

COMMUNITY LIVING disABILITY SERVICES

Subject: **Program Proposal Procedure – Appendix B –
Program Proposal Submission**

ADULT DISABILITY SERVICES

**PROGRAM PROPOSAL SUBMISSION
COMMUNITY LIVING disABILITY SERVICES PROGRAM**

PROPOSAL SUBMISSION DATE:

PART I. BASIC INFORMATION

1. PERSON/AGENCY PROPOSING PROGRAM:

INDIVIDUAL PROPRIETOR

PARTNERSHIP

NON-PROFIT CORPORATION

LEGAL NAME:

OPERATING NAME:

(if different from above)

CONTACT PERSON:

(name)

(position)

PHONE: _____

FAX:

MAILING ADDRESS:

2. PROPOSED PROGRAM:

GEOGRAPHIC AREA:

RESIDENTIAL. SPECIFY TYPE:

DAY SERVICES. SPECIFY TYPE:

OTHER, SPECIFY:

FACILITY BASED

NON-FACILITY BASED. DESCRIBE:

NUMBER OF INDIVIDUALS TO BE SERVED:

Date Issued:	January 1, 2019
Replacing:	July 15, 1999

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PART II. DETAILED INFORMATION ON PERSON/AGENCY SUBMITTING PROPOSAL:

Please submit the following information with your submission where this information has not been previously submitted to the Regional Office:

1. Agencies/Organizations:

- identifying information on the agency/organization (complete Organizational Identifying Information, Section E22, Appendix A); *
- brief history of your organization;
- brief description of your organization's liaison with other agencies;
- brief description of relationship and degree of autonomy where the organization is a branch or affiliate of a larger organization;
- the name, brief description and funding source for each program operated by your agency and whether a contract has been signed for funding for each program;
- copy of incorporation documents;*
- copy of constitution and by-laws;*
- organizational chart/lines of authority;* and
- last Registered Charity Information Return (Form T3010)*.

* *For newly formed organizations, information and documents marked with a asterisk (*) may be submitted to the Regional Office once these have been developed or are available.*

2. Individual Proprietors/Partnerships:

Each partner of a partnership should provide the following information separately including information on family members where the proposed program is family operated:

- reasons for interest in providing services to individuals with a mental disability;
- level of education achieved including: diploma/degree/certificates received; institution received from; and dates received;
- previous work experience including: place of employment; date of employment; job title; and duties of position;
- description of any volunteer experience in the human service field including: place of experience; date of experience; and volunteer position and duties; and
- references from individuals unrelated to the person submitting the proposal.

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PART III. PROGRAM PROPOSAL:

1. Description of the proposed program including:

1.1 Entrance and exit criteria for the program: any pre-admission criteria; referral process; participant orientation to the program.

1.2 Purpose, goals, objectives and outcomes for the proposed program which should include how opportunities for the following will be met for the individuals in the program:

- involvement in program planning concerning self;
- decision-making/individual choice;
- involvement of family and support network;
- voicing one's concerns/opinions or making appeals/grievances with regard to the program;
- independence/use of daily living skills;
- growth and skill development;
- engagement in age-appropriate activities;
- taking reasonable risks;
- accessing community resources; and
- integration in non-segregated community settings.

1.3 The description of the activities or services of the proposed program over the course of a typical day as applicable: for weekdays, weekends and holidays during the morning, afternoon, evening, and overnight. This description should include the type and extent of supports that will be provided to the individuals during the course of the day.

2. Description of staffing for the proposed program including:

- the proposed staffing pattern: staff ratios over the course of the day as applicable (for weekdays, weekends and holidays during the morning, afternoon, evening, and overnight);
- proposed staff positions, qualifications and duties of each position;
- where applicable, name of union, employee group, number of employees, copy of current collective agreement, expiry date for current collective agreement;
- personnel policies and procedures; * and
- the role of volunteers if volunteers will be used in the delivery of the program.

* *For proposed new programs this information may be submitted to the Regional Office once it has been developed.*

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3. Description of proposed facility where services are to be provided out of a single site (e.g. Residential Care Facility; day service facility):
- location; size; provisions for individuals with a physical disability, where applicable;
 - space and amenities for the facility (attach floor plans where available);
 - availability of public transportation;*
 - neighbourhood where the facility is to be located;* and
 - availability of and access to community resources.*
- * *This information should be provided to the Regional Office once the location for the facility is known.*

4. Detailed annual budget* for the proposed program which may include as applicable:
- annual revenues from all sources (e.g. from the Community Living disABILITY Services Program);
 - sources for funding (e.g. loans, contributions, and/or donations);
 - staff wages and benefits;
 - administrative costs;
 - costs for facility-based services (e.g. gross capital costs; annual capital costs; facility maintenance and operating costs; costs for repairs and renovations); and
 - support costs (e.g. transportation, instructional supplies).
- * *The annual budget should be approved by the agency’s Board of Directors; and signed by an Officer of the Board (refer to Board Functions - Non-Profit Agencies, Section E55).*

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