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 Bylaws

( ) Agency Articles of Incorporation

( ) Licensure, Certification, or Accreditations (if Applicable)

( ) Agency Employee Policy Manual and Conflict of Interest Policy

( ) Board Resolution authorizing Application for Funds and Designated Contact Person

Agency Financial Information:

( ) Copy of Current Year to Date balance sheet

( ) Copy of Current year to date statement of revenue and expenses versus budgeted revenue and expenses

( ) Copy of most recent 990 filed with the IRS, if the agency is required to file a 990

Please return completed application and all accompanying documents to the CCBDD October 1 - November 1 prior to January 1 or April 1 - May 1 prior to July 1. (In person or by mail to our office 2129 William St., Cape Girardeau, MO 63703 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.

Name of Primary Contact:
Title:
Work Phone: Cell Phone:
Email:

C. Indicate area for which you are requesting funding:

- ☐ Sheltered employment programs, services, and/or supports
- ☐ Community employment programs, services, and/or supports
- ☐ Pre-vocational programs, services, and/or supports
- ☐ Immediate care programs, services, and/or supports
- ☐ Community inclusion programs, services, and/or supports
- ☐ Residential programs, services, and/or supports
- ☐ "Related" programs, services, and/or supports

"Related" programs, services, and/or supports are defined as:

1. Programs designed toward enabling an Eligible Person to progress towards successful community living and/or to develop an Eligible Person's capacity, performance, or relationships in their community;
2. Programs which provide services related to a place of residence or social centers for Eligible Persons; or
3. Programs which provide a controlled environment for the benefit of Eligible Persons.

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. Provide a 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.

H. Previously funded within the last five years? Yes ☐ No ☐

I. List grants previously funded by CCBDD and date funding was approved.

J. Briefly describe the program your agency is proposing, the target audience, the problem the program will address, the anticipated goals and outcomes. and a brief outline of your methods. Describe the target population to be served and quantify the problem using local statistical data. Demonstrate the outstanding need for services in order to justify your request and cite your sources. Please give some examples of how you believe your program will impact the lives of individuals, children, youth, and families or the community.

K.Community Resources (maximum 300 words) Explain how your agency uses community resources (e.g., fund-raising, volunteers, donations) and how does this impact your request to the CCBDD? Explain attempts to secure other funding sources for this program. Describe how your agency collaborates with other agencies. Do you refer to other agencies? Which ones? If you are unable to provide services when asked, what is the procedure your staff uses to ensure referral to appropriate services? Do you provide follow-up to determine if needs were met or if referral was followed?

L. Please provide an itemized budget for how funds will be used in the proposed project/program.

M. Please provide a project/program business plan or strategic plan, if applicable.

N. 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

O. 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 Primary Contact