

REQUEST FOR PROPOSALS

**PROJECTS TO PROVIDE
RECREATIONAL SERVICES
TO INDIVIDUALS WITH
TRAUMATIC SPINAL CORD INJURIES
OR
TRAUMATIC BRAIN INJURIES**

The Mississippi Department of Rehabilitation Services, Traumatic Brain Injury/Spinal Cord Injury Trust Fund (TBI/SCI) is requesting proposals for programs to provide recreational services to individuals who have severe disabilities from spinal cord injuries or traumatic brain injuries in any or all geographical areas of Mississippi.

The Mississippi Department of Rehabilitation Services reserves the right to reject any and all proposals.

RFP Issue Date: March 2, 2023

RFP Due Date: April 11, 2023

Award Notification: Approximately June 1, 2023

Contract Term: July 1, 2023 – June 30, 2024

Total Allocation: Not to exceed \$100,000.00

**If more than one grant is awarded,
each project will receive a portion of the total allocation.**

GENERAL INFORMATION

I. Purpose

The Mississippi Department of Rehabilitation Services (MDRS), Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Trust Fund Program, invites nonprofit (public and private) and for-profit organizations to submit proposals for programs to provide recreational services to individuals who have severe disabilities from spinal cord injuries or traumatic brain injuries.

II. Goals

The TBI/SCI Trust Fund Program seeks to establish one-year innovative projects promoting recreational services for individuals with traumatic spinal cord or brain injuries. These projects should assist individuals in achieving maximum recreational activities. Projects may be home based or facility based. Projects may also include components for family members or other caregivers.

III. Performance Specifications

Projects must focus on accomplishing one or more of the following core service activities:

Core Service #1: Grantee will offer community-based therapeutic recreation education, training, and hands-on indoor and outdoor active leisure opportunities to demonstrate the need and benefits of active leisure for persons with traumatic brain and spinal cord injuries.

Core Service #2: Grantee will produce a brochure on the need and benefits of recreation and active leisure for persons with traumatic brain and spinal cord injuries and provide the information to the public.

Core Service #3: Grantee will produce a newsletter that will provide information on the need and benefits of recreation and active leisure for persons with traumatic brain and spinal cord injuries at least three times per year.

Core Service #4: Grantee will document and report quarterly on updates to their website regarding access to pertinent information, publications, and opportunities specific to individuals with traumatic brain and spinal cord injuries and their families.

Core Service #5: Grantee will help facilitate and conduct training on community-based rehabilitation, community reintegration and wellness at a community event.

IV. Authority

Funding for this purpose is authorized under the Spinal Cord and Head Injury Trust Fund as established by MS Code Section 37-33-251.

V. Submission of Proposals

All proposals must be **mailed (postmarked) by April 10, 2023** or hand delivered to the Mississippi Department of Rehabilitation Services, TBI/SCI Trust Fund Program, by **4:00 pm on April 11, 2023**.

A signed original and five (5) copies of the completed proposal must be submitted to the following address:

MS Department of Rehabilitation Services
Office of Special Disability Programs
Attention: Krystle Friedel, OSDP Director of Program Administration
P.O. Box 1698
Jackson, MS 39215-1698
Telephone: 601-853- 5228
Building Location:
1281 Hwy. 51 North
Madison, MS 39110

VI. Funding

A maximum of \$100,000 will be awarded for one or more innovative projects that provide recreational activities to individuals who have severe disabilities from spinal cord injuries or traumatic brain injuries.

VII. Population

Projects must address recreational issues related to traumatic spinal cord injuries or traumatic brain injuries as defined below:

Spinal Cord Injury – An acute, traumatic insult to the spinal cord, not of a degenerative or congenital nature, but caused by an external trauma resulting in any degree of motor or sensory deficit.

Traumatic Brain Injury – An insult to the skull, brain, or its coverings, after birth resulting from external trauma which produces an altered state of consciousness or anatomic, motor, sensory or cognitive/behavioral deficits. This excludes any birth trauma.

Projects may be located in and provide services to any or all areas of the state of Mississippi. Geographical areas to be covered should be specified in the proposal. The projected number of individuals to be served or reached by the project should also be included.

VIII. MS Department of Rehabilitation Services Responsibilities

The Mississippi Department of Rehabilitation Services, in coordination with the TBI/SCI Advisory Council, will monitor compliance with contract requirements, provide technical assistance, and evaluate project effectiveness. Site visits will be performed by MDRS.

IX. Grantee's Responsibilities

Grantee(s) will be responsible for complying with the grant agreement, which includes the submission of a monthly written report and a project-end written report within thirty days following each time period. Reports must include financial and programmatic information. A copy of the required Monthly Activity Report is attached.

PROPOSAL REQUIREMENTS

All proposals must be typed in 10 point font or larger and must be double spaced. The program narrative (Section IV- Services and Operational Plan and Section V- Evaluation Plan) **must not exceed ten (10) pages**. Proposals should be concise and contain only information pertinent to the proposed project. Do not expand narrative to meet the ten (10) page limit; longer narratives will not receive preference over short, concise plans.

I. Cover sheet

Required cover sheet form enclosed.

II. Agency Background

Provide a brief description of your agency or organization including the type of services or programs you provide.

III. Program Budget

Applicants must complete the attached budget summary form and prepare a budget narrative. Be specific in explaining how the funds will be used to achieve the project's objectives.

Although no matching funds are required, applicants should indicate if other funds are to be utilized for the project. Applicants must identify specific sources and extent of all supporting funds.

Any operating expenses must be cost allocated according to the amount of time spent on the project.

Personnel expenses will only be considered for providing the direct core services and objectives that are defined in the performance specifications. (See page 2 of this RFP) Personnel salaries for management activities related to the proposed program(s) are excluded.

Indirect Costs are strongly discouraged and must be no more than ten percent (10%) of total budget. Examples are utilities, rent, internet and telephone.

Only one request can be made throughout the grant cycle to move funding from one area to another.

IV. Services and Operation

Describe the need for a project and population to be served. Identify goals; objectives; and activities, including timeline showing when the activity will be performed and the person responsible for each activity. Indicate an approximate number of individuals who will receive services from this project. Indicate if there are plans to continue this project after the one year grant period, and describe how the continuation will be funded. Indicate if the project could be duplicated in other areas of the state, and describe potential duplication sites, if possible.

V. Evaluation Plan

Describe how the project will be evaluated. How will you determine if goals and objectives have been met? Survivors and their families or other representative should be involved in the evaluations(s) as much as possible. **Forms used to document attainment of goals and objectives must be included.**

VI. Appendix

Appendices, which are critical to the explanation of the project, may be included; however, they should be concise and limited to a maximum of ten (10) pages.

PROPOSAL EVALUATION AND SELECTION PROCESS

I. Initial Review

Each proposal received or postmarked by the due date and time will be reviewed to assure compliance with the RFP specifications. A RFP Review Committee will evaluate all proposals deemed in compliance. Recommendations for funding will be presented to the full TBI/SCI Trust Fund Advisory Council. Final Recommendations will be

forwarded to the Executive Director of the Mississippi Department of Rehabilitation Services, who has final approval. Grantee(s) will be notified of awards on or about June 1, 2023.

II. Evaluation

Each member of the RFP Review Committee will evaluate the proposals based on the following point system:

A. Services and Operational Plan (80 points)

1. Need for project
Does project address a significant need?
2. Impact of project
Does the project impact a significant portion of the population?
3. Establishment of attainable goals and objectives
Is project reasonable in relation to funds, staff, and time frame?
4. Development of implementation plan
Is there a logical step-by-step plan that will lead to attainment of the goals and objectives?
5. Plans for continuation
Does the project have the potential for continuing after the one-year funding period?

B. Budget (10 points)

1. Are Personnel Expenses for providing direct core services?
2. Are Indirect Costs 10% or less of the total budget?
3. Are costs reasonable in relation to project plans?
4. Are costs well defined?

C. Evaluation Plan (10 points)

1. Are criteria to evaluate the project stated in measurable terms?
2. Are survivors, their families and representatives involved in the evaluation process?

**TRAUMATIC BRAIN INJURY/SPINAL CORD INJURY
TRUST FUND
Proposal for Recreational Service Projects**

Application Cover Sheet

Name of Applicant: _____

Address: _____

EMAIL Address: _____

Employer ID Number: _____

Telephone: _____

Signature of Authorized Representative: _____

Name (typed or printed): _____

Date: _____

Title of Project: _____

Brief Description of the Project: _____

Total Project Budget: _____

Total Funds Requested: _____

Budget Summary

Requested Funds	Core Service (1)	Core Service (2)	Core Service (3)	Core Service (4)	Core Service (5)	Other Funds (Specify)	Total Funds
Personnel Expenses (Direct Services Only)							
Operating Expenses							
Indirect Costs (if any) - Not to exceed 10% of total budget (List)							
TOTALS	\$	\$	\$	\$	\$	\$	\$

MONTHLY ACTIVITY REPORT

Name:	Organization:
Address:	Reporting Period:
Phone Number:	Month: _____ Year: _____

As a recipient of the Trust Fund Grant, you are required to report to the Trust Fund Coordinator your efforts to comply with your Trust Fund Contract Agreement. Please complete this form and return it by the 10th of the following month.

FAILURE TO RETURN THIS REPORT MAY RESULT IN NON-COMPLIANCE WITH MDRS.

Prevention, Education, Recreational or Transitional Activities					
	Yes	No	# of Individuals	# of Events	Comments
School Presentations					
Outreach Activities					
Support Groups					
Safety Demonstrations					
Community Events					
Conferences (conducted/attended)					
Trainings (conducted/attended)					
Collaboration Projects					
Virtual or Online Events					
Tournaments or Recreation Events					
PT, OT, ST, VOC Services					
Other (specify)					

Educational Materials Distribution					
	Yes	No	# of Individuals	# of Events	Comments
Social Media Campaigns					
Public Service Announcements					
Print Ads					
Pamphlets, Brochures, etc.					
Other (specify)					

Items Distributed					
	Yes	No	# of Individuals	# of Events	Comments
Helmets					
Car Seats					
Vehicle Hang Tags					
New Life Kits					
Safety Items					
Nourishment Boxes					
Other (specify)					