

**MARION COUNTY SERVICES
For The
DEVELOPMENTALLY DISABLED**

**APPLICATION FOR FUNDS
INFORMATION AND INSTRUCTIONS
FISCAL YEAR 2012**

**Marion County Services for the Developmentally Disabled
3175 Palmyra Road (Day Program building)
#12 Northport Plaza (Administration, Service Coordination, Community Integration, & ISL building)
Hannibal, MO 63401
(573) 248-1077 (Voice)
(573) 248-9821 (FAX) *3175 Palmyra Road
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INTRODUCTION

In 1984, the citizens of Marion County approved a property tax levy for the purpose of establishing and maintaining community based residences and services for citizens of Marion County who are developmentally disabled. In accordance with Missouri Statutes, the Marion County Court appointed a nine-member board to administer the funds generated by the tax levy. This nine member board is called Marion County Services for the Developmentally Disabled. It has a private, non-profit corporation, Marion County Services, Inc., to plan, administer, and manage tasks necessary for developing and operating services for people with developmental disabilities.

MISSION STATEMENT OF MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED

It is the mission of MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED to increase choice, respect, ability, and involvement for the developmentally disabled citizens of Marion County.

INSTRUCTIONS FOR APPLICATION FOR FUNDS FROM MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED

All applicants for funds from MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED (MCSDD) should first contact MCSDD's administrative agent, to ascertain deadline dates and procedures for submitting an application. Contact Cathy Arrowsmith, Executive Director, MCSDD, at carrowsmith@mcsdd.com, #12 Northport Plaza (administration building), Hannibal, MO 63401; phone, (573) 248-1077 (voice). MCSDD will be available to provide technical assistance throughout the grant application process.

ELIGIBILITY

Persons to be served with funds from MCSDD must be persons who are developmentally disabled or handicapped as defined in RSMo 205.968 and 178.900 and citizens of Marion County

PROCEDURES

Marion County Services for the Developmentally Disabled will receive and review funding applications on an annual basis. Deadline dates, general procedures and timetable are as follows:

1. MCSDD applications available from Board office.	August
2. Finalized application submitted to MCSDD in accordance with MCSDD deadlines.	2 nd Friday of October by 4:00 pm (central standard time)
3. Application is reviewed.	November/December
4. Presentations by applicants to MCSDD if needed.	December/January
5. MCSDD Board reviews application and renders funding decision.	January
6. If application approved for funding either in whole or in part, a contractual agreement is initiated and finalized. Per agreement funds may be encumbered.	January/February

CONTRACT REQUIREMENTS

Recipients approved for funding shall enter into a contractual agreement with Marion County Services for the Developmentally Disabled. Terms of the agreement shall include performance of the services and activities as set forth in the Application for Funds, with assurance of such performance provided by reports to and/or monitoring by Marion County Services for the Developmentally Disabled. Periodic reports will describe progress made in the project and related finances. Monitoring may include review(s) of records, facilities, and services to determine the status of the project being funded. Exact terms of reporting and monitoring shall be set forth in the contract.

STATEMENT OF BASIC PRINCIPLES OF FUNDING

The following are basic principle statements of the Board concerning the funding of services:

1. The Board desires to enhance, initiate and/or expand services utilizing its funds, without the possible commensurate loss of other sources of funding.
2. The Board recognizes that persons with developmental disabilities of all ages are in need of some type of service. Within the service delivery system there are defined areas of responsibilities pursuant to Local, State and Federal statutory mandates. The board believes that for the service delivery system to be truly comprehensive in meeting the needs of the developmentally disabled, funding responsibilities must be shared. No one funding source can be expected to effectively meet all the needs of the developmentally disabled. The Board's funding policy concentrates on services that are not a primary mandate or focus of other major public funding resources.
3. The Board may, at its discretion, expend its funds through contractual agreement with not-for-profit agencies, provide direct provision of services or utilize a combination of either method. This includes additional, forfeited or unused funds during each fiscal year.
4. Marion County mill levy funds shall be used to supplement, not to supplant, all other public and private expenditures.
5. With respect to funding requests for the establishment of new or substantially expanded services, all applicants must demonstrate the need/demand for the proposed service by means of waiting list verified by the referring or sponsoring entity (i.e., Department of Mental Health, Division of Vocational Rehabilitation) and, if applicable, a needs survey should be conducted within Marion County.
6. In the case of projects for which the applicant is requesting partial funding, applicants must demonstrate the availability and source of other funds other than those requested from the Board for the development and/or continued operation of the proposed service.
7. In order to serve the maximum number of persons with developmental disabilities, the Board desires to use its available funds to leverage other funding sources. To this end, the Board may, at its discretion, request that agencies seeking Board funds consider using their own financial resources and/or other resourced in partnership with Board funds.
8. The Board will not utilize funds to assist agencies in retiring their long-term debts. To be considered for funding, the debt must be incurred within the last twelve (12) months.
9. The board will not, except under special circumstances, approve funds for services rendered/expenses incurred by an Agency prior to the date of Board approval of the Agency's application.
10. The Board reserves the right to establish the conditions and requirements of the funding agreement between the Agency and the Board for approved applications.
11. An Agency that has failed to perform in accordance with the contractual agreement with the Board on any one project shall therefore be considered by the Board to be in default on all other projects, and no further funds shall be disbursed until the problem has been resolved to the satisfaction of the Board.

12. The Agency must demonstrate an on-going effort toward publicizing its programs, functions and location to all segments of the community utilizing all feasible media. It is expected that public education materials and media information state that funding is being received from the Marion County Services for the Developmentally Disabled.

13. Agencies are required to submit a Board of Directors membership list showing names, addresses, telephone numbers, occupation, term of office including identification of officers. Agencies shall notify the Board of changes in the membership in order to ensure the accuracy of Board records.

14. Agencies requesting funds from the Board shall comply with all requirements as stated in the Board's Funding Policy & Procedure Manual.

**MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED
APPLICATION FOR FUNDS**

CHECKLIST

Forms:

() PARTS I and II of "Agency Application for Funds"

or, if applicable

() "Individual Application for Funds"

Corporate Information

() Board Member List (or owners if for profit)

() Board Resolution Authorizing Submission of Application

() Copy of "Certificate of Good Standing"

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

() Audit Statement from last full fiscal year

**MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED
AGENCY APPLICATION FOR FUNDS**

PART I

A.	Legal Name of Agency:		
	Name:		
	Address:	Phone No.	
	City:	State:	Zip:

B.	Owner/Board Chair:		
	Address:		
	City:	State:	Zip:

C.	Agency Director:		
	Address:		
	City:	State:	Zip:

D.	Amount of Funds Requested	\$
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E	Present annual budget of Agency	\$
	Cash reserves presently	
	Amount necessary to maintain six (6) month reserve:	\$
	-- based on total expenses from most recent fiscal year audited cost -- (total includes "capital" expenses, not just "depreciation")	

F	History and Background of Agency is required of all agencies (persons) not previously funded: (Attach narrative description of agency's mission, past and present programs, clients served, Etc).

G	State the goals and objectives of the project(s) to be funded.

H

List history of grants previously funded by MCSDD.

PART II

A. Funding Period: From: _____, 20____ To _____, 20____

Sources of project financial support / amount requested:

	Total Project Budget	Other Gov Support	Private & Community Support	MCSDD Support
Grant:	\$ _____ 100.0%	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %

C. 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)

D. What other funding sources have you sought or are seeking to help support this project?

E. Client Information:

- 1) Number of persons with MR/DD from Marion County presently served in existing program: _____.
- 2) Number of additional persons from Marion County to be served in new or expanded program: _____.
- 3) Ages of persons from Marion County to be served by this existing/new/expanded program:

- | | | |
|------|-------|------------|
| Ages | _____ | 0 - 4 |
| | _____ | 5 - 15 |
| | _____ | 16 - 20 |
| | _____ | 21 - 55 |
| | _____ | 56 - older |

MARION COUNTY SERVICES FOR THE DEVELOPMENTALLY DISABLED

Individual Application for Funds

Legal Name:		
Address	Telephone	
City:	State:	Zip:
If different than above, list individual(s) served:		
Address	Telephone:	
City:	State:	Zip:

Amount of project/equipment/etc: \$ _____

Amount of funds requested: \$ _____

Describe project/equipment/etc. Explain how this will meet the needs of the individual or how it will directly benefit the individual. Include explanation of all funding source requests.

Attach copy of determination of eligibility by DMH.

Attach copy of determination of Standard Means.