7:00 – 8:00 Breakfast sponsored by ZVRS

Today's Meeting Called to Order 8:03 am – Joseph J. Innes, Ph.D., facilitator

Steve Florio, Rhode Island, coordinated logistics for this year’s meeting and emcees today’s meeting. Pamphlets and other information from several state agencies was available to members for exchange.

Interpreters: Jessica Bentley and Cindi Brown. Notetaker: Rowena Holloway

Welcome Dr. Bobbie Beth Scoggins, President of NAD, is here with us today and will speak to us briefly.

NAD looks forward to working with NASADHH and is thrilled that this organization has been implemented states Dr. Scoggins. Once elections are held this organization will represent all state agencies that work with the deaf and hard of hearing, a much-needed entity in these tough economic times when we are all trying to do more with less. The goal today is for states represented to decide on priorities they should focus on, and how they can promote accomplishment of those priorities. NAD is thrilled to work with NASADHH through structuring of this organization and plans to focus on the following four goals, which were recently approved by the NAD Board.

1. American Sign Language (ASL) as a birthright for individuals that utilize the language, regardless of age, as his/her right to language access;
2. Community Outreach;
3. Community Resources; and
4. coordinating staff and the Board to work together as one for the organization.

Strategies to accomplish the goals of NAD will be discussed in today’s delegates meeting. As a membership we have to slowly change the basis of NAD, which started as a Foundation. In today’s market we need to focus on the strengths of 500 members and 145 delegates and add to that to promote future goals.

NAD is in process of picking a new Chief Executive Officer (CEO). Roles will change by 2011 as a new CEO takes over and a six month training/transition begins to ensure fluidity. A new Board will also be in place by May of 2011 and many new delegates will be elected. Many of you here are first time attendees and this is an exciting time for changes within the organization. Many workshop will be held this week so be sure to attend and learn about the new structuring proposals and transition on policy issues that are happening with the World Federation of the Deaf (WFD).

For the first time, NAD will have the typical workshops as well as time for state Commissions to meet and discuss how they can improve on service delivery and other issues of concern. There will be many round table discussions on issues such as
education, and other priorities. A sort of free flowing dialogue that NAD can use to develop goals for the upcoming year. Federal workers will attend to develop new census information and this week should be an exciting time full of information sharing. NAD’s Board is very supportive of these improvements to the conference schedule and new Board members look forward to working through the transition to a new CEO and upcoming growth of the organization.

Peter Seiler, Ed.D, from Nebraska asked if NAD is taking any action with commissions that are having problems or are in danger of sustaining budget cuts. Is NAD taking a back seat to that, or do they plan to come and support us?

Dr. Scoggins replied that each situation is different. As a group, this organization should go to Federal level to show the importance of having coordination within states to carry out the work. Representatives within the different regions should do presentations to notify their legislators of areas of concern. NAD has reached one such milestone by working with Presidents of the United States to give more influence to our organization. NAD provides the National perspective more effectively and it is up to the local deaf community to get involved with the state commissions and show support at the state level. We must work in partnership together through the NAD Law Advocacy Center to show continuity.

After the break, provided by ZVRS, Steve Florio asked panel members to introduce themselves and give their name sign for the interpreters.

Barry Critchfield, Executive Director, Missouri  
Dee Clanton, Department of Education State Coordinator, New Hampshire  
Lusia Gasgo-Soboleski, Chairperson of the Advisory Board, Connecticut  
Jan Withers, Director, North Carolina  
David Myers, Director, Texas  
Virginia Moore, Executive Director, Kentucky  
Ronald Lanier, Director, Virginia  
BJ Wood, Executive Director, New Mexico  
Marissa Johnson, Executive Director, West Virginia  
Lisa Kornberg, Director, Maryland  
Peter Seilers, Executive Director, Nebraska  
Rebecca Rosenthal, Executive Director, Kansas  
Cynthia Wetzel, Public Policy Coordinator, Minnesota  
David Alexander, Director, New Jersey  
Heidi Reed, Commissioners, Massachusetts  
Denise Brown, Representative, Pennsylvania Office for the Deaf and Hard of Hearing  
Sharon Behun, Director, Pennsylvania  
Kenneth Puckett, Representative, Pennsylvania Office for the Deaf and Hard of Hearing  
Ira Hock, Assistant to the Director, New Jersey Office for the Deaf and Hard of Hearing

Steve introduced Jay Innes, Ph.D. who is the Dean of the College of Professional Studies and Outreach at Gallaudet, and will be the facilitator of today’s discussion
Dr. Innes stated that he is proud to be here today, and will enjoy getting back to his roots of establishing rules and procedures for developing Commissions. He explained that the Gallaudet Learning Institute (GLI) has been renamed for Bummy Bernsteine to the Bernsteine Learning Institute (BLI) and sponsored his facilitation of today’s meeting.

Nancy Bloch, current CEO of NAD stopped by and congratulated the group for having twenty state Directors here to show strong support of our organizations. This is great opportunity to network, gather ideas and discuss strategies to bring back home. She asked that states advise NAD on what is needed in their areas so the organization can work to make it happen. She encouraged members to stay the full week and take advantage of their time with each other, but to also have some fun!

Jan Withers spoke for the group and thanked Ms. Bloch for all the support she has shown in the past year for states!

Dr. Innes continued the meeting by discussing the goals and outcomes of today’s agenda, ensuring members agree on how to proceed, and reviewed some basic rules for communication.

Basic rules for Communication:
- Engage in the conversation or task at hand;
- Create and atmosphere for open discussion of the real issues and challenges;
- Avoid side conversations and cross talking/signing during presentations;
- Agree to leave the room if you need to take a text or email message that cannot wait, to avoid distraction of others; and
- Share the conversation so that everyone has an equal opportunity to express their ideas and concerns.

*Per the Covey leadership challenge PP #298, 6, Dr. Innes defined:*

*Wildly important* – 1; of visionary and strategic importance, carrying serious economic consequences, potential for unbelievable satisfaction of key stakeholders, causing intense excitement and enthusiasm.

*QUOTE:* The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man. *George Bernard Shaw*

Purpose of the National Association of State Agencies of the Deaf and Hard of Hearing (NASADHH) is *to function as the national voice of State Agencies serving Deaf and Hard of Hearing people and to promote the implementation of best practices in the provision of services.*

The first item of business for the group, demographical statistics and common issues to be addressed, brought about a discussion on current models used to gather statistics and the logical basis for gathering information, as well as the transportability of various models and the preferred model for all states to use, with variations for unique circumstances.
Dr. Innes projected a grid listing each state’s current demographic data source. Traditionally the Census Bureau estimates 10% of the general population to have a hearing loss and states discussed other sources used to estimate demographics locally:

- Missouri emphasized that the group should develop a definition of “deaf and hard of hearing” so everyone knows exactly what to include in the statistics gathered;
- North Carolina uses specific information collected throughout the year, including overall population, retirement population, census information and specific state research such as the impact of hearing loss on older adults to extrapolate percentages. Results are provided to the NC legislative body as required by law. Resources used include information from the National Institute on Hearing, Gallaudet Research Institute and various aging resources;
- Pennsylvania recommended contacting the American Association for Retired Persons (AARP);
- Virginia indicated that AARP has a lot of information on hearing loss but it’s not easy to get information from them regarding statistics;
- Nebraska expressed frustration with meeting the mandate to provide statistics. They use the National Guard and Strategic Air Command for the Air Force and the Army to gather statistics on the number of people requiring assistance with a hearing loss, but that information is not accurate as a model for other states to utilize. A standardized formula should be used by all states for consistency.

Dr. Innes encouraged the group to use these various data sources to come up with a way to standardize how statistics are gathered. 2002 records from GRI projected 10% of the overall population is deaf and hard of hearing, but it is unclear where that number comes from, who actually is included in that projection. More recent studies seen to indicate that projections have decreased to as low as 8.7%, but again, what defines who is included in these statistics?

The Governor’s Office of Accountability requested verification of demographic statistics from Gallaudet because the number of children served in deaf education does not correspond with the statistical averages, stated Dr. Innes. IDEA requires reporting from states regarding the number of children served and the numbers submitted by the administrators does not correspond to the 10% average. Gallaudet is using the CDC to gather additional information regarding the number of children identified to have a hearing loss at birth. Their research does seem accurate and they break the numbers down in several categories. They are using the number of babies identified at birth to predict future populations.

Membership Comments:

- NJ - Most accurate statistics are from newborn hearing screening numbers. No one counts seniors with a hearing loss. Blind organizations get more funding as their statistics increase and the deaf and hard of hearing community must find a way to capture these numbers fully to take advantage of all funding sources.
- Missouri – CDC bases statistics on telephone and hospital surveys and they agreed that numbers for DHH are under represented. Census form has nothing on it, short form, to identify hearing loss. Long form has one question asking, “does anyone in
your home have a hearing problem”? What does that mean? Most HOH people develop the loss over time and are not identified at birth and may be in denial about their hearing loss when reporting to other sources. We need something consistent. I think we should set up a Task Force to focus on how to get better numbers.

- NC – Agree we should set up something formally as an organization so we have more clout to bargain with some of these organizations that do the research. We may need to contact a statistician to ensure that the numbers get pulled accurately. Develop a formula that each state will use for reports to legislators.

- MD – we need to define who will be included in the research. Are we looking at babies only, adults, seniors what? Our deaf schools have documented numbers but other sources are not well documented.

- Dr. Innes - yes, states need to use statisticians to develop a formula to be used by everyone to get better estimates, then apply those to your state using exceptions (more retirees, etc) from your state. For now, the 8.6% is a good average.

- MN – we need standard letter or questions for phone calls to consumers to ensure answers are given (i.e., when asked about mental illness people leave blank) accurately. We have been doing outreach to the Federal government to develop goals for standardizing.

- NB – rural areas are hard to identify. Farmers are more prone to hearing loss because of exposure to loud machinery, etc. We do ear plug distribution but it doesn’t give us statistics on hearing loss. Men will not do hearing screening in rural areas, so numbers do not reflect true losses within our state.

- MN – need to capture language use (ASL) to identify number of deaf in statistics. Using these numbers would assist states in setting up programs specific to deaf.

- KY – Language uses is important, but suggest getting questions implemented with the census bureau to identify the whole population and then break down language use at a later date, within the statistics.

- RI – agree, we need to identify all deaf and hard of hearing to get the true numbers to provide to legislators for funding requests, then break down the community ourselves depending on language usage later.

- KS - seems like if we got numbers on language use it would be better way to start and get a better analysis.

- MA – suggest we use numbers collected within the equipment distribution programs for TRS and TAP to support statistics too.

To summarize, Dr. Innes stated that getting accurate statistics is critical to give states the numbers they need and we need a standardized way to get those statistics. Recommend that a task force is formed to focus on how we look at the numbers and how they are gathered to be used within our state, including a definition of deaf and hard of hearing to justify the statistics gathered. Long-term goals could include working with the Census Bureau to get questions added to the forms to better capture numbers nationwide and to identify language use within the community itself.

ZVRS (Manny Johnson) gave a short presentation during their sponsored break.

Dr. Innes resumed the meeting and asked that we review the issues from today:

- What are the 3-5 significant issues you face as the CEO of a commission / agency?
• Are there commonalities across state lines?
• How these issues should be prioritized?

States discussed their issues of concern and then discussed them briefly. States voted to prioritize them as listed below:

1. **Set standards throughout US** for accessibility in health care situations.
   a. Hospitals
   b. Nursing homes
   c. Mental Health Services
   d. VRI possibilities

2. **Data collection** - how to get consistent, accurate, meaningful data and demographics and document collection for grant purposes.

3. **Sustainability** of agencies, programs and services provided.
   a. Forced **merger with another agency**, particularly a general disability agency, or reorganization into another agency.
   b. **Budget** issues!
   c. **No new programs created** to grow / budget cuts are causing stagnation.

4. Develop more local grassroots **advocacy**. People must take up the issues themselves and give more support to agencies. Develop **training** to help deaf get through the system to know how to advocate. **Reduce learned helplessness**. Empower DHH to do for themselves rather than depending on state agencies. (stop the revolving door, bad habits learned)

5. Need **minimum standards** to ensure quality, licensed, better trained, teachers of ASL. **Praxis exams**, need assistance from ASLTA to improve professional testing opportunities for deaf teachers.

6. **Fragmented systems within deaf education**. Communicate better together to get all agencies (VR, ED, etc) to focus on education for DHH children to keep **quality and standards of services** from deteriorating.

**PRESENTATION** *Which National Association Model is Best Fit for NASADHH?* (Trudie Bruner Rowello, COO of Fernley & Fernley) Worked in career management for non-profit organizations all her life, utilizing all management models. “Think beyond your experience and plan beyond our tenure.” Edward Barlow [PowerPoint provided to Steve]

Hello, this is an exciting time as your organization as it moves to the next stage and formalizes how its management runs. We are here today to give you an overview of what we do and why you might want us to represent you. Represent wide variety of clients, and have been representing the **Missions of our clients** since 1886.

**TODAY’s AGENDA**
- Governance and management what are the key functions of each
- Common management models strengths and weaknesses of each
• Key issues to consider as NASADHH moves forward
• Q & A to discuss other concerns

We all take on our own responsibilities and issues, but as you merge as a board to work on the daily operations and strategy of your organization, you must remember to plan for the future!

MODELS:

**Governance** = how organizational decisions are **made**
**Management** = how organizational decisions are **implemented**.

Mission, Governance Model, Management Model (shaped in pyramid from top down)

Organizations have different needs based on what the goal is. You must be able to deliver content, do legislation, understand and complete financial obligations to be successful and have a CLEAR Mission!

- **Good Board development** - As you develop your Board, ensure that you have ongoing leadership. Have subcommittees that give responsibility to these people first and see how they deliver before placing them in leadership role. Often a less formal organization with a few dedicated participants works better than a larger organization with a large number of diverse participants and those in roles where staffing changes often.
- **Board engagement** - As a successful association, you must provide a valuable result for the participants use of time to ensure that participation continues. Keep politics and personal agenda issues to a minimum! Build a culture of respect, responsibility to keep to the agenda, making the most of your resources, to promote the commitment to avoid personal issues.
- **Financial Governance** - Keep completely separate from all your other duties. Adhere to it stringently! Report accurately and timely and prepare in advance so Board can review and not waste valuable time debating. Transparency is absolutely necessary!!
- **Strategic Planning** - Goals and Mission must be clear and the Board is responsible for ensuring that the group adheres to the strategy outlined.

**Cultural of Accountability** = Process, metrics and habits need to be in place among both the Board and staff to understand how success will be defined and whether it is being achieved. It can be a very uncomfortable transition for ingrained Board members and staff. It is CRITICAL to build this into your organization to keep it moving forward.

**Association Management Models:**
- Volunteer Management = Members primarily responsible for day-to-day activities of the organization.
  - Strengths = commitment and knowledge / low financial cost
  - Considerations = expertise in mission, not association functions / member turnover or conflicts hurt continuity / maintaining accountability can be difficult
- Employed Staff (Stand alone)
Strengths = specialized association knowledge / board can exercise more influence on staff retention
Considerations = staffing needs verses funding resources / risks associated with an employer

AMC (Association Management Company) Managed (i.e., outsourced to Fenley)
Strengths / operation and functional expertise / shared resources ensure ongoing improvement and learning / flexibility to increase or decrease resources based on external factors. Gives continuity in the event of staff turnover.
Considerations = associates are responsible to their clients and their employer / matching industry specific needs to an AMCs expertise

AMC Supported (Hybrid) –
Strengths = allows mix and match approach to maximize relative strengths
Considerations = defining scope & expectations / Dispersed responsibility & authority - need to build in appropriate communication tools.

There is an AMC out there that can meet any organizations needs! If you use for your organization you would still have volunteers for your board, but you would have staff (Fernley or other agency) to manage account, staff to work on membership or meeting planning, and a group of support departments (i.e., accounting) for various needs. It would allow you to focus on the content of your work without worrying about the business of day to day management.

SOME CONSIDERATIONS: (when you are looking for AMC)
• What is happening to funding in your agencies now? What will happen in the next five years?
• How will the new association generate revenue to support its activities?
• What is happening among the professionals that serve the agencies?
• What is your mission?

Mission / Goals: (from the bylaws drafted) / Networking (no one pays for this), Advise (valuable, but not payable), Research (very valuable), Educate, (promote profession, valuable), Advocate (valuable, but not willing to pay for).

It is a rough time to start a non-profit organization. You MUST know your goals and priorities to implement successfully!

State Members Feedback:
• Need involvement from people who have knowledge about DHH from the start.
• Seems this organization should be connected to a University (not just Gallaudet).
• Currently 39 members, total of 50 ultimately. States donate $1K each to start organization and run voluntary rather than an agency. Easier to hire someone who is knowledgeable about issues related to DHH and then train them on skills needed (from AMC) rather than opposite. (Fenley, recommend that you require deep skills if you issue RFP to work with an organization such as ours)
• We can always consider an AMC as an option in the future. It would help us organize everything, research, policy, legislation, and compile all information in one central location and allow us to run our state programs.
• Like the idea of AMC assuming the responsibility of the financial reporting and the details of the organization, but know we have limited resources. Collaboration is our goal and if we start small and then move to another model in the future (build in those systems now) so that we move in the right direction. Include in the strategic plan for the organization and work towards it, utilizing today’s information provided.

• RFP – where does the money come from for that? Do we pick one person to do this? Do we train someone to do the project, with expertise?
  o Need to figure out where you are generating revenue. Plan on at least two or three sources (grants, state funds, sponsor funds). Funding is typically lined out before grant application and included in the planning document.
  o Articulate your needs for a person that would bid on the RFP, write it into the requirements (knowledge about DHH programs, legislation, etc)
  o Require training for vendor that is awarded the RFP. Expertise needed would depend on the “role” of the AMC bidding. (i.e., If we need financial management, then need expertise in that field, not necessarily deafness.)
  o Would AMC provide training to DHH individuals on how to manage the non-profit? Yes, if demand is there the company can provide.

Dr. Innes thanked Ms. Bruner Rowello for presenting us with options for non-profit organizations and coming to the meeting today.

Dr. Innes reminded attendees that the Gerald “Bummy” Burstein Leadership Institute (BLI) was developed for the purpose of fostering organizations such as this and we as state agencies can use this expertise to foster future leaders to replace today’s leaders.

Lunch Sponsored by Purple Communications. Mark Bella and his representatives gave a short summary of services and products available for our communication needs.

PRESENTATION “Federal Grant Processes and Opportunities”

Ms Reichman works with Special institutions that receive money from Federal government, and is responsible for seeing how funds are used. She is here to discuss Federal grant opportunities, how your needs can be met, and answer any questions you might have. Federal funds are dwindling federally just the same as in states.

- Federal expenditures $3.6 trillion / projected tax revenue $2.2 trillion / must borrow $1.4 trillion (can’t continue on that track obviously)
- Federal Spending Breakdown:
  o Defense = 43% (66) / 20% (10)
  o Social Security = 15% (66) / 20% (10)
  o Medicare and Medicaid = 1% (66) / 21% (10)
  o Interest = 7% (66) / 6% (10)
  o All other funds = 6% (66) / 7% (10) (discretionary)
Discretionary Funds breakdown = 67% (66) / 33% (10)  Reduced competitive grants as funds were required to go to support Social Security, Medicare, Medicaid, Individuals with Disabilities Education Act (IDEA), etc.  Predict it will go down to 16% by 2020.

- Earmarks = Special funds for projects that Senators and Representatives add to the budget for one or two years without a statutory (law) change and without a competitive grant process.
- Federal Programs Serving Individuals with Disabilities:
  - 20 different federal agencies administered 200 programs that provide wide range of assistance to persons with disabilities
  - Four agencies / Health and Human Services, Education, Veterans Affairs and Labor account for 65% of those programs (SSI, SSDI, Medicare, Medicaid, Independent Living services, Vocational Rehabilitation, Gallaudet, Telecommunications Relay Services, HUD, Transportation, Department of Justice, Unemployment Insurance)
    - 86% on monetary support (SSDI and SSI)
    - 8% on education (IDEA)
    - 2% medical
    - 2% employment / unemployment
    - 1% other assistance
- Growing number of SSI and SSDI beneficiaries (statistics on PowerPoint)
  - Adding federal funds to VR ($540 million), ILC ($18.2 million), etc. Now funds are dwindling and people are beginning to be laid off again because of lack of funds for those jobs.
- Better success in getting grants if you have documentation of how you will track programs for which you are requesting funds. Improve accountability, show definite outcome based indicators and how you will measure your success.
- GAO recommended that discretionary funds be limited further and entitlement programs such as public health insurance are reduced to balance the federal budget. (group discussion about various changes in state funding and how to manage with other alternatives such as federal, grants, RSA, private and state).
- Federal monitoring authority is looking at graduation rates for DHH to measure success of grants utilized for education.
- RSA is federal agency that receives funds from VR and distributes them to states to be used for various programs. ILC funds are also under RSA. Formulas are used to distribute funds to states based on disability statistics. Must have forms authorized through VR (Rehab Act of 1973) Title I funds, which are matched by states to the federal government. Title II, Title III, Title IV, Title V, and Title VI funds. (Various funds authorized by law for various programs).

Question from Board:  NTID and Gallaudet funded programs in the past, but now community colleges are required to do more for DHH students as far as preparatory classes for college.

Response:  NTID and Gallaudet Board of Trustees make the decisions on what priorities will be addressed annually, and they have changed in the last 10 years to dissolve the prep program at Gallaudet and NTID.  Dr. Innes added:  Trends showed that the prep
programs could not be sustained without additional funds. As requirements increased the rejections to college increased. MSSD had a one-year program that was preparatory for the borderline students that needed assistance before actually starting college.

Question from Board: Seems like VR does not encourage students to attend NTID and Gallaudet where they could be more successful but instead sends them to local colleges for 4-5 years instead of sending to the more appropriate university.

Response from presenter: We don’t follow that we only measure and follow the results of the money being spent.

Question from Board: Is there any measure on how the SSDI and SSI money is spent? Seems like they are given a blank check and no monitoring is done.

Response from presenter: I don’t work for SSA but assume they have monitoring system of some kind. Ticket to Work program – 1998, failed miserably and less than 1% of those got off benefits ongoing, which shows that they do monitor those programs and look for improvements.

- New requirements have been set for DHH to get SSI and SSDI (two weeks ago).
- Performance Measurement = still being set up at Federal level. Based on performance outcomes, our country is ahead of the game and other countries are looking to USA to model outcomes set up. Dashboard = gives a prediction of how measurable results will evolve and will base how funds are distributed in the future.
- Federal resources are limited, fewer discretionary funds and grant opportunities with greater competition for the same funds.
- Government Performance Results Act (GPRA) of 1993 set up performance measures for reporting after receipt of federal funds. States have been asked for performance measures as well, and many are clueless on how to establish, measure, or even define output verses outcomes.

Question from Board: Does federal government have a standard?

Response from presenter: Not exactly, state and federal evaluations vary but the Evaluators Institute (under George Washington University in DC) has training workshops on performance measurements and there are books recommended for guidelines as well.

What is the impact on your agency? (Heart of this discussion)
- If your state funding ended today what would you do as a state agency?
- What would happen to these students if there is no Gallaudet or NTID?
- We must be able to document and prove the results of the opportunities available to these students. How they succeed at a higher rate at specialized schools. Students’ graduation rates and earning potential for the future is remarkable but no data is available to document this fact. This is the challenge that you face as state agencies, to justify the successes and document the collection of data, and how it is used to reflect the impact you claim.
- Are disability grants in general more available than those for DHH only? Partnerships increase likelihood of success with grant applications. You as an
organization of all State Directors would have a better success rate than any one single agency. You must have a clear conveyance of your plans and how you will measure the impact. It will require a lot of planning and creativity on your part and your strategic plan must reflect your long term goals.

**Suggestions for developing grant proposals:**
- Focus on long term strategic planning;
- Identify results or outcomes expected from services being provided or being proposed by the grant application and how this will be measured…..that is develop a performance measurement system;
- Become creative in exploring grant opportunities and strengthen the organizations grant writing capabilities; and
- Explore partnerships with other agencies / organizations.

[www.Grants.Gov](http://www.Grants.Gov) is the source to look for grants, and all federal applications are listed with search engines to help break down the categories. Another resource is [www.ed.gov](http://www.ed.gov) under “grant opportunities”, which shows the Federal Registry and available opportunities. [www.dol.gov](http://www.dol.gov) is the Department of Labor website, where you look under “funding opportunities”. Health and Human Services is at [www.hhs.gov/grants](http://www.hhs.gov/grants) and shows additional funding opportunities. These websites are complicated and do require some searching, but they are out there. You can register with the Federal Registry and they will announce opportunities for specific areas, but the amount of information can be overwhelming, so narrow it down as specifically as you can. Be creative and diligent and look at different topics where you might qualify for funds as a diverse community (i.e, within an HIV or communication grant).

**Requirements for Federal grant applications:** (also listed on website)
- Dear applicant letter
- Competition manager
- Notice inviting applications for new award
- Statutory and related regulations requirements
- Selection criteria for applicants
- Application transmittal instructions
- Application forms
- Important notices

Everything has to be submitted in a certain format, size, and with certain attachment requirements, etc. Requirements are very strict and if you defer from specifics the application is automatically rejected. You must also attest to stringent use of the funds and certain things are prohibited (i.e., lobbying, drugs, etc).

Become aware of the American Association of Grant Professionals [www.go-aagp.org](http://www.go-aagp.org) - take training to become a professional grant writer, or outsource that process to a professional.

**QUESTIONS and DISCUSSION from Members with Presenter:**
- Do you see that deaf professional grant writers are rare? Yes, you have to be sure that you look at criteria for applications and what the application looks like, review of proposals. Ranking is critical but the concept of what you are proposing to do is the
MOST critical aspect of any grant writing. Need a project manager to guide you through the process to be sure you cover each detail.

- Qualifications are the main priority and most state agencies need assistance with making application to ensure all the boxes are checked and all the information is provided. However, you must have someone with the experience and background in deaf issues in order to avoid “training” the person to write from that perspective.
- \( \text{(Statement by member)} \) The grant process itself is discriminatory to DHH agencies because we are so small and budget cuts are affecting us all. \( \text{(Group conducted a discussion about their struggles to write grants and complete daily activities with budget and staff reductions.)} \)
- KEY is to collaborate with other agencies or a University to apply for grants. This shows more sustainability and better monitoring (with a University typically) and measurability is more diverse if more than one agency is involved.
- Be specific as to what you need. Often there are funds available for training that can only be used to furnish a workshop or training and therefore might be available.
- Establish relationships with people and agencies to improve your success rate at grant applications. In today’s world of faceless relationships this is becoming a hard thing to do, so forge those relationships well.
- Different groups of grassroots consumers need to be the voice of your applications to justify the need. They must contact their Legislators to pay attention to their needs and demand services and provision of funds for the state programs.

Dr. Innes thanked Ms. Reichman for the wealth of information she provided today.

Break sponsored by Sorenson VRS with a short presentation of programs and equipment by Kathy Gartner.

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Bylaws
The group discussed development / draft of the bylaws, structures, board composition, etc. for the new National (non-profit) Association of State Agencies of the Deaf and Hard of Hearing (NASADHH). By-laws provided in the packet.

Nebraska (Peter Seiler) moved and Kentucky (Virginia Moore) seconded the approval of the bylaws to be reviewed and drafted by the interim officers and soon-to-be a committee during the year instead of discussing on bylaws today. The membership passed the motion unanimously.

Interim officers

New Mexico (B J Woods) moved and Kentucky (Virginia Moore) seconded the motion to approve Interim Officers as follows:

Steven A. Florio of Rhode Island as President
Eric Raff of Washington as Vice President
Rebecca Rosenthal of Kansas as Secretary
Loretta Sarro of Delaware as Registered Agent.
Interim Officers are responsible to make executive decisions on behalf of the NASADHH and to ensure that the bylaws are ratified by the membership in the winter of 2011.

New Mexico (B J Woods) moved and Kentucky (Virginia Moore) seconded the motion to direct the Interim Officers to appoint a Bylaws subcommittee by September 30, 2010 and that committee is to propose a draft of the bylaws by December, 31, 2010. The draft is to be submitted to and voted on by the full membership by January 15, 2011. Rhode Island (Steve Florio) proposed a friendly amendment to change the final approval date to January 31, 2011 as there must be 30 days between recommendation and a final vote. The membership accepted the motion with the friendly amendment and it passed unanimously.

Nebraska (Peter Seiler) moved and Maryland (Lisa Kornberg) seconded that the Interim Officers ensure that data collection is completed by June 1, 2011 and voted on by June 30, 2011 and is to be shared across state lines. The membership passed the motion unanimously.

Mr. Florio thanked Dr. Innes for his work today, thanked members for their participation, and asked that they complete the evaluation form before leaving.

The meeting was adjourned at 5:02 pm.