


## EXECUTIVE MEMO

**TO:** Executive Directors, DSN Boards Chief Financial Officers, Finance  
Directors, CEO's of Contract Service Providers, Case Manager Supervisors

**FROM:** Lori Manos, Associate State Director 

**DATE:** July 8, 2025

**SUBJECT:** FY2026 *Special Projects* - Statewide Consumer/Family Support Networks  
Funding Available

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As authorized in Title 44, Chapter 21, Section(s) 20-60 of the South Carolina Code of Laws, the Office of Intellectual and Developmental Disabilities (OIDD) is announcing anticipated state funding in FY 2026 for Special Projects that will strengthen and expand statewide consumer/family support networks relevant to the mission of OIDD. Statewide non-profit organizations that are affiliates of national disability organizations are encouraged to submit proposals that will extend access to information about disabling conditions and relevant resources, offer outreach to non-English speaking people with disabilities/families, assist people with disabilities/families to connect with peers and support groups, improve the effectiveness of peer mentors and support groups, enhance individual/family self-advocacy, expand social/recreational opportunities for people with disabilities/families, provide visibility and organizational leadership for one or more disability groups and promote multiorganization linkages and collaboration.

Contingent upon available funds and past funding levels to an applicant organization, up to six (6) projects, \$25,000-\$65,000 each, will be funded through a competitive selection process (note: total funding for all awarded projects will be under \$250,000). Following selection, an OIDD grant will be issued. **All products produced, training provided, or interactions occurring as a result of awarded grant funds shall clearly and appropriately identify OIDD as the sponsor of the product, training, or interaction.**

Projects must be implemented and operational at the time of award, and services must be offered from August 1, 2025 through June 30, 2026.

**Non-profit organizations which meet the following criteria are eligible and encouraged to submit a proposal:**

- Must be a statewide organization
- Must be the state affiliate of a national consumer/family support network
- Must lead a network of local/regional units

- Must target one or more disability populations served by OIDD
- Must not provide another direct or indirect service for populations served by OIDD
- Must not be on South Carolina Secretary of State's List of Suspended Charities or its Annual "Scrooge" List

**Proposals must focus on efforts which:**

- Complement but do not duplicate OIDD functions/services
- Extend access to information about disabilities and relevant resources
- Offer outreach to non-English speaking people with disabilities/families
- Assist people with disabilities/families to connect with peers and support groups
- Improve the effectiveness of peer mentors and support groups
- Enhance individual/family self-advocacy
- Expand social/recreational opportunities for people with disabilities/families
- Provide visibility and organizational leadership for one or more disability groups
- Promote multi-organization linkages and collaboration

**The OIDD Special Projects Selection Committee will consider the following criteria in evaluating proposed projects:**

- Clear and appropriate goal(s) and objectives
- Specific and appropriate implementation activities
- Scope and expected impact of the project
- Compatibility with OIDD mission and services
- Direct/indirect benefits to people with disabilities/families
- Adequate and justified budget; cost-effectiveness
- Capability to administer an OIDD contract

**QUARTERLY REPORTING:** Grantees must provide a concise report quarterly which includes an overview of services provided and a financial statement to OIDD Cost Analysis and the appropriate Program Division Area. Quarterly reports are due by the fifteenth of the month following the quarter's end (October 15, January 15, April 15, July 15).

**Applications must be received by Friday, July 18, 2025. Applications must be emailed with subject line State FY 26 Family Support Network Application to:**

Sean Cain, M.Ed, M.A.T.  
 Grants Coordinator, OIDD  
[Sean.cain@ddsn.sc.gov](mailto:Sean.cain@ddsn.sc.gov)  
 803-445-4336

Attachment: Application

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Office of Intellectual and Developmental Disabilities  
**REQUEST FOR PROPOSALS**

**Competitive Funding for State Fiscal Year 2026 Special Projects:  
Statewide Consumer/Family Support Networks  
Special Service Contracts**

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Sean Cain, M. Ed, M.A.T.  
Grants Coordinator, OIDD  
[Sean.Cain@ddsn.sc.gov](mailto:Sean.Cain@ddsn.sc.gov)  
803-445-4336

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**Office of Intellectual and Developmental Disabilities  
Competitive Funding for FY 2026 Special Projects:  
Statewide Consumer/Family Support Networks**

**Application**

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Project Title: \_\_\_\_\_

Funding Requested: \_\_\_\_\_

\_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Federal or Tax Identification Number: \_\_\_\_\_

Mailing Address (*include zip code*): \_\_\_\_\_

\_\_\_\_\_

Project Director: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_

Fiscal Administrator: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

## PROJECT NARRATIVE

Disability population(s) to be the Target of the Project:

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Project Description Including: Scope, Expected Impact of the Project, and Direct/Indirect Benefits to People with Disabilities

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Describe how your proposal is compatible with OIDD's mission and your organization's ability to administer this project as proposed

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Project Goals(s) and Objectives:

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**PROJECT IMPLEMENTATION ACTIVITIES**

Goal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ACTIVITIES	PERSON(S) RESPONSIBLE	TARGET DATE(S)	HOW THE ACTIVITY WILL BE DOCUMENTED/EVALUATED

## PROJECT BUDGET



**BUDGET JUSTIFICATION**

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**CERTIFICATION**

The application must include the signature below of the President or Executive Director of the organization to certify that it is an official submission by the applicant.

<hr/>	Date: <hr/>
Signature	
<hr/>	Title: <hr/>
Name ( <i>Typed/ Printed</i> )	