**Region 10 Quality Assurance**

**Guidelines for Accessing Person Directed Quality Improvement Project Funds**

**Purpose**

Region 10 Quality Assurance will have up to $5,000 per individual, agency, business or community available for projects related to person-directed quality improvement. The purpose of the projects should be to support individuals, families, counties, agencies and communities with their efforts to support individuals with disabilities to direct their own supports. Projects should focus on assisting individuals with disabilities to increase their presence in community life, expand and deepen relationships, encourage valued social roles, have more control and choice in their lives and participate in meaningful activities. This may include, but is not limited to, person centered service delivery, person centered organizational change, individual rights, evaluation of quality supports, supported decision-making or building connections in communities.

Any individual, agency or community within Region 10 (Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha and Winona counties) may apply for project funds. Projects will be selected based on alignment with the purpose. A Region 10 Quality Assurance Committee will review applications and determine projects that will be funded. Proposals that are innovative, impact multiple individuals, result in on-going change, are sustainable and measureable will be given priority. Recipients will be required to submit a written summary of the project and its impact upon completion.

**Application and Approval Process**

1. Complete the application for Person Directed Quality Improvement Project funds on the back of this document.
2. Completed application should be submitted via email to Polly Owens at pollyowens@arcminnesota.org or by mail to Polly Owens, Region 10 Quality Assurance Manager, 6301 Bandel Rd NW, Suite 605, Rochester, MN 55901 by May 24, 2019.
3. The Region 10 Quality Improvement Project Committee will review applications for use of project funds and contact the applicant with questions, as needed. The committee will make an approval or denial decision based on alignment with the purpose of the Person-Directed Quality Improvement Projects and funds available.
4. All applicants will be notified of the committee’s decision by June 5, 2019. Funds will be distributed by June 30, 2019 and upon receipt of a signed agreement letter between the entity and Region 10 Quality Assurance.

NOTE: Direct general questions about this process to Polly Owens via email at pollyowens@arcminnesota.org or by calling 507-287-2032.

**(Application on Back)**

**Person Directed Quality Improvement Project Application**

* This will be a one-time funding request.
* Anyone within the Region 10 geographic area may apply for project funds.
* Project funds of up to $5,000 per individual, agency, business or community.
* Applicant must use allocated funds to assist in improving the ability and opportunities for individuals with disabilities to direct their own supports.
* Applicant must submit a narrative and financial report within 30 days after the completion of approved project. Unused funds must be returned.

Title of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person (if agency, business or community) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What disability population(s) will approved funds support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Amount requested (up to $5,000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­

Describe how the project funding will be used? Include the proposed goal or outcome of the project.

How is the project related to helping people with disabilities direct their own supports?

How do you plan to sustain the project goals and outcomes beyond the project completion date?

Projected Completion Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant Signature Date

Questions should be directed to Polly Owens via email at pollyowens@arcminnesota.org or by calling 507-287-2032.