March 21, 2005

Dear Colleague:

Section 21 of the 1998 Amendments to the Rehabilitation Act of 1973 mandates increased participation of underrepresented and underserved entities in the rehabilitation system and improvements in the quality of service delivery as well as improvements in the quality of outcomes for consumers identified as underserved and underrepresented in the vocational rehabilitation system. Increased participation of minority educational institutions and Indian tribes is also sought in the grant and contract programs funded under Titles I through VII of the Rehabilitation Act.

In response to these mandates, the Office of Special Education and Rehabilitative Services (OSERS) through the Rehabilitation Services Administration (RSA) has sponsored a ‘Leadership Development Initiative’. Under this initiative, Rocky Mountain Technical Assistance and Consulting Center (RMTACC) and Dan Hopkins & Associates, Inc., (DHA), through a grant with RSA, will organize and conduct a National Training Workshop for New Leadership Development for individuals with disabilities in culturally diverse communities. The workshop will train a cadre of “grass root” individuals, who themselves have disabilities, to work with representatives of culturally diverse entities on issues concerning people with disabilities. The trainees will also work with community-based organizations serving individuals with disabilities from underserved populations. Subsequent to the training, the workshop participants will be expected to perform assertive outreach and advocacy in their communities to increase the interest and involvement of culturally diverse entities as active participants in the rehabilitation system and with competitions for grants, contracts and cooperative agreements funded under Titles I through VII of the Rehabilitation Act.

As a leader in the disability community, you and your organization are asked to nominate an individual whom you believe could offer leadership to the minority community in the areas of Rehabilitation Capacity Building for proposal development and disability advocacy. This project is attempting to develop new leadership and increase the number of individuals serving as disability advocates in their respective communities. We would like you to strongly consider nominating one of your consumers as well as any staff person that you may have in mind. The nominee should:

a) Represent one of the entities targeted in Section 21;

b) Be an individual with a disability;

c) Not already be in a leadership position in the disability community;

d) Have demonstrated the potential to become a leader in the areas of rehabilitation capacity building and disability advocacy;
Represent the geographic distribution of your locale;

Have identified a problem facing individuals with disabilities in their respective communities upon which they will work after returning from the workshop;

Be willing to report their progress and seek technical assistance from the nominating person or agency and/or DHA toward the accomplishment of their objectives; and,

Be willing to travel to the Washington, DC area **July 13-17, 2005**, for a four-day training conference. All travel, lodging, and meal expenses will be covered by the project.

Additionally, we require all trainees to participate in all training sessions. Unexcused absences from any session will lead to the immediate revocation of scholarship support. Where we attempt to include opportunities for site seeing and recreation in the agenda, we expect all trainees to be present during all of the training modules to receive the information to be utilized in their respective communities.

Enclosed, you will find an abstract of the project, as well as a nomination and application form. The nomination form should be completed by you and returned to DHA at 20254 E. Maplewood Place, Aurora, CO 80016. The form may be sent by fax to DHA at 303-617-8923. The nomination form and nominating letter must be received in our office no later than May 18, 2005. Please forward the enclosed application form to your nominee. The nominee must complete and return the application form and application letter to DHA no later than May 18, 2005. **No nominations or applications will be accepted after this date.**

Because this is a competitive process, we ask that each applicant take time to let us know why he or she should be included in the training program. We are particularly interested in their current involvement in the minority community and how they might be more involved following the training. It is essential this essay accompany their Application in order to be considered for the training program. **Applications that are not accompanied by an essay will not be considered.**

If you have any questions concerning the program or your nomination, please feel free to contact Ingrid Amidon, Project Coordinator, or me at 303-617-8922. We can be reached by email at: [danhopkins8922@msn.com](mailto:danhopkins8922@msn.com) or [iamidon@msn.com](mailto:iamidon@msn.com). We look forward to hearing from you.

Thank you again for your interest in developing new leadership and advocates to work in the minority disability community as partners with OSERS in building the capacity of their respective communities and the Rehabilitative Services System.

Sincerely,

Dan Hopkins
NOMINATION FORM
Please return this completed form to
Dan Hopkins & Associates, Inc.
20254 E. Maplewood Place, Aurora, CO 80016
or, by Fax to (303) 617-8923
NO LATER THAN MAY 18, 2005

PLEASE PRINT

TO BE COMPLETED BY THE PERSON NOMINATING THE POTENTIAL PARTICIPANT

SPONSOR INFORMATION

NAME OF PERSON MAKING NOMINATION: ____________________________

POSITION: ________________________________________________________

TYPE OF ORGANIZATION: __________________________________________

ADDRESS: ________________________________________________________

____________________________________________________________________

TELEPHONE NUMBER: _______________ FAX NUMBER: _______________

E-MAIL ADDRESS: ________________________________________________

NOMINEE/PARTICIPANT INFORMATION

NAME OF NOMINEE/POTENTIAL PARTICIPANT: ________________________

EMPLOYMENT/OCCUPATIONAL STATUS: ______________________________

NOMINEE’S HOME ADDRESS: _______________________________________

____________________________________________________________________

HOME TELEPHONE NO: _______________ WORK TELEPHONE NO: __________

FAX NUMBER (IF AVAILABLE): _______________________________________

E-MAIL ADDRESS: ________________________________________________

OPTIONAL INFORMATION

SEX: _______________ AGE: _________ RACE/ETHNICITY: _______________

DISABILITY: _______________________________________________________

ADDITIONAL INFORMATION

Please answer the following question and attach your answer to the Nomination Form.
(One page or less, please.)

Why should this person be included in the National Leadership Development Training Program?

As part of the leadership training, each participant is expected to identify a project on which they can work to improve the quality of life for individuals with disabilities in their respective communities.
The DHA staff, consultants and mentors will provide technical assistance for the completion of the project.

The leadership project that the nominee will work on when he/she returns from the training conference is in the area of _______________________________________.
(Example: transportation, housing, community health, etc.)
APPLICATION FORM
Please return this completed form to
Dan Hopkins & Associates, Inc.
20254 E. Maplewood Place, Aurora, CO 80016
or, by Fax to (303) 617-8923
NO LATER THAN MAY 18, 2005
PLEASE PRINT

TO BE COMPLETED BY THE POTENTIAL PARTICIPANT

APPLICANT/PARTICIPANT INFORMATION

NAME OF POTENTIAL PARTICIPANT: ___________________________ 
POSITION/OCCUPATION: ___________________________ 
TYPE OF ORGANIZATION: ___________________________ 
HOME ADDRESS: 

__________________________________________________________________________________

__________________________________________________________________________________ 
HOME TELEPHONE NO: __________________ WORK TELEPHONE NO: __________________ 
FAX NO: __________________ E-MAIL ADDRESS: __________________ 

OPTIONAL INFORMATION

SEX: ___________ AGE: ___________ RACE/ETHNICITY: __________________ 
DISABILITY: __________________ 

TYPE OF ACCOMMODATION NEEDED (IF ANY)

PLEASE BE SPECIFIC SO THAT WE MAY ACCOMMODATE YOUR NEEDS APPROPRIATELY

SIGN LANGUAGE INTERPRETER: __________________ AUDIO TAPE: __________________ 
LARGE PRINT: __________________ BRAILLE: __________________ 
WHEELCHAIR ACCESSIBLE HOTEL ROOM: __________________ 
SPECIFIC DIETARY NEEDS: __________________ 
OTHER – PLEASE EXPLAIN: __________________ 

ADDITIONAL INFORMATION

As part of the leadership training, each participant is expected to identify a project on which they can work to improve the quality of life for individuals with disabilities in their respective communities. The DHA staff, consultants and mentors will provide technical assistance for the completion of the project.

The leadership project that I will work on when I return from the training conference is in the area of ___________________________. 
(Example: transportation, housing, community health, etc.)

You must answer the following question and attach your answer to the Application Form to be considered for the training session. Applications without this essay WILL NOT be considered. 
(One page or less, please.)

“I should be included in this training program because:”

Participant Certification:

a. I will fully participate in the training program and attend all sessions if selected 
b. I will utilize the information gained to serve the targeted entities within my community 
c. I will report my involvement and outcomes to Dan Hopkins & Associates, Inc.

Signed: ___________________________ Date: ___________________________