailed</u> by 5:00 pm on March 7th, to <u>iddorfp@cssny.org</u>. The subject line should be IDDO RFP Region 1 Questions. Responses to common questions will be posted on the Community Health Advocates website, <u>www.communityhealthadvocates.org</u> by 5:00 PM March 11th.

Instructions for Submission

CSS requests that all organizations submit their proposal electronically by email to iddorfp@cssny.org no later than 5:00 pm on March 27th.

The appropriate individuals (see Contents of the Proposal, Cover Form) should sign the proposal. Electronic signatures are allowed. Please use 12-point font, one-inch margins, and double spacing, unless otherwise indicated.



Conflicts of Interest

Applicants that receive funding through this grant must disclose actual and potential conflicts of interest in its narrative. Please describe how you as the applicant would mitigate, eliminate, or prevent any potential conflict of interest. Indicate what policies and procedures your organization currently has to detect and resolve any conflicts and notify CSS.

Organizations or persons presently performing services for OPWDD, or that have provided consulting services for OPWDD, *may still submit a proposal in response to this RFP* by satisfying the conflict-of-interest description described above. Applicants that are chosen for this award will have an ongoing obligation throughout the duration of the contract to identify and bring to the attention of CSS actual or apparent conflicts of interest when they arise.

For example, a conflict of interest could arise when an OPWDD-funded entity conducts a presentation to a group of family members and a family member raises a complaint about the OPWDD-funded entity. It would be a conflict if the presenter discourages the family member from reaching out to the IDDO or otherwise filing a complaint about the OPWDD-funded entity.



Independent Intellectual and Developmental Disabilities Ombudsprogram (IDDO) Request for Proposals Proposal Checklist Page 1 of 1

| Applicable Cover Form, signed and dated by organization's Executive Director or leader of its Board of Directors or fiscal agent. |
|---|
| Proof of Not-for-Profit Status (if applicable) Proposal Narrative |
| Organization's most recent audited financial statement with the management letter from the auditors |
| Copy of the organization's most recent CHAR500 and proof of filing (if available) |
| Copy of the organization's most recent IRS Form 990 and proof of filing (if available) |
| Proposed Budget and Budget Narrative |



Independent Intellectual and Developmental Disabilities Ombuds Program (IDDO) Request for Proposals

Cover Form Page 1 of 2

Please note that this form must be signed by the organization's Executive Director or equivalent operational leader (and fiscal conduit, if applicable) and the President or Leader of the Board of Directors or governing board (and the fiscal conduit, if applicable). This form and the entire original application are due by the due date indicated in the Important Dates section.

| NAMI Addres | E OF ORGANIZATION: ss: |
|----------------|--|
| Teleph | none Number: |
| Fax N | umber: |
| Email | Address: |
| EIN: | |
| | CUTIVE DIRECTOR (or equivalent operational leader) print name and title: Title: |
| | Signature: Date: |
| name and | IDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print title : |
| rvaine | Title: |
| | Signature: Date: |



Independent Intellectual and Developmental Disabilities Ombuds Program (IDDO) Request for Proposals Cover Form Page 2 of 2

Only fill out this form if organization uses a fiscal conduit

| FISCAL CONDUIT (if applicable): |
|--|
| Name: |
| Address: |
| Telephone Number: |
| Fax Number: |
| EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title: Name: Title: |
| Signature: Date: |
| PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title Name: Title: |
| Signature: Date: |