

**Adair County SB40 Developmental Disability Board
APPLICATION FOR AGENCY FUNDING**

CHECKLIST

The following items should accompany any applications for agency funding through the Adair County SB40 Board.

Forms:

- () Completed Agency Application for Funds
- () Signature of Board Chair to authorize application for funding (on application form)

Corporate Information:

- () Board Member List
- () Copy of Agency By-Laws
- () Certificate of incorporation as a non-profit
- () Copy of Agency charter

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 ACSDDDB at least 10 work days prior to the next scheduled board meeting.

Adair County SB40
314 E McPherson
Kirksville, MO 63501

**Adair County SB40 Developmental Disability Board (ACSDDDB)
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 ACSDDDB: \$
Funding Period: From _____ To _____

E.

<p>General purpose for which funds are requested:</p> <p>_____ Establish a new program or service</p> <p>_____ Expand an existing program or service</p> <p>_____ Maintain an existing program or service</p> <p>_____ Other (Specify) _____</p>
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I.

How does your program and/or services maximize the human potential of persons with a developmental disability?

J.

List any grants previously funded by ACSDDB

K.

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.

L. Information regarding individuals to be served:

<p>1) Number of persons <u>with developmental disabilities</u> from Adair County presently served in existing program (if applicable): _____.</p> <p>2) Number of additional persons <u>with developmental disabilities</u> from Adair County to be served in new or expanded program: _____.</p> <p>3) Prospective ages of persons <u>with developmental disabilities</u> from Adair County to be served by this existing/new/expanded program:</p> <p>_____ 0 – 4 _____ 5 – 15 _____ 16 – 20 _____ 21 – 55 _____ 56 – older</p>

M. 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?
ACSDDDB		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.

Signature of Board Chair Date: _____

Signature of Executive Director Date: _____