Developmental Disability Services of Jackson County

eitas

Empowering individuals through advocacy and support

Eitas Funding Application for 2016

If you are planning on submitting a 2016 Funding Application please adhere to the following dates and guidelines:

July 5, 2015
A regular 2016 Funding Application is posted to the eitas website and a notice published in the *Kansas City Star*

August 14, 2015
Pre-Application Conference Date - An Application Review meeting will be held for agencies/providers wishing to submit a funding request for 2016 and who may have questions and/or who need assistance in finalizing the application.

The meeting will be held on Friday, August 14 from 1:30 – 2:30 PM at the eitas Training Center located at 8508 Hillcrest, Kansas City, Missouri.

September 4, 2015
The closing date for all 2016 funding applications are due no later than 3:30 PM on Friday, September 4, 2015.

Application Submission and Copies
Applications may be submitted on a CD or via email if files are not too large; if hard copies are submitted we require an original and five (5) copies of the completed application.

All funding applications must be received at the address below on or before the above noted closing date and time.

Developmental Disability Services of Jackson County -eitas
8511 Hillcrest, Suite 300
Kansas City, MO 64138

Eitas Contact
Mr. Jake Jacobs
(816) 363-2000
jjacobs@eitas.org

Length of Application

Section 1 and 2 of the proposal 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. All narratives must be single spaced with a 12-point font and 1 inch margins.

Applicants are encouraged to keep supporting documentation to a minimum and only include what is needed to support the funding request.

Letters of Support

It is recommended that letters of support be obtained for any services proposal <u>not previously funded by eitas</u>. 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 205.968.972. RSMo, including all amendments and related judicial rulings.

Support Principles

Developmental Disability Services of Jackson County – eitas:
- Fully embraces the concept of self-determination for individuals we support.
- Seeks to maximize the freedom and control individuals with developmental disabilities have in living a meaningful life in the community
- Supports self-advocacy and the right of individuals with developmental disabilities to direct their own supports.
- Supports the inclusion of individuals with developmental disabilities in all aspects of their community.
- Is sensitive to issues of diversity and insists that agencies funded and supported by eitas are responsive to diversity concerns and are culturally proficient.

Services and Persons Eligible for Funding

- Approved Services: 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.

- Vocational Services eligible for funding 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.

- Community Living Supports eligible for funding include: residential programs, independent supported living, companion model/shared living, day services, social centers, community agencies designed to provide supports for social interaction, occupational and physical development, development of an individual's capacity to live and work in the community, and foster the development of relationships within the community.

Eligibility-Disability: Persons whose services are eligible for funding include those who are defined as having a developmental disability under 205.968-205.972 RSMo.

o Eligibility-Age: 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 that are the responsibility of educational authorities.

o Eligibility and Medicaid Match: Individuals that eitas pays match for may not be included for funding on monthly invoices for services rendered during the funding year. Those individual's participation in services is already being funded by eitas and "double-dipping" of funding is not permitted. A current list of those individuals can be obtained by contacting the eitas Executive Director.

Location of Service Delivery can include developmental disability-specific agencies, community-based organizations, generic community sites, employment-related sites, and individual's homes. The services must be delivered for the benefit of the individual themselves, not parents or other caregivers.

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 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.

Eitas may, in its discretion, impose funding limitations with respect to providers funded and individuals to be served in light of available resources and community needs.

NOTE: Funding 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

Part I - Applicant Information

Full Name of Applicant: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____   Fax No.: _____

Employer ID Number: _____

Agency Website (if applicable): _____

Principal Contact Person: _____

Email Address of Contact Person: _____

Name of Preparer: _____

Is Preparer a Member of Staff: _____ Yes   _____ No

Part II – Program Information

Name of Proposed Program/Project: _____

Part III – 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 contract requirements and assurances required by Developmental Disability Services of Jackson County – eitas if funding is awarded.

_____   _____
Printed Name of Authorized Board Representative   Authorized Board Representative Signature

_____   _____
Title of Authorized Board Representative   Date Signed

Section 2
Agency Abstract

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

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

Example Only of Agency Abstract

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 2015, 36 during 2014, 37 during 2013, 32 during 2012 and 31 during 2011. In 2015 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 homes are located in the 64181 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 of 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 2016.

Section 3
Funding Request

Part I – 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 SERVICES AND SUPPORTS: All funding 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 specific milestones that will be used to indicate progress. Failure to provide these will cause the application to be rejected.

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 how the need/demand was determined. Include information regarding how persons serviced 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 to include details about other funding avenues that have been explored, and include documentation of any successes and/or 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 if eitas funding is withdrawn?

Part II – 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.

Part III – Outcomes to be Achieved by Program/Project

Utilizing the "Description of Program/Project" in Part I, describe the ideal benefits(s) for an individual of this service/support from their perspective (i.e., outcomes should be expressed in terms of Missouri Quality Outcomes (MQO) with the person, not goals for the Agency serving them). Please refer to the MQO Discussion Guide at

www.dmh.mo.gov/docs/dd/qualityoutman.pdf'

Some examples (this is not an all-inclusive list) of outcomes that might serve to focus services to:

- o People belong to their community
- o People have a variety of personal relationships
- o People have valued roles in their family and community.
- o People have control of their daily lives.
- o 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. You are not required to use all of the Missouri Quality Outcomes, but choose those that best fit the needs of the people you are supporting and that fit with the type of services you provide.

Part IV – Target Strategies and Outputs

Specific strategies, outputs and activities are required to achieve the outcomes you choose 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 outcome. In your application 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 may occur.

Part V – Measurement of Performance Target

As the overall result of your proposed funded program/project while 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

Part VI – 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.

Part VII – Review of Current Year's Program/Project
(Complete only if currently funded by eitas)

Provide a six-month (January-June) review of the Agency's FY 2015 program, Including:

1. 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 surveys).

2. How the six-month results during the current fiscal year have impacted the development of the FY2016 request for funding.

3. List steps taken by the Agency to address deficiencies, develop innovative services and supports, or otherwise improve the services and supports it offers to persons with developmental disabilities.

Part VIII - Program Budget – Current Year 2015
(Complete only if currently funded by eitas)

Chart of Accounts	Current Operating Budget for Existing Program/Project (only if currently funded by eitas)	
	A. Total Program Budget for eitas	B. Actual Funding by eitas through 06.30.2015
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 of 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 *underduplicated* individuals).

_____
_____
_____
_____
_____
_____

Part IX - Program Budget – Proposed FY 2016

It is the preference of eitas to purchase services that are defined as a unit with a unit cost connected directly to an individual supported. However eitas recognizes that some projects may not conform to that methodology for reimbursement. For those projects, eitas will consider other funding scenarios as eitas deems appropriate. *Note: For items 1 through 10 on the Chart of Accounts please include an explanation of what items you are including in those categories as outlined in Section 4. Agency Administrative Allocation may not exceed 10% of the total funds requested.*

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					
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 PROJECTED EXPENSES (Sum 11-12)					
14. Total Number of Persons to Be Serviced					
15. Total Number of Units of Service Projected to be Provided					

Section 4 – Additional Information

A. Chart of Accounts Detail

If you are requesting specific funds for any of the line items listed on the Program Budget - Proposed FY 2016 on page 12, please detail below what items are included in each of those line items for your Proposed Operating Budget and why it is needed.

1. Personnel Costs

2. Communication

3. Office Equipment

4. Food Costs

5. Staff Training

6. Staff Travel

7. Vehicle Operating Costs

8. Professional Services/Fees

9. Client Assistance

10. Facility Costs

NOTE: It is preferred that the items listed below be provided in electronic form via a CD/DVD, not hardcopy. Failure to provide the most current copies may cause rejection of your application.

B. Agency Documents

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

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

C. Financial Documents

Please submit <u>one copy of the most current version</u> 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

D. 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:

(1) Health, Safety & Welfare
(e.g. DESE Sheltered Workshop Certification; local Fire Marshall Inspection; Dept. 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 _____

(2) Service Quality
 (e.g. DESE Sheltered Workshop Certification; local Fire Marshall Inspection; Dept. of Health, etc.)

Issuing Agency: _____
Type/Name of Credential: _____
Effective Dates: _____ through _____

Issuing Agency: _____
Type/Name of Credential: _____
Effective Dates: _____ through _____

E. Ethnicity and Minority Representation

(1) 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
Ethnicity:			
% Caucasian	%	%	%
% African American	%	%	%
% Asian American	%	%	%
% Hispanic/Latino	%	%	%
% Native American	%	%	%
% Other			
Gender:			
% Male	%	%	%
% Female	%	%	%
Disabilities:			
% Without Disabilities	%	%	%
% Parents/guardians/siblings of individuals with developmental disabilities	%	%	%
% Developmental Disabilities	%	%	%
% Disabilities (other than developmental	%	%	%

(2) 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.

Section 5 – Board Resolution/Corporate Resolution

Resolution

At the Board meeting on _____, 2015 the Board of

Directors of _____approved submitting

<div align="center">(Name of Agency applying for funds)</div>

a funding application to Developmental Disability Services of Jackson County – eitas for

_____

<div align="center">(Name of Proposed Program/Project)</div>

The amount of the request is $ _____ for the purpose of (briefly describe)

_____

_____

_____

The individual(s) authorized 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.

_____   _____
Printed Name of Authorized Person   Authorized Person's Signature

_____   _____
Title of Authorized Person   Date Signed

_____   _____
Printed Name of Authorized Person   Authorized Person's Signature

_____   _____
Title of Authorized Person   Date Signed