

Cape Girardeau County Board for Developmental Disabilities

AGENCY APPLICATION FOR FUNDING CHECKLIST

The following items should accompany all applications for funding through the CCBDD.

Forms:

- () Completed Agency Application for Funding
- () Signature of Board Chair to authorize application for funding (on application form)

Corporate Information:

- () Board Member List, Occupation and Contact Information
- () Proof of Insurance: General Liability, Programs, Services, and Assets
(applicable to the purpose of the funding request)
- () Proof of Registered Non-Profit and Certificate of Good Standing (Secretary of State)
- () 501(c)3 Determination Letter from the IRS
- () Agency By-Laws
- () Agency Articles of Incorporation
- () Licensure, Certification, or Accreditations (if Applicable)
- () Employee Policy Manual and Conflict of Interest Policy
- () Board Resolution authorizing Application for Funds and designated contact person

Agency Financial Information:

- () Summary of how CCBDD funds will be utilized
- () Project/Program Business or Strategic Plan
- () Project/Program Projected Budget

Please return completed application and all accompanying documents to the CCBDD. Applicants will submit nine clearly legible copies of the Application for Funding (including the other required documents) in person to the CCBDD at a regular meeting, or by mail to Cape County Board of Developmentally Disabled, P.O. Box 1519, Cape Girardeau, Mo 63702-1519 or by email to: director@capecountyboard.org.

Cape Girardeau County Board for Developmental Disabilities

AGENCY APPLICATION FOR FUNDING

A.

Legal Name of Requesting Agency:
Address:
Phone:
Email:
Website:

B.

Board Chair:
Address:
Phone:
Email:

C.

Agency Director:
Address:
Phone:
Email:

D.

Total Amount of Funds Requested from CCBDD:	\$	
Funding Period:	From	To

E.

General purpose for which funds are requested:

_____ Establish a new program or service

_____ Expand an existing program or service

_____ Maintain an existing program or service

_____ Other

(Specify) _____

F.

Present annual budget of requesting agency	\$
Cash reserves on hand	\$
Amount necessary to maintain six (6) month reserve:	\$
*Based on total expenses from most recent fiscal year including capital expenses but not depreciation. Attach separate page if necessary.	

G.

History and background of requesting agency is required of all agencies not previously funded. Attach narrative description of agency's mission, past and present programs, individuals served, statistical/anecdotal evidence of success, etc., if not already submitted for prior funding.
Previously funded within the last five calendar years? Yes No

H.

List grants previously funded and date by CCBDD:

I.

Describe the need or problem to be addressed by proposed project, and the anticipated goals and outcomes. Include applicable statistics and examples. Attach separate page if necessary.

J. Information regarding individuals to be served:

1) Number of persons with developmental disabilities from Cape Girardeau County presently served in existing program (if applicable): _____.

2) Number of additional persons with developmental disabilities from Cape Girardeau County to be served in new or expanded program: _____.

3) Prospective ages of persons with developmental disabilities from Cape Girardeau County to be served by this existing/new/expanded program:

____ 0 – 4 ____ 5 – 15 ____ 16 – 20 ____ 21 – 55 ____ 56 – older

K. Please list all anticipated sources of funding for this project and the amounts requested from each source.

Source of funding	Amount of funding requested	Prospective or committed?
CCBDD		Prospective
Total projected funding		

I affirm that I have reviewed this report and to the best of my knowledge, the information furnished is true, correct and complete. My signature below authorizes this application for funding through the Cape Girardeau County Senate Bill 40 Board.

_____ Date: _____

Signature of Board Chair

_____ Date: _____

Signature of Agency Director