

**REQUEST FOR APPLICATIONS
INFORMAL SOLICITATION
FOR THE **YOUTH DEVELOPMENTAL CAMP GRANT****

TENNESSEE DEPARTMENT OF DISABILITY AND AGING

I. STATEMENT OF INTENT:

The State of Tennessee, Department of Disability and Aging, hereinafter referred to as the Department, intends to award non-recurring grants during the fiscal year 2027 to be utilized for expansion building during the grant period of September 2026 through August 2027. These funds are to be awarded to 501(c)(3) nonprofit organizations across the State on a competitive basis for the purpose of expanding non-academic recreational programs for individuals (age 5-22) with intellectual and developmental disabilities (“IDDs”). These programs should establish a safe and accessible place of non-academic recreational opportunities for individuals with intellectual and developmental disabilities. The maximum award possible for each grant shall be \$25,000. The funds are non-recurring and are to be used primarily for the expansion of the program. Recurring operations will be funded solely by the applicant on an ongoing basis.

II. GENERAL INSTRUCTIONS:

A. Submission of Grant Application:

- DDA is asking for applications to be submitted digitally, via email, to:

Trey King
Director of Tennessee Strong Families & Homes
Department of Disability and Aging
E-mail: Trey.King@tn.gov

- The grant application shall be received at the above listed e-mail addresses no later than 4:00 p.m. (Central Standard Time), **June 8, 2026**
- Submissions should be labeled: **Applicant Name* – *Solicitation Title**

B. Schedule for Grant Application Evaluation and Award:

1. Request for Applications	April 24 th , 2026
2. Overview of Application Process / Webinar Q&A	May 8 th , 2026
3. Application Submission Deadline	June 8 th , 2026
4. Evaluation Team completes the evaluation and submits recommendations	June 26 th , 2026
5. Notification and clarifications between the Department and prospective Grantees completed	July 10 th , 2026
6. Execute Grant Contracts	September 1 st , 2026

Note: The Department reserves the right to adjust this schedule as it deems necessary, at its sole discretion. If the Department adjusts this schedule, the update will be disseminated via Open Line and the DDA Grant Funding Opportunities webpage. Any questions regarding the updated schedule can be sent to: Trey.King@tn.gov

C. All communications in reference to this Notice shall be directed to:

Trey King
Director of Tennessee Strong Families & Homes
Department of Disability and Aging
E-mail: Trey.King@tn.gov

D. Grant Duration:

The Department intends to enter into grants with a duration of up to twelve (12) month, depending on the need addressed through the application process.

*Subject to change dependent on applications received.

E. Funds Available:

Funds under this Grant Contract shall be awarded on a competitive basis in accordance with the evaluation criteria established in the FY27 Youth Developmental Camp, non-academic recreational program. The Application includes five scoring components that shall be reviewed, evaluated, and assigned a numerical score based on the established criteria by third party individuals with no direct benefits from these grants.

Grant awards shall be made according to their total score, and awards will be made to the highest-scoring applicants based on available funding and at the Department's discretion. The applicant's proposed budget will be awarded as determined appropriate by the Department. The Department reserves the right to:

1. Determine final award amounts based on the availability of funds, reasonableness of the proposed budget, and alignment with program priorities;
2. Make partial or conditional awards; and
3. Deny or adjust any proposed budget that includes unallowable or unsupported costs.

In the event that program funds remain following the initial round of awards, such funds may be distributed to the next highest-scoring applicant(s) in rank order until all funds have been obligated.

III. SCOPE OF SERVICES REQUESTED:

A. Services to be Provided or Procured:

See Attachment 1 - *Proforma* Grant Contract

B. Primary Focus of the Youth Developmental Camp Grants:

Building capacity for non-academic recreational programs that serve school age youth (ages 5-22) with intellectual and/or developmental disabilities.

IV. GRANT APPLICATION FORMAT:

1. The grant application must address all portions of this Notice as set forth herein; however, proposers may retype and/or duplicate the forms for grant application submission, provided the revised format remains in order prescribed and addresses all of the Department's required information which appears in the Department's prepared forms.
2. The Department reserves the right to request clarification or corrections to grant applications, to reject any and all grant applications or to cancel this Notice in its entirety at the Department's sole discretion. Any grant application received which does not meet these General Instructions may be considered to be "Non-Responsive" and the grant application may be rejected. Any rejection or acceptance of applications is at the sole discretion of the Department.
3. The Department reserves the right to further clarify and/or negotiate with the best evaluated grant applications, subsequent to award recommendation but prior to contract execution, if such is deemed necessary at the discretion of the Department.

V. MODIFICATIONS FOR GRANT:

Any and all changes made to an awarded grant must be submitted to DDA for approval prior to implementing changes.

VI. SUBJECT TO FUNDS AVAILABILITY:

The award of a grant contract under this Grant Application is subject to the appropriation and availability of State and/or Federal funds.

DEPARTMENT OF DISABILITY AND AGING

PROGRAM APPLICATION

PROVIDER AGENCY
NAME:

PROVIDER AGENCY
ADDRESS:

STREET

CITY

ZIP CODE

DIRECTOR:

APPLICATION PREPARED BY:

POSITION OF PREPARER:

PHONE NUMBER OF PREPARER:

E-MAIL ADDRESS OF PREPARER:

FEDERAL EMPLOYER ID NUMBER:

OVERVIEW OF PROGRAM

POINTS 10

In this section, please provide a comprehensive overview of your program's history and development. Please address the original program vision, how the program's mission has adapted to modern community needs, and key milestones of the program. Provide evidence of how the camp has historically served underrepresented or high-need youth populations.

IDENTIFICATION OF NEED

POINTS 30

In this section, explain the need you have seen within your organization or community that leads you to expand a non-academic recreational disability program. Outline the number of families you have seen in need of this program, and why you believe the expansion of a program at your organization will provide non-academic recreational opportunities for children and adults with intellectual and developmental disabilities.

PROGRAM DESCRIPTION

POINTS 30

In this section, describe what services, programs, and offerings your organization will provide for school-aged individuals and families with intellectual and developmental disabilities. Explain how these services/offerings will provide non-academic recreational opportunities for the people you are serving, and where they will take place. In addition, provide an estimate as to when and how often these services will be available for the individuals you are serving. Finally, estimate the number of qualified staff/volunteers that will assist in the program.

HEALTH & SAFETY PROTOCOLS

POINTS 15

In this section, provide an outline for how your organization will ensure the health and safety of all individuals involved in this program. Confirm that your facilities are ADA compliant and that your building codes are compliant with applicable codes and regulations. Provide explanation of program experience and training serving medically fragile youth. Lastly, confirm that your staff/volunteers have experience and/or training supporting individuals with intellectual and developmental disabilities, and explain the process by which additional new staff/volunteers will be trained to support the individuals they will be serving.

BUDGET/FINANCIAL RESOURCES

POINTS 15

In this section, provide a brief explanation of how much funding you are requesting and how you plan on using the grant funding. Provide estimates of the expenditures you plan on accruing (Please make these estimates as accurate as reasonably possible, but we understand that you may not know the exact dollar amounts for every purchase). Finally, provide an outline of how you plan on making this program financially self-sustaining after grant funding is expended (this can be through tithes, donations, etc.).



SCORE CARD

Applicant Name: _____

Applicant Contact Information _____

Application Components

Rubric Items	Maximum Score	Score
Overview of Program	10	
Identification of Need	30	
Program Description	30	
Health & Safety Protocols	15	
Budget/Financial Resources	15	
Total	100	

for State use only

DDA Evaluator: _____