

GRANT APPLICATION PACKET – FFY2022-23

SD COUNCIL ON DEVELOPMENTAL DISABILITIES GRANT APPLICATION - - TITLE PAGE

Applicant Organization South Dakota Parent Connection

Address 3701 W 49th Street Suite 102 Sioux Falls, SD 57106

Telephone 605-361-3171

Federal ID Number 46-0385808

Project Director Carla Miller, Executive Director

Address/Telephone 3701 W 49th Street Suite 102 Sioux Falls, SD 57106

Email Address: cmiller@sdparent.org

Type of Organization nonprofit Tax Exempt? Yes

Under "Type of Organization" indicate all of the following that apply: State, county, municipality, or other public institution; nonprofit or profit private institution. If "nonprofit" and/or "tax exempt", proof of status may be requested.

Title of Project: Printing "What Parents Should Know About Special Education in South Dakota" updated guide.

Project Begins June 1, 2024 Project Ends Aug. 1, 2024

Total Council Funds Requested \$28,500.00 Total Project Budget \$38,000.00

Carla Miller

Carla Miller

Authorizing Official (please type name)

Signature

Executive Director, SD Parent Connection

Description	(A) Requested DD Council Funds	(B) Allowable Match from Applicant **	(C) Allowable Match from Other Agencies **	(D) Total Contract Grant Budget (A + B + C)	(E) Un-allowable Match from Applicant & Other Agencies	(F) Total Project Budget (D + E)
PERSONNEL						
TRAVEL						
CONTRACTUAL						
OPERATING EXPENSES						
EQUIPMENT/Materials						
Printing cost for 5000 copies of "What Parents Should Know About Special Education in South Dakota"	\$28,500.00	\$3,166.00	\$6,332.00 (DRSD, USD CD)	\$38,000.00	0	\$38,000.00
Continued:	A	B	C	D	E	F
OTHER						
GRAND TOTAL	\$28,500.00	\$3,166.00	\$6,332.00	\$38,000.00	0	\$38,000.00

** Be sure the Budget Narrative specifies the type of allowable match (in-kind, cash, etc.) and the source of the matching funds. Utilize the formulas found in the instructions to compute the percentages of Council funds and matching funds.

ASSURANCES

1. The applicant assures that grant funds made available under the South Dakota Council on Developmental Disabilities will not be used to supplant state or local funds, but will be used to increase the amounts of such funds that would be made available for other similar activities.
2. The applicant assures that grant funds made available under the South Dakota Council on Developmental Disabilities will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other state programs.
3. The applicant assures that fund accounting, auditing, monitoring and such evaluation procedures as may be necessary to keep such records as the South Dakota Council on Developmental Disabilities shall prescribe will be provided to assure fiscal control, proper management, and efficient disbursement of funds received through the South Dakota Council on Developmental Disabilities.
4. A clear audit trail must be maintained for each source of funding. Receipts, expenditures and disbursements must be individually accounted for from each source of funds.
5. The applicant agrees to submit reports indicating activities undertaken, expenditures, match provided, program income and general progress of the project. Projects are required to submit a final report at the end of the grant funding period.
6. The applicant certifies that the program contained in its application meets all the requirements, that all the information is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with all provisions of the South Dakota Council on Developmental Disabilities and all other applicable laws.
7. The applicant understands that although an effort will be made to continue the funding of projects of proven effectiveness or with a record of proven success, each project must stand on its own merit each year. No project will be guaranteed continued funding. NOTE: Projects/programs must re-apply annually for funding.
8. This agreement depends upon the continued availability of federal funds and expenditure authority from the Legislature for this purpose. This agreement will be terminated by the State if the Legislature fails to appropriate funds or

grant expenditure authority. Termination for this reason is not a default by the State nor does it give rise to a claim against the State.

9. The applicant also understands and agrees: 1) that funds received are to be expended only for the purpose and activities covered by the applicant's approved application and budget, and 2) that the grant may be terminated at any time by the South Dakota Council on Developmental Disabilities if the applicant fails to comply with the provisions of the South Dakota Council on Developmental Disabilities legislation or any of the certified assurances listed above and in the grant agreement.

CERTIFICATION - I certify that I have read and reviewed the above assurances and will comply with all provisions of the South Dakota Council on Developmental Disabilities legislation and all other applicable federal and state laws.

Carla Miller

Signature of Authorizing Official

Date: 5/30/24

Carla Miller Executive Director South Dakota Parent Connection

Typed Name and Title

3701 W 49th St. Suite 102 Sioux Falls, SD 57106

Address

605-361-3171

Telephone Number

Parent Child Journey Program One Year Proposal

Abstract

“What Parents Should Know About Special Education in South Dakota” is an historic guide that is recognized throughout the state as the go-to source of information for families of children with disabilities receiving services under the Individual’s with Disabilities Education Act (IDEA). Originally published in 2007, this second edition contains updated content, a new look, and a new layout. It is a comprehensive book designed to empower parents, guardians, and education professionals with the knowledge, tools, and resources they need to navigate the special education system with confidence and clarity.

The book contains a consistent format that assists the reader in understanding the information provided. It includes frequently used definitions and acronyms along with additional chapters dedicated to various topics related to special education. The topics include language taken directly from the federal regulations, a section that helps explain what the regulation to parents for their practical use, and in some cases, how South Dakota has interpreted the federal guidance and applies it to programs and supports throughout the state. Finally, there are tips included to provide extra information to help in applying the information.

Creation of this edition of *“What Parents Should Know . . .”* has been a joint venture between South Dakota Parent Connection, Disability Rights South Dakota, and The Center for Disabilities. They each have dedicated hours of staff time to researching, creating, editing, and finalizing the book. Special detail has been given in making sure the book provides accurate information, is organized in such a way that information can easily be found and is written in language that is easily understandable by individuals and families. The team is having ongoing discussions about how to make the book available in other languages.

Project Narrative

Statement of Need:

We are seeking Council support in printing 5000 copies of *“What Parents Should Know . . .”*. Because of the interest in an updated version, we believe there will be a high demand for copies in the coming year. The team has acknowledged that in subsequent years we will each be utilizing fewer printed copies as we direct more users to our websites and the public becomes savvier in accessing information online. Therefore, we are seeking support for this initial infusion of printed copies to meet the anticipated interest/demand.

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Budget Narrative:

Printing	5000 copies at \$7.60 totaling \$38,000.00
DD Council Grant of	\$28,500.00
25% match	<u>9,500.00</u>
Total:	\$38,000.00

Sources of 25% match-

Equal allocations from

South Dakota Parent Connection
Disability Rights South Dakota
Center for Disabilities

AUTHORIZED SIGNATURES: In witness hereto, the parties signify their agreement by affixing their signatures hereto.

Carla Miller

Grantee Signature 5/30/24
Date

State - DHS Division Director Date

State – DHS Office of Budget & Finance Date

State – DHS Office of the Secretary Date

CONTRACT DESCRIPTION CODE: _____

State Agency Coding:

CFDA #: _____

Company	_____	_____	_____	_____
Account	_____	_____	_____	_____
Center Req	_____	_____	_____	_____
Center User	_____	_____	_____	_____
Dollar Total	_____	_____	_____	_____
SVC PO Code	_____	_____	_____	_____

DHS Program Contact Person Arlene Poncelet
Phone (605) 773-5990

DHS Fiscal Contact Person Alan Fickbohm
Phone (605) 773-5990

Grantee Program Contact Person _____
Phone _____

Grantee Fiscal Contact Person _____
Phone _____

