



Funding Application for 2019

Eitas Funding Determination

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 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 also utilize its resources and influence when possible to encourage the development of services and supports that facilitate self-determined lives.

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

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 – All projects and programs funded must embrace and meet these principles:

- Fully embraces the concept of self-determination for individuals with intellectual and/or developmental disabilities.
- Seeks to maximize the freedom and control individuals with intellectual and/or developmental disabilities have in living a meaningful life in the community
- Supports self-advocacy and the right of individuals with intellectual and /or developmental disabilities to direct their own supports.
- Supports the inclusion of individuals with intellectual and/or developmental disabilities in all aspects of their community.
- Is sensitive to issues of diversity and 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 services that foster the development of relationships within the community, as well as educational activities that foster understanding of developmental disabilities and inclusion.

Eligibility

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

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.

Eligibility and Medicaid Match: Individuals that eitas pays the Hope Waiver Medicaid match for may not be included for funding of services rendered by an applicant during the funding year. Those individual’s participation in Medicaid services is made possible by eitas paying the match, and “double-dipping” of funding is not permitted. A current list of those individuals can be obtained by contacting the eitas Executive Director. Eitas funding cannot supplement Medicaid rates being paid for a service.

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 being supported.

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.

On budget pages 10 and 11, please make sure you include all data requested. If a line item does not apply, please put an “NA” in that column. Page 10 requires that you include a projected number of persons to be served (line 14); and the total number of units projected to be provided to persons served (line 15). ***Those numbers must be present or we cannot process your request.***

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

(Note: Each program/project for which funding is sought will require a separate Funding Application)

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.

Application Submission

Application and related materials may be submitted on a USB Flash Drive or SD Card or via hard copy. If by hard copy, only one original copy of all material is required. **Submissions by email will not be accepted.**

Application Review

All applications will be reviewed by a Funding Committee composed of eitas staff and Board Members

All funding applications must be received at the address below on or before the closing date and time. Any received after that time will be rejected.

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

Eitas Contact

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

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: Application Face Sheet

Part I - Applicant Information

Full Name of Applicant: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Employer ID Number: _____

Agency Website: _____

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:

- Name of Agency
- 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 and ethnic groups
 - ✧ Level of support and types of disabilities
 - ✧ Number of persons served for each of the past five years
- Services provided by Agency
- 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 2014, 36 during 2015, 37 during 2016, 32 during 2017 and 31 during 2018. In 2017 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 2019.

Section 3: Funding Request

Part I – Description of Program/Project **Please be as detailed as possible**

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.
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?
6. If your agency has previously provided this service without eitas funding, why is eitas funding needed now?
7. 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?

8. 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.
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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 and Outcomes Measurement **Please be as detailed as possible**

Outcomes to be Achieved

Identify the intended outcomes of the program or project by utilizing the Missouri Quality Outcomes (updated in 2015). Include an explanation of why the specific MQO's were selected. Describe how the program or project connects to the specific MQO's and what you hope to achieve with this program or project. Please refer to the MQO Discussion Guide at <http://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf> . :

The six MO Quality Outcomes are listed below:

- People Have Opportunities to Advocate for Themselves, Others and Causes They Believe In, including Personal Goals and Dreams
- People Participate in Meaningful Daily Activities of Their Choice
- People are Educated about Their Rights and Practice Strategies to Promote Their Safety and Security
- People Live in Communities They Choose, with Whom They Choose and in Homes and Environments Designed to Meet Their Needs
- People Are Able to Choose Health/Mental Health Resources and Are Supported in Making Informed Decisions regarding their Health and Well-Being
- People Are Active Members of Their Communities While Determining Valued Roles and Relationships through Self-Determination

Please note that eitas requires all funded 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.

Outcomes Measurement **Please be as detailed as possible**

Please complete the Outcomes Measurement chart for this section of the Application:

- Outcomes: List the Missouri Quality Outcomes that will be addressed by the proposed project or program on the Outcomes Measurement chart.
 - Indicators: For each MQO, identify indicators that will demonstrate progress towards the outcomes. List the indicators on the Outcomes Measurement chart. Indicators are measurable statements that will be used to indicate progress towards the stated program/project outcomes. Indicators may include activities, outputs, or other measurable strategies. The indicators selected need to promote and not detract from the Support Principles listed on the first page of the application (i.e.. self-determination, meaningful community life, freedom, control, self-advocacy, inclusion and culturally responsive)
 - Data Source: Describe where the data or evidence of the indicators can be found.
 - Please explain how the indicators listed on the Outcome Measurement chart will assess progress of the MQO. In addition, summarize the evaluation process by identifying who will be responsible for managing and collecting the data and how often data will be reviewed.
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Part IV – 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 V – Diversity and Inclusion

Please describe how your organization ensures a culturally competent approach to providing services and supports.

Section 4: Proposed FY 2019 Program Budget

Please be as detailed as possible

Funded services must be 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.

Chart of Accounts	FY 2019 Proposed Operating Budget				
	A. Total Program Budget- all revenue & funding sources	B. Total Funding Requested from eitas	C. Total Revenue from DMH	D. Total Funding from DESE	E. Total Revenue from all other sources, grants, earnings
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. Administrative Allocation (10% or less)					
13. GRAND TOTAL OF PROJECTED EXPENSES (Sum 11-12)					
14. Total Number of Persons to Be Served with eitas funding					
15. Total Number of Units of Service Projected to be Provided					

Chart of Accounts Detail

If you are requesting specific funds for any of the line items listed on the Program Budget - Proposed FY 2019 on page 10, please detail below what items are included in each of those line items for your Proposed Operating Budget and why it is needed. All sources of revenue and funding must be listed as well.

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

Section 5: Required Documentation

NOTE: It is preferred that the items listed below be provided in electronic form via a Flash Drive or SD card, not hardcopy. Failure to provide incomplete information or the most current copies of the requested documents may cause rejection of your application.

Agency 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 Board members names, contact information and profession)
- _____ Mission Statement
- _____ Strategic Plan
- _____ Organizational chart
- _____ 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

Program Standards

If applicable, 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 _____

Ethnicity and Minority Representation

Provide a listing of the ethnicity and minority representation of your organization 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)	%	%	%

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

Board Resolution/Corporate Resolution

Resolution

At the Board meeting on _____, 2018 the Board of
Directors of _____ approved submitting
(Name of Agency applying for funds)
a funding application to Developmental Disability Services of Jackson County – eitas for

(Name of Proposed Program/Project)

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