



## Funding Application For Year 2011

Closing Date	Proposals are due by no later than 3:30 pm on Friday, September 3, 2010
Application Submission and Copies	<p>An electronic response via email is preferred, but if hard copies are sent we will need the original and 5 copies of the completed application. The email address is below:</p> <p><b>ALL APPLICATIONS SUBMITTED ELECTRONICALLY MUST BE SENT TO THIS ADDRESS. We cannot guarantee that your application will be included in any review should it go to an EITAS staff member's email address!</b></p> <p><b><u><a href="mailto:fundingrequest@eitas.org">fundingrequest@eitas.org</a></u></b></p> <p><b><u>Mailed or hand delivered proposals must be received by the closing date at:</u></b></p> <p>Developmental Disability Services of Jackson County - EITAS 8511 Hillcrest Road, Suite 300 Kansas City, MO 64138</p>
Pre-Application Conference Date	Monday, August 2, 2010, 1:30 p.m. to 2:30 p.m. at the EITAS 8508 Hillcrest Offices
Contact	Jake Jacobs 816-363-2000 <a href="mailto:jjacobs@eitas.org">jjacobs@eitas.org</a>
Proposal Length	Section 1 and Section 2 of the proposals must be no longer than 1-page each. Section 3 of the proposal's narrative MUST be no longer than 6 pages for the narrative and three pages for items H and I. There is no page limit for Section 5. All narratives must be single spaced with a 12 point font and 1 inch margins

Letters of Support	It is recommended that letters of support be obtained for any services proposal not previously funded by EITAS. It is suggested that 1-2 letters of support be obtained from potential persons to be served and 1-2 additional letters from another funding source, public policy representative, or other stakeholder.

## Guiding Principles in EITAS Funding Determination

Statutory Principle	All funding decisions are made in accordance with enabling legislation and authority under 205.968-205.972 RSMo, including all amendments and related judicial rulings.
Support Principles	<p>Developmental Disability Services of Jackson County – EITAS:</p> <p>Fully embraces the concept of self-determination for individuals we support.</p> <p>Seeks to maximize the freedom and control individuals with developmental disabilities have in living a meaningful life in the community.</p> <p>Supports self-advocacy and the right of individuals with developmental disabilities to direct their own supports.</p> <p>Supports the inclusion of individuals with developmental disabilities in all aspects of their community.</p> <p>Is sensitive to issues of diversity and insists that agencies funded and supported by EITAS are responsive to diversity concerns and are culturally proficient.</p>
Services and Persons Eligible for Funding	<p><b>APPROVED SERVICES.</b> Services eligible for funding under Developmental Disability Services of Jackson County - EITAS shall be those which have relevance for vocational and community living supports for adults with developmental disabilities. The supports are self determined, person-centered and facilitate freedom to choose where and with whom one lives, works; and organizes all important aspects of one's life with freely chosen assistance as needed.</p> <p><b>ELIGIBILITY-DISABILITY.</b> Persons whose services are eligible for funding include those who are defined as having a developmental disability under 205.968-205.972 RSMo.</p> <p><b>ELIGIBILITY-AGE.</b> The age of a person is not a defining issue in services and funding, though funding is limited for most school-aged children because this funding would likely supplant resources and services from educational authorities.</p> <p><b>LOCATION OF SERVICE DELIVERY</b> can include DD-specific agencies, community-based organizations, and individual's homes. The services must be delivered for the benefit of the individual themselves, not parents or other caregivers.</p>

## **Background**

Developmental Disability Services of Jackson County - EITAS provides funding for services to Jackson County citizens with developmental disabilities. (Developmental disabilities include intellectual disabilities, cerebral palsy, autism, epilepsy and learning disabilities related to brain dysfunction). Typically, EITAS provides services through contracts with agencies that provide the kinds of services and supports desired and needed by individuals with developmental disabilities.

In keeping with the intent of its enabling legislation, EITAS provides funding for the services, supports, and commodities that are related to vocational opportunities, including employment and training, and the provision of services, supports, and capital resources necessary to enable individuals with development disabilities to reside in and belong to their community. EITAS will utilize its resources and influence to encourage the development of resources that facilitate self determined lives.

## **Vocational Funding Policies**

Developmental Disability Services of Jackson County - EITAS provides funding to develop opportunities for the employment of individuals with developmental disabilities. Vocational services and supports shall include sheltered workshops, vocational training, extended employment opportunities, job placement and follow-up, community employment supports, and other services which enable individuals to have the necessary supports for employment in the competitive world of work.

Research indicates that children with developmental disabilities that receive vocational training and have work experiences are more successful at getting and keeping a job upon graduation from school and entrance into the adult world. Therefore, EITAS shall provide funding for vocational services to children, including both pre-school and school-aged youth, to the extent that these services have a stated purpose of improving the employability of these children when they reach adulthood.

## **Residential Funding Policies**

Developmental Disability Services of Jackson County - EITAS provides funding to encourage the development of community living opportunities for individuals with developmental disabilities. Implicit in this policy is the belief that individuals with developmental disabilities should have homes that are typical of individuals without disabilities.

Some examples of these experiences include:

- an individual exercising control over decisions about his/her life, work, or supports;
- people belong to their community
- an individual has the ability to organize supports in ways that are unique to the individual.
- people are provided behavioral supports in positive, gentle ways.

**NOTE: Applications that do not include all the information required will be rejected. Please ensure that all information is complete and all necessary documentation is included with your submission.**

**Section 1. Face Sheet - Application for Services**

I. Applicant Information

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Employer ID Number \_\_\_\_\_

Agency Website (if applicable) \_\_\_\_\_

Principal Contact Person \_\_\_\_\_ Email. \_\_\_\_\_

Name of Preparer \_\_\_\_\_ Member of Staff  Yes  
 No

II. Program Information

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

Certification

To the best of my knowledge and belief 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 assurances required by Developmental Disability Services of Jackson County - EITAS if funding is awarded.

\_\_\_\_\_  
Authorized Board Representative Signature Title

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

## **Section 2. - Agency Abstract**

Provide a 1-page Abstract of the Agency submitting the Funding Application including the following:

- Name of Agency
- Type of Agency (non-profit, for profit, individual, etc.)
- How long the Agency has been in business
- Total annual budget of the Agency (most recent year)
- Mission of the Agency
- Population served by the Agency, including:
  - Geography / catchment area (zip codes served are preferred)
  - Age, gender, ethnic groups
  - Level of support and types of disabilities
  - Number of persons served for each of the past five years
- Services provided by the Agency
- Number of Employees / Staff

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### **Agency Abstract (example only)**

XYZ Developmental Services is a not-for-profit agency serving 35 older adults with developmental disabilities. Of this group, 21 are women between the ages of 55 and 92 and 14 are men between the ages of 62 and 87. Three individuals are Hispanic; one person is Native American; eight individuals are African-American and twenty-three individuals are European-American. The agency supported 38 persons during 2006, 36 during 2005, 37 during 2004, 32 during 2003 and 31 during 2002. In 2004 a new group home was added and is the reason for the increased number of individuals supported.

This agency operates on an annual budget of \$1.3 million which allows us to provide a range of residential services in ISLs, four group homes and three, two-bedroom apartment units. The group homes are located in the 64081, 64138, and 64130 zip code areas. The three apartment units are located in the 64030 zip code. Our services include, but are not limited to, community integration activities; individual assistance on meeting personal outcomes; awake, overnight staff in two of the four group homes; a family group for those who have family living in the area; and a quarterly newsletter mailed to families, guardians and other interested parties. In addition, we have a registered nurse on staff. This person is available to assist our direct care staff in case of emergencies and provide expertise in the development and implementation of policies focusing on elder care. Although we have only been in existence since March 1993, this agency has experienced significant growth and accomplishments. Starting small with a staff of twelve for two homes, we have grown to our present staff of 41. In addition, we achieved our first three-year CARF Accreditation in 1996.

Our primary mission is to provide appropriate supports and services to elderly persons with developmental disabilities so that they are able to maintain as independent and satisfying a life as possible in their later years. To help us fulfill this mission we are seeking support from the Developmental Disability Services of Jackson County - EITAS for the year 2010.

## Section 3 – Funding Request

### A. Description of Program / Project

**(NOTE: each Program / Project for which funding is sought will require a separate Funding Application)**

1. Describe how this Program / Project will address one or more of the following:
    - a. 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, and / or,
    - b. 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, skill acquisition, (i.e. use of public transportation, activities of daily living, etc) or other supports designed to help individuals participate in a typical community life; and / or,
    - c. Facilities and / or other resources that assist and enable individuals with developmental disabilities to have a quality life in the community.
  2. Describe the intensity (amount of time) and duration (length of time) of the service/support.
  3. Identify specific core features that describe services/supports for individuals that are different from others offered in the community. Describe the research, experience, and/or assumptions which best describe your rationale for proposing the strategy, methods, approaches and/or model you are proposing. When possible, proposals should address best practices in the field and replicate services that have been shown effective in promoting freedom, control, self-directed supports and other aspects of self-determination.
- NEW PROGRAMS and/or NEW SERVICERS AND SUPPORTS:** All applications by an agency not previously funded or for a service or support not previously funded by EITAS, MUST include an implementation timeline along with the specific milestones that will be used to indicate progress.
4. State the demand for this service/support from your agency. Include how this estimate of demand was calculated, how many individuals were contacted in assessing the need / demand for this service/support and any other information regarding how need / demand was determined. Include information regarding how persons served will be involved in the development, operation and evaluation of the service/support and how personal choices and satisfaction with the service / support will be assessed.
  5. Identify the barriers to providing this service/support, e.g. lack of flexible funding, transportation issues, or a new trend. Be sure and include a discussion about other funding avenues that have been explored, any successes and any rejections. Any statement of rejections for funding of the service or support by another resource must also include the reason(s) for the rejection. If your agency has not previously provided this service, what were the barriers to start-up and delivery? If your agency has previously provided this service without EITAS funding, why is EITAS funding needed now?
  6. If EITAS has previously funded this service / support, why is continued funding needed and what plans, if any, have been formulated to seek other funding to sustain this initiative?

## **B. Description of Persons Served**

Provide two (2) personal profiles / vignettes which typify the individuals to be served by your program. Profiles should be no longer than 1-2 paragraphs each and provide EITAS with a better understanding of why these persons cannot attain the specified outcomes without assistance. The vignettes shall be written using respectful and people first language. Vignettes not adhering to these rules may cause the application to be rejected.

## **C. Outcomes to Be Achieved by Project**

Utilizing the “Description of Project” in A-1, describe the ideal benefit(s) for an individual of this service / support from their perspective (i.e., outcomes should be expressed in terms of Missouri Quality Outcomes with the person, not goals for the Agency serving them). Please refer to the MQO Discussion Guide. Some examples (this is not an all-inclusive list) of outcomes that might serve to focus services are:

- People belong to their community.
- People have a variety of personal relationships.
- People have valued roles in their family and community.
- People have control of their daily lives
- People feel safe and experience emotional well being.

Please note that EITAS requires all funding agencies to utilize the Missouri Quality Outcomes within their programs and services.

## **D. Target Strategies and Outputs**

- Specific strategies, outputs and activities are required to achieve the presence of desired outcomes for your organization and the people you support. Strategies, activities or outputs are the things your organization does to facilitate the presence or enhancement of desired outcomes and may represent a change in the mission, values, operation or staff management of the organization
- Target strategies are indicators of progress toward the completion of outputs that may lead toward the presence of outcomes.
- Indicate in measurable terms the strategies and outputs that will be employed to enhance, or maintain the presence of the selected outcomes; and indicate by when and to what extent changes will occur.

Your response:

1. Answers the questions utilizing the MQO discussion guide.
2. Indicates observable and verifiable change in the quality of life for the people supported as indicated by MQO surveys, satisfaction surveys, EITAS Support Specialist consultation.
3. Bound in time – Gives dates for completion or achievement of strategies, during the funding year.
4. Doable with a stretch – a target that is a challenge for you, yet achievable

## **E. Measurement of Performance Target**

**As the overall result of funded project and utilizing the Missouri Quality Outcomes discussion guide, answer the following questions, regarding each of the desired outcomes that your organization has selected:**

1. What will we see in People Lives?
2. What will we see Staff Doing? (as a result of your funded project)
3. How will you determine if the Outcome is Present?
  - In People's Lives
  - In People's Conversation
  - From Staff
  - Personal Plans
  - Other Documentation
  - In the Community

## **F. Key Implementers**

List the key individuals responsible for project management and implementation. Provide their names (if known) and functions; briefly describe special skills and experience they bring to the program. RESUMES are not needed or desired. This section should describe why the implementers will be successful in operating the program and enabling individuals to achieve their desired outcomes.

## **G. Review of Current Years Program / Project (complete only if currently funded by the EITAS)**

Provide a six-month (January – June) review of the Agency's FY 2010 program, including:

- Progress toward outcome measures (include effectiveness of services for realizing the presence of outcomes, the results of any person-centered satisfaction surveys, and the results of any stakeholder satisfaction surveys).
- How the six-month results during the current fiscal year have impacted the development of the FY 2010 request for funding.
- Steps taken by the Agency to address program deficiencies, develop innovative services and supports, or otherwise improve the services and supports it offers to persons with developmental disabilities.

**H. Program Budget – Current Year FY 10** (complete only if currently funded by EITAS)

It is the preference of EITAS to purchase services (POS) that are reimbursed by units with a unit cost. However, EITAS recognizes that some projects may not conform to a POS methodology for requests that are currently grant funded. For these projects, EITAS will consider grant funding and applicants should complete only lines 1 – 14 of the following table. Please include costs such as accreditation, audits, etc, under item #8 – Total Professional Services/Fees

Chart of Accounts	Current Operating Budget for Existing Project (only if currently funded by EITAS)	
	A. Total Program Budget for EITAS	B. Actual Funding by EITAS through 06/30/10
1.Total Personnel Costs		
2.Total Communication		
3.Total Office Equipment / Supplies		
4.Total Food Costs		
5.Total Staff Training		
6.Total Staff Travel		
7.Total Vehicle Operating Costs		
8.Total Professional Services / Fees		
9.Total Client Assistance		
10.Total Facility Costs		
11.TOTAL DIRECT EXPENSES (sum 1-10)		
12.Agency Administrative Allocation		
13.GRAND TOTAL OF PROGRAM / PROJECT EXPENSES (sum 11-12)		
14. PERCENT ACTUAL TO BUDGET		

	Projected for existing project	Actual during first 6 months
15. Total Number of Persons Served		
16. Projected units of service		

Description of how persons are counted (unless exceptions are granted, the number of persons served is generally a count of **unduplicated** individuals)

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**I. Program Budget – Proposed Year FY 11**

It is the preference of EITAS to purchase services (POS) that are defined as a unit with a unit cost. However, EITAS recognizes that some projects may not conform to a POS methodology for reimbursement. For these projects, EITAS will consider grant funding and applicants should complete only lines 1 – 13 of the following table. Please include costs for accreditation, audits, etc. under item #8 – Total Professional Services/Fees

Chart of Accounts	Proposed Operating Budget (completed by all applicants)				
	A. Total Program Budget –all funding sources	B. Total Funding Requested from EITAS	C. Total Funding Requested / Provided from DMH	D. Total Funding Requested / Provided from DESE	E. Total Funding Requested / Provided from all other sources
1.Total Personnel Costs					
2.Total Communication					
3.Total Office Equipment / Supplies					
4.Total Food Costs					
5.Total Staff Training					
6.Total Staff Travel					
7.Total Vehicle Operating Costs					
8.Total Professional Services / Fees					
9.Total Client Assistance					
10.Total Facility Costs					
11.TOTAL DIRECT EXPENSES (sum 1-10)					
12.Agency Administrative Allocation					
<b>13.GRAND TOTAL OF PROGRAM / PROJECT EXPENSES (sum 11-12)</b>					
14. Total Number of Persons to be served					
15. Total Number of Units of service projected to be provided					

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## Section 5 – Additional Information

Please provide one (1) copy only of the following:

### Corporate Documents

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

- Agency By-Laws
- Articles of Incorporation
- Certificate of Corporate Good Standing
- Board Roster (List of Board members including their names, contact information, and profession)
- Mission Statement
- Strategic Plan
- IRS 501c (3) Status Letter, if applicable

### 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, if applicable

### Program Standards

List **ALL** licensing, accreditation, and certification credentials currently held by your organization (include all local, state, and federal or national entities) for each of the following categories:

**Health, Safety & Welfare** (e.g. DESE Sheltered Workshop Certification; local Fire Marshall Inspection; Department of Health, etc.)

Issuing Agency \_\_\_\_\_

Type/Name of Credential \_\_\_\_\_

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

Issuing Agency \_\_\_\_\_

Type/Name of Credential \_\_\_\_\_

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

Issuing Agency \_\_\_\_\_

Type/Name of Credential \_\_\_\_\_

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

**Service Quality** (e.g. Commission on Accreditation of Rehab Facilities – CARF; Council on Quality & Leadership; American Camping Association; Medicaid Certification, etc.)

Issuing Agency \_\_\_\_\_

Type/Name of Credential \_\_\_\_\_

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

Issuing Agency \_\_\_\_\_

Type/Name of Credential \_\_\_\_\_

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

Issuing Agency \_\_\_\_\_

Type/Name of Credential \_\_\_\_\_

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

**Ethnicity and Minority Representation.** Provide a listing of the ethnicity and minority representation of your Agency for persons-served, staff, and the Board of Directors on the table below:

Characteristic	Persons Served	Staff	Board of Directors
<b>Ethnicity:</b>			
% Caucasian	%	%	%
% African American	%	%	%
% Asian American	%	%	%
% Hispanic / Latino	%	%	%
% Native American	%	%	%
% Other	%	%	%
<b>Gender:</b>			
% Male	%	%	%
% Female	%	%	%
<b>Disabilities:</b>			
% Without disabilities	%	%	%
% Parents/guardians/siblings of individuals with developmental disabilities	%	%	%
% Developmental Disabilities	%	%	%
% Disabilities (other than developmental)	%	%	%

Provide a letter from the Chairman of the Board of Directors indicating whether he/she feels the ethnic and minority participation in the Agency is acceptable or not and, if not, what plans are in place to address this.

**Developmental Disability Services of Jackson County - EITAS  
Funding Application 2011**

Board Resolution/Corporate Resolution

At the Board meeting on \_\_\_\_\_, 2010, the Board of  
Directors of \_\_\_\_\_ approved submitting  
(Name of Agency applying for funds)  
a funding application to Developmental Disability Services of Jackson County - EITAS

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

The total amount of the request is \$ \_\_\_\_\_ for the purpose of (briefly describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The authorized individual(s) to enter into contractual arrangements with Developmental  
Disability Services of Jackson County - EITAS is (are):

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

We, the undersigned, hereby certify that the statements made in the application are correct to  
the best of our knowledge and belief, and we are authorized to sign this application on behalf of  
the applicant, and we shall comply with the guidelines, monitoring procedures, and formal  
contract provisions of Developmental Disability Services of Jackson County - EITAS if our  
request for funding is approved.

By: \_\_\_\_\_  
Signature

Typed Name: \_\_\_\_\_

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