INDEPENDENT LIVING AND ASSISTIVE TECHNOLOGY SECTION

TRAUMATIC BRAIN INJURY PROGRAM

REQUEST FOR APPLICATIONS

# RFA IL-24-06-01

# Addendum 1

# ADDITIONAL APPLICATIONSUBMISSION EMAIL

# AND

# BIDDER’S CONFERENCE QUESTIONS AND ANSWERS

**APPLICATION SUBMISSION INFORMATION**

**PLEASE COPY** [**JULIE.SANCHEZ@DOR.CA.GOV**](mailto:JULIE.SANCHEZ@DOR.CA.GOV) **ON ALL APPLICATION SUBMISSIONS.**

**BIDDERS CONFERENCE QUESTIONS AND ANSWERS**

**Question #1**

Referring to Section 2, Background

Applicants must select a county as their primary geographical service area for in-person services, and DOR will not award more than one grant per county except for Los Angeles County, which will be awarded up to two grants.

Fifty-one of California’s 58 counties are eligible for funding with the following counties **not eligible** for funding as a primary county with this solicitation:

1. Nevada
2. Orange
3. Stanislaus
4. Sacramento
5. San Bernardino
6. Santa Barbara
7. Ventura

Understanding that an organization cannot have two primary grants, we are a sub-contractor with another TBI grantee. Would that be excluded if we receive a primary grant?

**Answer:**

All qualified service providers, as identified in Section 5 Eligibility to Apply in the RFA, are eligible to apply. Please see the list of ineligible primary counties listed in Section 2, Background, and Section 4, Purpose and Overview of the RFA.

**Question #2**

Referring to Section 2 Background

If DOR TBI Program funded services include survivors of TBI and other brain injury causes, does funding from this grant need to only be applied to a pro-rated portion of the service based on the number of TBI survivors served? What tracking is needed fiscally and for outcomes if services are not only provided to TBI survivors?

**Answer:**

Per Section 2, Background of the RFA, funding is only available to serve individuals with TBI as defined in this section. Other funding sources would need to be identified by the organizations to serve individuals who do not have a TBI. As an example, if group services are provided to individuals with TBI and other types of disabilities, funding would have to be allocated to other funding sources for the individuals without a TBI. Only services provided to individuals with a TBI will be reported for program outcomes.

**Question #3**

Referring to Section 5, Eligibility to Apply

Do ALL funded services by this grant, provided directly and by arrangement by the funded organization, need to be offered on-site? Or can some of the services be offered on-site and others remotely?

**Answer:**

Yes, in Section 5, Eligibility to Apply, organizations must provide in-person services in the primary county identified. Virtual services in the primary county, region, or statewide are encouraged but not required.

**Question #4**

Referring to Section 5, Eligibility to Apply

Can grant funds be used for services provided to clients located outside of the grantees primary service area?

**Answer:**

Yes, in Section 5, Eligibility to Apply, organizations must provide in-person services. Virtual services in the primary county, region, or statewide are encouraged but not required.

**Question #5**

Referring to Section 6 (B), Description of Services and Obligation

Service providers must match not less than 20 percent of the amount granted, except for funds used for mentoring. The required match may be cash or in-kind contributions, or a combination of both, from the awardee or any cooperating agency. In-kind contributions may include, but shall not be limited to, staff and volunteer services.

Please clarify what qualifies as mentoring?

**Answer:**

For purposes of this RFA, mentoring is defined as a relationship, which has mutual benefits for all parties involved, and is generally used to help a less experienced person achieve their goals by receiving assistance and guidance from a more experienced person. Mentoring can be done one-on-one or in a group setting and can include peer mentorship and counseling.

Peer mentoring or coaching aims to enhance supportive relationships between two people, sharing knowledge and experience and providing an opportunity to learn from different perspectives.

**Question #6**

Referring to Section 6 (B) Description of Services and Obligation

Regarding the Match, if we request funding for $825,000, is the required match 20% of $825,000 ($165,000) or do you want the grant request plus the match to equal $825,000?

**Answer:**

Annual funding will be based on the amounts identified in Section 4, Purpose and Overview of this RFA. The 20% required match is in addition to the annual grant amount. The grant request should be for the funding amount only.

For example: The first state fiscal year grant amount is $175,000; therefore, you would need to also provide a match of 20% of the $225,000, for a match of $35,000. The grant budget of $175,000 is listed by line item in the submitted application budget and the $35,000 match is described in your Program Narrative’s Organizational Resources section.

**Question #7**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

If an organization does not provide a service but coordinates or contracts with another site for service provision (i.e.: transportation, job coaching, etc.), does the funded organization have to be in a formal contract with the other organization and/or providing funding to the service? Or can the funded organization have a purely referral-based relationship with the other organization providing the service (without providing monetary funding)?

**Answer:**

The seven core services as outlined in Section 6, Descriptions and Obligations of the RFA are to be provided directly or by arrangement. The organization determines which services are provided directly and which services are provided through an arrangement with another organization; either through a sub-contract or utilizing the services provided with a cooperative agreement with another organization.

**Question #8**

Referring to Section 6 (D) Description of Services and Obligation (I)

Service providers must furnish uniform data to the department pursuant to WIC Section 4355(a) as necessary to monitor and evaluate the program.

What are the reporting requirements?

* 1. Frequency?
  2. How in-depth?
  3. What data to be tracking to meet the reporting requirements?

**Answer:**

Two reports are required by each awarded organization and include:

1. Quarterly quantitative data reports that include demographics of individuals served and number of services provided.
2. Quarterly qualitative reports that include consumer outcomes that are conducted during intake and updated every six months.

**Question #9**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Please clarify directly or by arrangement. For instance, does by arrangement mean, in collaboration or under sub-contract with a program or person?

**Answer:**

All TBI services, as outlined in Section 6, Description of Services and Obligations, Part D (I-VII), must be provided either directly or through a formal agreement such as a subcontract.

**Question #10**

Referring to Section 6 (C) Description of Services and Obligation

Service providers must provide at least 51 percent of their services under the grant to individuals who are Medi-Cal eligible or who have no other identified third-party funding source.

Please explain what having no other third-party reimbursement source means. What if a client is receiving funding through regional center, can they receive services from us?

**Answer:**

Clients must be on Medi-Cal, Medi-Cal eligible or have no third-party reimbursement available to meet the 51% requirement as outlined in Section (C) of the grant. The other 49% do not have to meet this requirement.

Section 6 (F) of the RFA requires that service providers seek all third-party reimbursement for services which could include regional centers. Grantees may utilize grant dollars for the purchase of non-reimbursed services or services otherwise unavailable to consumers through other programs and services.

**Question #11**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Are outcomes based on how many of each of the seven services categories are provided?

**Answer:**

All seven service categories are to be provided through this grant. In the Program Narrative, Section 2, part III, applicants will identify outcomes that will result from the strategies implemented for the TBI program. In the Program Narrative, Section 2, part IV, applicants will describe resources, methods, techniques, and tools that will be used to monitor and evaluate progress towards goals and objectives.

Refer to Attachment 7 Evaluation and Scoring in the RFA for the actual scoring rubric that will be used by the evaluation panel for all the applications scored.

**Question #12**

Referring to Section 6 (F) Description of Services and Obligation

Service providers must seek all third-party reimbursements for which consumers are eligible and must utilize all services otherwise available at no cost to consumers, including vocational rehabilitation services provided by the department. However, grantees may utilize grant dollars for the purchase of non-reimbursed services or services otherwise unavailable to consumers.

Do we need to submit for reimbursement from other third-party sources if applicable before utilizing grant funds?

**Answer:**

Yes, sites must seek all third-party reimbursements for which consumers are eligible and utilize all no cost services before utilizing grant funds.

**Question #13**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Do names and insurance need to be included with the application for sub-contractors?

**Answer:**

No, the budget can indicate ‘sub-contractor’ and the narrative can explain the services provided by the sub-contractor.

Section 8 (IV) includes the required documents that must be submitted with the application including insurance documents. All documents in Attachment 1: Required Documents Checklist must be submitted as part of the application package.

Section 10 (A) describes insurance requirements for grants awarded that must be maintained throughout the term of the grant. Insurance requirements for subcontractors are included in Section 10 (A, XIII).

**Question #14**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Are we able to serve and provide information in the proposal for caregiver services?

**Answer:**

The program is designed to coordinate services for individuals with TBI, family members, and caregivers so that they can access services and supports they need. For example, caregivers and family members may benefit from Enhanced Information and Assistance, Community Navigation, and Public Education. Refer to Section 6 Description of Services and Obligations.

**Question #15**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Please clarify directly or by arrangement. For instance, does by arrangement mean, in collaboration or under sub-contract with a program or person?

**Answer:**

All TBI services, as outlined in Section 6, Description of Services and Obligations, Part D (I-VII), must be provided directly by the applicant’s organization or by arrangement with another service provider that the organization has a formal agreement with, such as through a subcontract. There are no requirements as to which services the organization must directly provide versus by arrangement. In the response to this Request for Applications (RFA), the application must include how the organization will provide all seven of the core services, either directly or through a formal arrangement.

**Question #16**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Please clarify what is meant by considering transportation and linguistic and cultural factors. Does this mean the model should be able to work in conjunction with these possible limitations, or that the model could/should address how it will assist in overcoming these obstacles through things such as transportation assistance or translators for instance?

**Answer:** In the Program Narrative, applicants should describe how they will outreach and communicate with racially, ethnically, and socioeconomically diverse and geographically underserved communities. The planned impact of program activities must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation, linguistic and cultural factors. This will be defined in the narrative as part of the Summary and Program Activities to ensure services meet the needs of the diversity of the community served. All services must be available, with accommodations, to anyone who qualifies under the terms and conditions of this grant. For example, services and information must be made available in locations that are Americans with Disability Act accessible; accessible by public transportation options; in accessible formats; and, to individuals who do not speak or read English as their primary language or who need American Sign Language translation services. The program narrative should include how the organization will assist individuals to overcome obstacles to receive services.

**Question #17**

Referring to Section 6 (D) Description of Services and Obligation

Service providers must provide, directly or by arrangement, a coordinated service model to include the following (the model must be designed and modified with advice from consumers and their families, and must be accessible to the population in need, considering transportation and linguistic and cultural factors).

Please confirm if each of the 7 service categories must be included in the submitted service model.

**Answer:**

Yes, all seven service categories must be included in the Program Narrative and provided directly or by arrangement.

**Question #18**

Referring to Section 6 (F) Description of Services and Obligation

Service providers must seek all third-party reimbursements for which consumers are eligible and must utilize all services otherwise available at no cost to consumers, including vocational rehabilitation services provided by the

department. However, grantees may utilize grant dollars for the purchase of non-reimbursed services or services otherwise unavailable to consumers.

Please provide clarification with an example.

**Answer:**

Providers must provide Enhanced Information and Assistance in identifying, accessing, utilizing, and coordinating all services needed by individuals with TBI, their families, and caregivers. Providers must also provide Community Navigation services to promote the utilization of cross-system services by providing information and guidance to consumers and their families to braid available resources, including mental health counseling, support groups, financial support, accessing community events/services/activities, support for activities of daily living, medical treatments and services, assistive technologies, and transportation.

Providers must seek all third-party reimbursements for which consumers are eligible by coordinating services through other grants and programs that the provider administers internally or by connecting them with external services and programs administered by other organizations and agencies.  This will ensure consumer get access to available service and funding sources and that limited TBI funding is leveraged to address unmet needs, not available through other systems.

**Question #19**

Referring to Section 6 (D) Description of Services and Obligation

The following four characteristics distinguish “vocational supportive services” from traditional methods of providing vocational rehabilitation and day activity services:

* Service recipients appear to lack the potential for unassisted, competitive employment.
* Ongoing training, supervision, and support services must be provided.
* The opportunity is designed to provide the same benefits that other persons receive from work, including an adequate income level, quality of working life, security, and mobility.
* There is flexibility in the provision of support which is necessary to enable the person to function effectively at the worksite.

Do all four of the vocational services need to be met?

**Answer:**

Any of the characteristics for Vocational Supportive Services can be present and indicate that the individual with TBI may need additional supports to be successful with their employment goals. Individuals with TBI might need extra support in navigating services such as vocational rehabilitation and in finding and maintaining employment. Service providers are encouraged to connect individuals with TBI with Department of Rehabilitation for coordination of services to meet employment goals.

**Question #20**

Referring to Section 7 (B) Submittal of Applications Section, Option 1

All documents must be in printable and searchable format and may not be password protected.

Need for clarification – should the document be searchable by keyword or by the submitted document table of content headings?

**Answer:**

The document should be searchable by keyword or search function.

**Question #21**

Referring to Section 7 (B) Option 1 Submittal of Applications

All electronic submissions should use subject line: RFA IL-24-06

-01 Traumatic Brain Injury Grant Application.

Should the subject line additionally identify the submitting organization or not (i.e. RFA IL-24-06-01 Traumatic Brain Injury Grant Application – SDBIF)?

**Answer:**

For uniformity with all applicants, the subject line should read as follows: RFA IL-24-06-01 Traumatic Brain Injury Grant Application.

**Question 22**

Referring to Section 7 (B) Submittal of Applications

Electronic submissions must be received by [grants@dor.ca.gov](mailto:grants@dor.ca.gov) before the date and time specified above. Electronic submissions must contain all documents and attachments listed in this RFA to be considered responsive. All documents must be in a printable and searchable format and may not be password protected. All electronic submissions should use the subject line: RFA IL-24-06-01 Traumatic Brain Injury Grant Application. Applications submitted by email will not be opened until the deadline has passed.

Do attachments to the proposal need to be ‘searchable’? For example, for an insurance certificate attachment, does the content of the certificate need to be searchable? Or only the header of the attachment # and title of what the attachment is?

**Answer:**

Further information on making documents accessible is available at the following website: [California Department of Rehabilitation – Resources for Creating Accessible Content](https://www.dor.ca.gov/Home/WebAccessibilityToolkit). This requirement applies to all workplans submitted in either printed or electronic formats. Workplans submitted in a non-accessible format will be considered incomplete and disqualified.

Workplan sections 1-3, which are used for scoring, must be in accessible format and searchable.

**Question #23**

Referring to Section 7 (D) Submittal of Applications

Electronic submissions must be received by [grants@dor.ca.gov](mailto:grants@dor.ca.gov) before the date and time specified above. Electronic submissions must contain all documents and attachments listed in this RFA to be considered responsive. All documents must be in a printable and searchable format and may not be password protected. All electronic submissions should use the subject line: RFA IL-24-06-01 Traumatic Brain Injury Grant Application. Applications submitted by email will not be opened until the deadline has passed.

If we submit in PDF, some documents cannot be edited to add page numbers.

**Answer:**

If you submit all documents in one PDF file and you cannot add page numbers to every page, submit those specific documents separately.

**Question #24**

Referring to Section 8 Application Requirements (B) Organization of Application and Required Documents (IV) (g)

Insurance and Bonding.

1. Commercial General Liability Insurance.
2. Workers’ Compensation Insurance.
3. Professional Liability Insurance (if applicable).
4. Surety bonding for individual practitioners (if applicable).
5. Dishonesty bonding for organizations and group practices (if applicable).

What insurance certificates with additional insured and special endorsements must be provided with the proposal? Or would these certificates with additional insured and special endorsements be provided if grant proposal is approved and funded.

**Answer:**

All documents must be submitted with the application as described in Section 8 (B) IV and Attachment 1: Required Documents Checklist. Insurance forms, as applicable to your organization, are required to be submitted with the application.

Section 10 Additional Provisions (X) describes requirements for insurance endorsements which will be required to be submitted upon award.

**Question #25**

Referring to Section 8 (B) V, Application Requirements

The RFA states that Sections 1 and 2 must not exceed 22 pages combined.

Are there page limits on Section 3 or the Budget Narrative (Attachment 8)?

**Answer:**

No, there are no page limits for the Budget and Staffing Plan Section 3 and attachments including the TBI Budget Narrative (Attachment 8), TBI Budget (Attachment 9), description of personnel positions charged to the grant, resumes for key personnel, and duty statements for all positions charged to the grant.

**Question #26**

Referring to Section 8 (A) Application Requirements

Pages must be numbered to show the page numbers and total number of pages in the response; (e.g., Page 1 of 22, Page 2 of 22, etc.). Pages must be numbered at the bottom of the page.

Is there no other header or agency provider identification that is needed on every page of the RFA?

**Answer:**

No, please refer to Section 8 (A) Application Requirements for formatting.

**Question #27**

Referring to Section 8 (A) Application Requirements

Does the Program Narrative have to be submitted in Word format?

**Answer:**

No, the Program Narrative can be in Word or PDF format.

**Question #28**

Referring to Section 8 Application Requirements (A) General Requirements

1. Applications must be typewritten, and if submitted by mail, must be manually signed. Forms and certifications may be completed in ink, though providing typewritten forms and certifications is preferred. All documents contained in a mailed submission must have original signatures and must be signed by a person who is authorized to bind the applicant organization. Electronic submissions may contain manually signed and scanned documents or certified electronic signatures furnished by an individual authorized to bind the applicant organization.
2. Documents must be prepared in a single-spaced type, 14-point Arial font, on 8½” x 11” sheets with 1” margins. Under this RFA, a page is defined as a single side of an 8 ½” x 11” sheet.
3. Pages must be numbered to show the page numbers and total number of pages in the response; (e.g., Page 1 of 22, Page 2 of 22, etc.). Pages must be numbered at the bottom of the page.

From page 1 to the end of all attachments, is it page numbered sequentially?

**Answer:**

If the application is submitted as a single PDF document, all pages will need to page numbered sequentially. If the application is submitted in separate documents, the program narrative at a minimum need to be page numbered.

**Question #29**

Referring to Section 8 (B) Application Requirements

IV. (g) Organization of Application and Required Documents, Insurance and Bonding

i. Professional Liability Insurance (if applicable).

ii. Surety bonding for individual practitioners (if applicable).

iii. Dishonesty bonding for organizations and group practices (if applicable).

Please provide example of what service(s) or collaboration(s) submitted in a program would necessitate these 3 insurances.

**Answer:**

The insurances should be provided based on the type of business that you are part of.  If you are a medical organization or partnering with a medical organization, you would provide all of the insurances noted above.

**Question #30**

Regarding Section 8 Application Requirements

For the application, is there a specific order of information for each section and required document?

**Answer:**

Please refer to the RFA, Section 8 Application Requirements, pages 14 through 17, that outlines the order in which the application should be organized.

**Question #31**

Referring to Section 11 (C) Program Narrative

Provide a proposed Budget using Attachment 9, for the annual amounts listed below, that aligns with the Attachment 8 Program Narrative, Work Plan, and Timeline and has a logical purpose in support of the intended outcomes described therein. The proposed budget will be incorporated into the final grant, if awarded.

December 1, 2024, to June 30, 2025, up to $175,000.

July 1, 2025, to June 30, 2026, up to $300,000.

July 1, 2026, to June 30, 2027, up to $300,000.

If by the end of the grant award period (June 2027), all the funding received and allocated per the expense budget submitted in the proposal has not been spent, does the funded organization need to return funding?

**Answer:**

Funding is awarded annually on a monthly reimbursement basis. Any funds not reimbursed during the fiscal year, will be forfeited and cannot be rolled-over to the next fiscal year.

**Question #32**

Referring to Section 11 (B) Program Narrative (III) (i)

Include a summary of the expected number of unduplicated individuals with TBI to be served and the number of professionals and family members to be educated.

Is there a desired average number of TBI clients served annually utilizing this grant?

**Answer:**

As part of the program narrative applicants should include the expected number of unduplicated individuals with TBI to be served and the number of professionals and family members to be educated.

**Question #33**

Are the clients served under this funding to receive all services that are covered under this funding free of charge.

**Answer:**

Yes, all services provided must be free of charge to the client.

**Question #34**

Referring to Section 11 (D) Program Narrative (C) Section 3 Budget and Staffing Plan (I) Proposed Budget and Budget Narrative and Attachment 8 TBI Budget Narrative

Does the Budget Narrative require specific amounts to be broken down with the description of the budget item?

**Answer:**

Please use Attachment 8 TBI Budget Narrative to describe each budget item. Specific detailed amounts are not needed unless further explanation is warranted.

**Question #35**

Referring to Section 11 (D) Program Narrative (C) Section 3 Budget and Staffing Plan (I) Proposed Budget and Budget Narrative and Attachment 8 TBI Budget Narrative

Our employees receive a pre-diem, not related to travel, to off-set certain employee costs that our center does not pay for directly. Is this an allowable cost?

**Answer:**

All employee benefits should be included in Attachments 8 Budget Narrative and Attachment 9 Budget. The budget narrative should include a description of the types of benefits provided to staff.

**Question #36**

Referring to Section 11 Program Narrative (C) Section 3: Budget and Staffing Plan

The budget should include planned expenditures, made available through this grant, by year and line item in spreadsheet and in narrative format including, but not limited to, the following categories.

Proposed Budget and Budget Narrative (15 Points)

1. Attachment 8 TBI Budget narrative - Complete the Budget Narrative using Attachment 8.
2. Attachment 9 TBI Budget - Complete the Attachment 9 Budget spreadsheet for each of the 3-year timeframes.

The budget is a planned budget based on what we plan to offer, can we submit less that what was proposed in expenses?

**Answer:**

Yes, the budget is an annual budget and monthly expenses can fluctuate throughout the year. Providers should expend all budgeted funding by the end of the fiscal year.

**Question #37**

Referring to Section 11 Program Narrative (B) Section 2: Summary of Program Activities, Work Plan and Timeline, Planned Program Outcomes, and Evaluation (III) Planned Program Outcomes

Clearly identify the outcomes that will result from the strategies implemented for the TBI program.

1. Include a summary of the outcomes that will result from the organization’s proposed goals, objectives, and strategies for individuals with TBI, family members and caregivers, professionals, and the community.
2. Include a summary of the expected number of unduplicated individuals with TBI to be served and the number of professionals and family members to be educated.
3. Describe how the organization will utilize any evidence-based models and best practices to provide services and track outcomes.
4. Describe expected measurable outcomes for individuals with TBI in major life areas after receiving services. Major life activities may include housing and home integration, social integration, leisure and recreation, self-care, independent living, transportation, employment, managing money and finances, motor functioning, justice involvement, mental health, and cognitive functioning.

How detailed does the expected measurable outcomes need to be?

**Answer:**

Measurable outcomes should be clearly identified and be responsive to all elements in Section 11 Program Narrative (B) Section 2. Refer to Attachment 7: Evaluation and Scoring for how the outcomes will be scored.

**Question #38**

Referring to Section 11 Program Narrative (A) Section 1 Organizational Information

Provide a description of the organization including history, vision and mission, services provided, and primary county. Include the primary county in which the organization is proposing to provide TBI services. Include diversity of the proposed primary county including racial, ethnic, socioeconomic, language, and geographically underserved communities.

What is the expectation for provision of services in other languages? Does it mean the primary languages of the primary area we are serving or the full-service area? Documents or courses, what’s the expectation of how many other languages we would do that in?

**Answer:**

At a minimum, organizations should assess the diversity of languages in the primary county served and ensure information and services are available to them in the language they need. It is preferred that documents and courses are provided in the languages that are most prevalent in your service area. The organizations should have a plan for providing language interpretation as needed for any individual seeking services.

**Question #39**

Referring to Section 11 Program Narrative (C) Section 3: Budget and Staffing Plan (II) Proposed Staffing Plan

1. Describe each of the personnel positions charged to the grant and how it is aligned with the Work Plan and program goals, objectives, strategies, activities, and outcomes. Include how staffing plan is diverse and inclusive and seeks to maintain a multilingual staff.
2. Provide resumes for key personnel (Executive Director and/or Program Manager/s) that demonstrate leadership experience and qualifications for supporting program goals, objectives, strategies, activities, and outcomes.
3. Provide duty statements for all positions funded under this proposal that demonstrate qualifications needed to support program goals, objectives, strategies, activities, and outcomes.

Are the duty statement and job description interchangeable?

**Answer:**

Key Personnel are the Executive Director or decision makers and require a resume. All other staff charged to the grant need to have a duty statement or a job description.

**Question #40**

Referring to Section 11 (C) Program Narrative

Provide a proposed Budget using Attachment 9, for the annual amounts listed below, that aligns with the Attachment 8 Program Narrative, Work Plan, and Timeline and has a logical purpose in support of the intended outcomes described therein. The proposed budget will be incorporated into the final grant, if awarded.

December 1, 2024 to June 30, 2025, up to $175,000.

July 1, 2025 to June 30, 2026, up to $300,000.

July 1, 2026 to June 30, 2027, up to $300,000.

The budget should include planned expenditures, made available through this grant, by year and line item in spreadsheet and in narrative format including, but not limited to, the following categories.

Do we need to submit a secondary budget since the second and third years are more than the first year?

**Answer:**

You will need to submit three budgets using Attachment 9 Services Budget, one for each of the budgeted years in Section 11 Program Narrative of the RFA.

**Question #41**

Referring to Attachment 5 Sample Non-Profit Status Letter from the IRS

A current status letter from the IRS has been requested but will not be received in time for the application deadline. Will the original determination letter from the IRS be accepted?

**Answer:**

Yes, the status letter does not have to be within a specific timeframe.

**Question #42**

Referring to Section 11 (C) Program Narrative

Provide a proposed Budget using Attachment 9, for the annual amounts listed below, that aligns with the Attachment 8 Program Narrative, Work Plan, and Timeline and has a logical purpose in support of the intended outcomes described therein. The proposed budget will be incorporated into the final grant, if awarded.

December 1, 2024 to June 30, 2025, up to $175,000.

July 1, 2025 to June 30, 2026, up to $300,000.

July 1, 2026 to June 30, 2027, up to $300,000.

The budget should include planned expenditures, made available through this grant, by year and line item in spreadsheet and in narrative format including, but not limited to, the following categories.

Can the total budget be increased should our proposal be less than actual expenses?

**Answer:**

No, organizations will be awarded funding based on their proposed budget which cannot exceed the amounts listed in Section 11 (C).

**Question #43**

Regarding Attachment 3: Sample of Secretary of State Organizations Annual Corporate Report

(downloaded here: [https://bizfileonline.sos.ca.gov/search/business](https://bixfileonline.sos.ca.gov/search/business))

Is a Statement of Information the same thing as the Secretary of State Organizations Annual Corporate Report (what is required as shown in Attachment 3 of the RFA)?

**Answer:**

The Department of Rehabilitation (DOR) s asking for the Secretary of State Organizations Annual Corporate Report, sample is Attachment 3. To download your certificate, you will request a Certificate of Status, which you can download at <https://bizfileonline.sos.ca.gov/search/business>.

**Question #44**

Regarding Attachment 3: Sample of Secretary of State Organizations Annual Corporate Report

For this step, the URL you list does not work: "Copy of organization’s annual corporate report, filed with the California Secretary of State for all organizations who have completed one (1) year of fiscal operation, which can be found at [https://businesssearch.sos.ca.gov/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbusinesssearch.sos.ca.gov%2F&data=05%7C02%7Cgrants%40dor.ca.gov%7C0c7239d5bc6c4ad3356f08dc5fc9a968%7C19ed70549d9743c792b16781b6b95b68%7C0%7C0%7C638490566961815082%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=iYsNncL%2FLldSMVcXP3zIV4XbhKq%2F1%2B8aoFhL6j0AX%2FU%3D&reserved=0)."   
I believe the correct URL is: [https://bizfileonline.sos.ca.gov/search/business](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbizfileonline.sos.ca.gov%2Fsearch%2Fbusiness&data=05%7C02%7Cgrants%40dor.ca.gov%7C0c7239d5bc6c4ad3356f08dc5fc9a968%7C19ed70549d9743c792b16781b6b95b68%7C0%7C0%7C638490566961823934%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=aEssJsmJZn9P8GNZux3OiwMWN5RbXZ6aadNRJIuTzIM%3D&reserved=0). However, once there, I found my business name, but there are no links to download the Annual Corporate Report on file.

Please help with steps and credentials needed for this step.

**Answer:**

The correct URL is  [https://bizfileonline.sos.ca.gov/search/business.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbizfileonline.sos.ca.gov%2Fsearch%2Fbusiness&data=05%7C02%7Cgrants%40dor.ca.gov%7C0c7239d5bc6c4ad3356f08dc5fc9a968%7C19ed70549d9743c792b16781b6b95b68%7C0%7C0%7C638490566961823934%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=aEssJsmJZn9P8GNZux3OiwMWN5RbXZ6aadNRJIuTzIM%3D&reserved=0)

For assistance with credentials on the Secretary of State website, please call 916.653.6814.

**Question #45**

Referring to Attachment 8, Sample of Budget Narrative

Regarding the Indirect Cost Rate Is there a limit for the acceptable rate (%) for indirect Costs attributed to the TBI Grant?

**Answer:**

The Indirect Cost Rate is capped at 15%.

**Question #46**

Referring to Attachment 9: Service Budget

Are there standard charges for services or fees for reimbursement? For example, a contract for an occupational therapist who is teaching an independent living course, are there standard rates that we should be paying them?

**Answer:**

No, the DOR does not place a standard or limit on expenses with the exception of a 15% cap on indirect costs.

**Question #47**

Referring to Attachment 9, TBI Service Budget Spreadsheet

On page 55 of the RFA there is a description of the budget detail required in describing the Benefits Calculation which should include the % attributed for each item.

Should the % be reflective of the Total Benefits Calculation, or the % of the Staff Salary?

Example –

Benefits are calculated at 30% of staff salaries (FICA is 10%, OASDI is 10% and Medical is 10%) The items add up to 30%.

OR

Benefits are calculated at 30% of staff salaries (FICA is 20%, Medical is 50%, Retirement is 30%) The items add up to 100% of the benefit package.

**Answer:**

Benefits are calculated at a percentage of staff salaries. The items (FICA,    
OASDI, etc.) should add up to the percentage.

**Question #48**

Referring to Attachment 9, TBI Service Budget Spreadsheet

Agency has a cap of $5000 per employee to cover for employee benefits, and since it will be different for each employee, how should it be listed on the budget?

**Answer:**

List the entire amount (based on the employee’s salary charged to the grant) on one line within the budget. Use the budget narrative to explain how the amount was determined.

**Question #49**

Referring to Section 11 (B) (II) Work Plan and Timeline

Include a Work Plan with Timeline(s) with specific and measurable goals, objectives, and activities through June 30, 2027, that are ambitious, achievable, and innovative to meet the needs of individuals with TBI, family members, and caregivers.

Can grant funding also be used to build parts of the program. For example, if we are not already doing something, can the funds be used to get the program to where it needs to be?

**Answer:**

In Section 11 (B) (II) Work Plan and Timeline of the program narrative, the organization should include information on how and when programs will be developed and made available to consumers.

**Question #50**

Is there an opportunity to adjust the budget after the grant has been awarded?

**Answer:**

Yes, budgeted line items can be adjusted either by a budget revision or a grant amendment, but the total grant amount cannot be adjusted.

**Question #51**

With no more than one grant per county and many organizations serving multiple counties if two applications are submitted that overlap in one county but the remaining counties served by each organization differ, will the Evaluation Panel consider awarding for partial counties?

**Answer:**

In the application, you will select a primary county, that is the county that will be awarded the funding. Each organization is limited to one award. DOR will not award more than one grant per county except for Los Angeles County, which will be awarded up to two grants. This does not prohibit an organization from serving a broader range of counties, but the award will be for the primary county. Providers are encouraged to serve a larger geographic region and multiple counties beyond their primary county, but awards will only be awarded based on the primary county. Applicants can describe what primary county and geographic area they plan to serve in their program narrative and in the letter of assurance. The RFA states organizations must have a physical location for in-person services in the primary county they are proposing to serve. Geographic areas beyond their primary county can be served virtually and/or in-person.

**Question #52**

Could assisting a consumer with a Social Security application or SSI/SSDI, Outreach, Access, and Recovery (SOAR) process fall into the Community Navigation or Community Reintegration Service Categories?

**Answer:**

It can be either. Providers will need to determine which service it falls best under depending on the consumer’s situation and services provided.

**Question #53**

I believe I heard you say that the match does not need to be included in the budget form, but should be in the budget narrative - is that correct?

**Answer:**

In Section 1: Organizational Information, II. Organizational Resources, question e of the program narrative, applicants will describe how they will meet the 20 percent match requirement and what funding sources will be used. If awarded a grant, service providers will complete a budget form for the match to provide detail on match funds by line item.

**Question #54**

For the workplan / timeline - are you wanting this in a table or chart format or only in narrative form?

**Answer:**

You can include a table or a chart withing the narrative format, however the work plan should be primarily narrative based.

**Question #55**

Is there an organization already receiving this funding in Marin County?

**Answer:**

No, not currently. There are currently 12 TBI providers, that are listed on the DOR [Traumatic Brain Injury website](https://www.dor.ca.gov/home/tbi) with current grants and contracts ending by September 30, 2024. This is a competitive solicitation for the TBI program with up to 5 grant awards beginning December 1, 2024, or upon approval (whichever date is later) through June 30, 2027. At the DOR’s discretion, one or more grants may be extended for up-to an additional one (1) year under the same terms and conditions, not to extend past June 30, 2029. The determination to extend a grant will be considered on a case-by-case basis.

**Question #56**

Our organization currently does not qualify for this grant opportunity because we do not offer all seven areas of service required. We are in the process of reviewing our services and strategically deciding about new services to add, etc. Is there a contact at DOR that we could consult with to discuss effective planning to incorporate all seven areas of service as we prepare for the next round of funding in 2026-2027? Given there are no other orgs receiving this funding in Marin, it could be very helpful for our organization to offer coordinated care that this grant is designed to support.

**Answer:**

The RFA seeks experienced and qualified non-profit organizations to provide directly, or by arrangement, all the core services as identified in Welfare and Institutions Code section 4357 and as outlined in the RFA. If an applicant organization does not currently provide all the services identified in Welfare and Institutions Code section 4357 and in the RFA, the program narrative provides an opportunity to describe how the RFA will increase the ability of the organization to provide TBI services and a detailed work plan and timeline for how the organization will provide services.

Please reach out to the DOR TBI staff at 916-558-5780 or TBI@dor.ca.gov

**Question #57**

Is there a restriction on what funds can be used to meet the 20% match (ex. other State or Federal funds). An example would be an Aging and Disability Resource Connection (ADRC) housing coordinator is funded through a grant that is ultimately funded by the State and a TBI consumer is working with that housing coordinator, we would not typically bill that housing coordinator services against the TBI grant because he is getting funded through another source, can I use that toward the match?

**Answer:**

There are no restrictions for using State, Federal, private, or unrestricted funding to meet the 20% match requirement for the TBI program. The match must be funding used to serve individuals with TBI.

**Question #58**

Are we able to pay direct services for a rehabilitation service that survivors can access that has a nominal cost beyond what insurance may cover (or no insurance is available). For example, physical therapy or transportation. Clarification on how we can pay for services directly for consumers.

**Answer:**

Service providers must seek all third-party reimbursements for which consumers are eligible and must utilize all services otherwise available at no cost to consumers, including vocational rehabilitation services provided by the department. However, grantees may utilize grant dollars for the purchase of non-reimbursed services or services otherwise unavailable to consumers.

This grant can help pay for rehabilitation, therapies, transportation, or other services that are not covered by other funding sources such as insurance. Service providers can pay for services for consumers if they have appropriate budget line items that include paying for the cost of consumer goods and services, with a description in the budget narrative of what types of services would be included that are not available to the consumer though other funding sources. Service providers need to ensure duplicate funding is not available elsewhere. If there is a co-pay or a lack of other funding sources, service providers can use the TBI funding to meet that unmet need.

**Question #59**

Are we able to provide paid work internships or paid hands-on training?

**Answer:**

Providing paid work experience could be an allowable expense as long as other funding sources are not available. Service providers should coordinate services with their local DOR office for paid work experience services or through American Job Centers before utilizing grant funds for those purposes.

**Question #60**

Can we use TBI funds for financial assistance for homeless prevention rental assistance (first month’s rent, deposit, etc.)?

**Answer:**

Service providers must seek all third-party reimbursements for which consumers are eligible and must utilize all services otherwise available at no cost to consumers, including all existing resources through the Homeless Response System Continuums of Care and Homeless Management Information System (HMIS), or other sources for financial assistance. However, grantees may utilize grant dollars for the purchase of non-reimbursed services or services otherwise unavailable to consumers.

Service providers can pay for services for consumers if they have appropriate budget line items that include paying for the cost of consumer goods and services, with a description in the budget narrative of what types of services would be included that are not available to the consumer though other funding sources.

**Question #61**

Are there limits on providing or collaborating with a respite program to pay down the cost or pay the respite fee so the caregiver has relief in the benefit of the survivor?

**Answer:**

Service providers will need to leverage all other funding sources. The intent is to provide the TBI services as outlined in the RFA. Any funding for consumer goods and services must help support one of the TBI services outlined in the RFA.

All other funding sources should be explored, and the individuals should be supported in navigating existing resources. Other funding sources might include services available through Area Agencies on Aging, Caregiver Resource Centers, CalAIM managed care, foundations, or [Community Living Fund](https://dor.ca.gov/Home/CommunityLivingServices). Service providers should provide Enhanced Information and Assistance and Community Navigation services to connect individuals with TBI to existing resources so that limited TBI funding can be utilized to address gaps in services.

**Question #62**

Can funding from this grant be used to support TBI survivors with a range of abilities and injury levels, including severe TBI (i.e.: people who will not be able to live independently or return to work)?

**Answer:**

Yes, individuals with TBI are eligible for services, regardless of the severity of the person’s TBI.

**Question #63**

Are applying sites able to see a successfully completed sample proposal?

**Answer:**

The DOR’s website at <https://www.dor.ca.gov/Home/PublicRecordsRequests> contains guidelines for requesting public records.

The Department of Rehabilitation will respond to this Public Records Request in accordance with the California Public Records Act.

**Question #64**

What services under this grant award (if any) would require the organization to possess DOR vendorization, certification or accreditation? (i.e. CARF accreditation, etc.).

**Answer:**

None are required at this time.