

Wisconsin Council on Developmental Disabilities
DAWN GRASSROOTS ADVOCACY GRANTS
PROPOSAL INSTRUCTIONS

1. Complete the proposal cover sheet found in this packet. This will be the first page of your application and includes contact information and your signature.
2. You may use the proposal form included in this packet or your own electronic or typed form, but you must answer each question in order and number the answers to go with the questions. Handwritten proposals will not be accepted. You may not submit more than four pages of answers to the proposal questions.
3. You may attach up to two pages of other materials to support your proposal, such as examples of your advocacy.
4. You must submit **one original (signed) and five copies** of your proposal.
5. Complete and sign the “Assurances” form. If you have a supporting agency, have them complete a “Supporting Agency” form.
6. Do not submit a cover letter or title page. **The total proposal including attachments may not be over eight pages long.**
7. Staple the application in the upper left-hand corner. Do not submit the application in a binder or cover.
8. **The original and five copies must be received in the WCDD offices no later than 4:30 PM on December 14, 2006. Email and FAX submissions will not be accepted.**

Applications may be mailed or hand delivered to:

DAWN grants, WCDD, 201 West Washington, Suite 110, Madison WI 53703.

TIMETABLE

Application packets available	November 1, 2006
Applications due	December 14, 2006
Awards announced	January 15, 2006
Grant Period	January 15, 2007 - December 31, 2007

If you have any questions, contact John Shaw at the Wisconsin Council on Developmental Disabilities. Telephone number 608-266-7707, e mail shawj2@dhfs.state.wi.us

Application materials are available online at the DAWN web site at www.dawninfo.org.

Wisconsin Council on Developmental Disabilities
DAWN GRASSROOTS ADVOCACY GRANTS
Proposal Cover Sheet
Starting January 2007

Name _____ Phone (____) _____
(Area code) phone #

Address _____
(street) (city) (zip)

Email _____

Please check one or more (for eligibility information, refer to Grant Information, question 4)

I am a person with a developmental disability _____ or another disability _____.

I am a family member of a person with a developmental disability _____ or another disability _____.

Describe your disability background:

I am a member of a consumer-led group or organization that is applying for a DAWN Grant. _____
Name and description of group:

Supporting agency, if any _____

Address _____
(street) (city) (zip)

Phone (____) _____ Email _____

Geographic area/Counties to be served _____

Describe your Target Group.

Signature

Date

Return to DAWN grants, WCDD, 201 West Washington, Suite 110, Madison, WI 53703.

ASSURANCES FROM THE APPLICANT

Please review the following list and put your initials after each item that you are in agreement with. At the end sign and date your name.

1. I have read the Wisconsin Council on Developmental Disabilities' Guiding Principles (see Attachment A) and agree with them. _____
2. I agree not to do activities that discriminate against participants on the basis of disability, race, gender, age, sexual orientation or other protected categories. _____
3. I agree to provide the WCDD with a monthly progress report in a format provided by WCDD. _____
4. I agree to provide the WCDD with a final report on my project in a format provided by WCDD. _____
5. If the WCDD's DAWN project has an advocacy training event or policy forum, I agree to do my best to attend. _____
6. If asked, I agree to work with the WCDD's voting consultant to help people with disabilities from my area register and vote. _____
7. If I have E-mail, I agree to join DAWN to receive email alerts. _____ You can sign up at <http://www.dawninfo.org/ea/index.cfm>.
8. If I am working on this project through an agency the project will not be used to supplant any funds from the agency (supplies, rent, phone costs, salary, etc...). _____
9. If I am working through an agency on this project it is not a statewide agency (it may be a local chapter) _____
10. I agree that members of my group or organization that are eligible to vote will sign up for the Wisconsin Council on Developmental Disabilities disability voter bloc. _____

Sign here

Date

ASSURANCES FROM A SUPPORTING AGENCY/ORGANIZATION

If you have an agency or organization that will help you with your DAWN grant, please have them fill out the form below and submit it with your proposal.

The _____ is willing to offer the following
(name of agency/organization)

support for _____:
(name of applicant)

Please check all that apply:

_____ I am willing to be the fiscal agent for the grant. I will complete the W-9 attached to the proposal and will accept the DAWN funds.

_____ My agency/organization will help the applicant by providing administrative support:

- _____ Mailings
- _____ Meeting planning
- _____ Meeting space
- _____ Office support
- _____
- _____

_____ My agency/organization is willing to provide the following in-kind supports

_____ My agency /organization is willing to help the applicant with outreach to the disability community.

_____ If there is more than one proposal that my agency/organization is supporting, we will help them to work collaboratively.

_____ My agency/organization will provide training and/or mentoring to the applicant

_____ Other things my agency would provide:

(Name)

(signature)

(agency/organization name)

(Date)

ATTACHMENT A

WISCONSIN COUNCIL ON DEVELOPMENTAL DISABILITIES

GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF THE 2006-2011 STATE PLAN ON DEVELOPMENTAL DISABILITIES

1. FREEDOM AND JUSTICE

The right of enjoying all the privileges of membership or citizenship. The principle of moral rightness: equity, and fairness

The Council believes that all persons, including persons with disabilities and their families, have the same basic rights associated with the status of citizenship. All persons have the right to life, liberty, and the pursuit of happiness; the right to be treated with respect and dignity; and the right to direct one's own life, to control one's own destiny.

2. SELF-DETERMINATION

Determination of one's own fate or course of action without compulsion: free will

The Wisconsin Council on Developmental Disabilities believes that individuals with developmental disabilities and their families should be the primary decision makers in the management of their lives including determining how the limited amount of public funding available to support them is spent. Individuals and families should be able to direct their supports to the extent they desire.

3. OPPORTUNITY

A favorable or advantageous combination of circumstances

Within the limited resources available to them, individuals with severe disabilities and their families have the right to make such essential decisions as where to live, with whom to live, and how and where to spend their time. People should have the freedom to choose the individuals or agencies supporting them.

4. INDEPENDENCE AND INTERDEPENDENCE

Self-reliance and mutual dependence

Our valid goal of increasing independence for people with developmental disabilities is balanced within the Lifespan Approach by emphasizing the interrelationship and interdependence of people with developmental disabilities with one another, with their families, and with all of us on this planet who depend upon one another for survival, for love, for laughter, and for support when life becomes difficult or challenging.

5. INCLUSION

The act of including or the state of being included

Promote the full inclusion of people with developmental disabilities into their communities. Promote quality of life and safety by enhancing relationships with friends, families, neighbors and fellow citizens, as these relationships occur in the community.

6. LIFESPAN APPROACH

The period of time a person remains alive

The lifespan approach is grounded in flexible, individualized support, and an understanding of the life stages experienced by all people, from birth, through childhood, adulthood, and old age. The Council recognizes that the passage through life includes continuous transition and adaptation. While any person's capacities and needs change through a lifetime, all people rely on their families and the larger community for their sense of belonging and identify.

7. DIVERSITY

The quality and respect for being diverse or different

Recognizes the strengths of all people with developmental disabilities and their families, from all races, ethnicity, cultures, and socioeconomic circumstances. The goal of diversity is to support individuals and their families in a culturally competent manner, which is responsive to their beliefs, interpersonal styles, attitudes, language and behaviors, and ensures effective and meaningful opportunities for full participation in their communities.