**Adair County SB40 Developmental Disability Board**

**AGENCY APPLICATION FOR FUNDING**

**CHECKLIST**

The following items should accompany any applications for agency funding through the ACSDDB.

**Forms:**

( ) Completed Agency Application for Funds

( ) Signature of Board Chair to authorize application for funding (on application form)

**Corporate Information:**

( ) Board Member List

**Agency Financial Information:**

( ) Copy of Current Year operating budget

( ) Copy of Proposed operating budget

( ) Copy of most recent report on Income and Expenses

( ) Copy of most recent Balance Sheet

( ) Copy of Audit from last full fiscal year

**Please return completed application and all accompanying documents to the ACSDDB at least two weeks prior to the next scheduled board meeting.**

Adair County SB40

215 E McPherson

Kirksville, MO 63501

**Adair County SB40 Developmental Disability Board (ACSDDB)**

**AGENCY APPLICATION FOR FUNDING**

A.

|  |
| --- |
| Legal Name of Requesting Agency: |
| Name: |
| Address: | Phone: |
| City: | State: | Zip: |
| E-mail: | Website: |

B.

|  |
| --- |
| Board Chair: |
| Address: | Phone: |
| City: | State: | Zip: |

C.

|  |
| --- |
| Agency Director: |
| Address: | Phone: |
| City: | State: | Zip: |

D.

|  |
| --- |
| Total Amount of Funds Requested from ACSDDB: $ |
| 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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. |

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? Yes No  |

H.

|  |
| --- |
| List grants previously funded by ACSDDB: |
|  |
|  |
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|  |

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. |
|  |
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|  |
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|  |
|  |

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J. Information regarding individuals to be served:

1) Number of persons with developmental disabilities from Adair County presently served in existing program (if applicable): \_\_\_\_\_\_\_\_\_\_.

2) Number of additional persons with developmental disabilities from Adair County to be served in new or expanded program: \_\_\_\_\_\_\_\_\_\_.

3) Prospective ages of persons with developmental disabilities from Adair 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 orcommitted? |
| ACSDDB |  | 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 Adair County Senate Bill 40 Developmental Disabilities Board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director