

# Howard County Sheltered Services Board

## Howard County Service Coordination

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PO Box 412 • 600 West Morrison – Lower Level • Fayette • Missouri • 65248

P (660) 248-5105 • F (660) 248-5107

## SB40 Tax Levy

### Grant Request Funding Guidelines - Organization

#### **Guiding Principles:**

- All funding decisions are made in accordance with enabling legislation and authority under 205.968.972. RSMo, including all amendments and related judicial rulings.
- Persons whose services are eligible for funding include those who are defined as having a developmental disability under 205.968-205.972 RSMo.

#### **Services and Persons Eligible for Funding:** (Use the Individual Grant Request Form)

- The service fully embraces the concept of self-determination for individuals with developmental disabilities to live a meaningful life with others in their community.
- The service supports self-advocacy and the right of individuals with developmental disabilities to guide their own support needs.
- The service supports inclusion for citizens with developmental disabilities.
- The supports are self-determined, person-centered and facilitate freedom to choose where and with whom one lives, works and provides freely chosen assistance as needed.
- The service supports individuals to function as independently as possible in social and vocational life.
- The service provides unfunded supports for: community training, vocational training, extended employment support, job placement supports, and other services that support employment in the competitive world of work.

#### **Organizational Funding:** (Use the Organizational Grant Request form)

- The organization serves, supports and provides resources necessary to enable individuals with developmental disabilities to reside in and belong to their community in ways that promote independence and self-determined supports.

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## Organizational Grant Request Form

### Part I: Applicant Information – please fill out all that apply

Full Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_ Website: \_\_\_\_\_

Principal Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

### Part II: Organization Information

Type of agency: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Total annual budget of the agency (past year): \$ \_\_\_\_\_

Mission of the agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current License/Accreditation/Certification: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ through \_\_\_\_\_

Population served: (total served and number served each program, geographical area, age, gender, ethnic groups, level of support, types of disabilities, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees: (type, total and number employed in each service/program)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Part III: Program/Project Information

Name of Proposed Program/Project: \_\_\_\_\_

Amount of money being requested: \_\_\_\_\_

Purpose of the funds: \_\_\_\_\_

Duration of the project: \_\_\_\_\_

### Part IV: Please check which category(s) below specifically apply to this project

#### How the program/project will address one or more of the following:

- Services and/or supports that focus on helping individuals with developmental disabilities be successful in a variety of vocational endeavors including obtaining and maintaining meaningful work, self-employment/entrepreneurial endeavors, pre-vocational and vocational guidance and preparation
- Services and/or supports designed to enable individuals to live and belong to their community including, but not limited to, self-advocacy, formation of relationships, integration, skill acquisition (ex – use of public transportation, improved physical health and well-being, educational success, activities of daily living, etc) or other supports designed to help individuals participate in a typical community life alongside other citizens.
- Facilities and/or other resources that assist and enable individuals with developmental disabilities to have a quality life that is integrated and accessible within the larger community (ex – environmental adaptations, community access modifications, etc)

### Part V:

- 1. What are the goals of the program/project/service/support during this time? What specific timelines are there?**
  
- 2. Briefly identify and describe specific core features of this project that will enhance the lives of citizens of our community with Intellectual and Developmental Disabilities to interact with others in the community.**
  
- 3. Identify the barriers to providing the program/project/service/support- what other funding sources have been explored If this program/project/service/support is new, what are the barriers to start-up and delivery?**  
  
**If SB40 tax levy funds assist to fund this program/project/service/support, what on-going maintenance is needed and how will it be funded in the future if Howard County SB40 tax Levy funding is not available?**



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### Part VII. Documentation: Please provide the most current copy of the following documents that apply to your agency/organization:

#### A. Non-profit Agency Documents

Please submit one copy of the most current version of the documents listed below with this application.

- \_\_\_\_\_ Agency By-Laws/Policies
- \_\_\_\_\_ Articles of Incorporation
- \_\_\_\_\_ Certificate of Corporate Good Standing
- \_\_\_\_\_ Member or Board Roster (with names and contact information)
- \_\_\_\_\_ Mission Statement
- \_\_\_\_\_ Strategic Plan
- \_\_\_\_\_ IRS 501c (3) Status Letter, if applicable

#### B. Financial Documents

Please submit one copy of the most current version of the documents listed below with this application.

- \_\_\_\_\_ Current Operating Budget
- \_\_\_\_\_ Current Balance Sheet
- \_\_\_\_\_ Current Year-to-Date Statement of Income and Expenses
- \_\_\_\_\_ Most Recent Audit, Including Management Letter
- \_\_\_\_\_ Most recent IRS Form 990

### Part VIII: Certification

To the best of my knowledge and belief that all data in this application is true and correct. The document has been duly authorized by the Governing Body of the applicant and the applicant will comply with all contract requirement and assurances required by the Howard County Sheltered Services Board if funding is awarded.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

If you have any questions about any portion of this application, please contact Tina Rice at 660-248-5105 Ext 113