Developmental Disabilities Resource Board
Application for Funds Checklist

Agency Name: _____

The following information must be included in your application for it to be considered complete. If any of the following documents are not included in the packet, your application may not be accepted.

Program Name: (Submit one for each program)	**Program Narrative**	**Program Financial**	**Justification Form**	**DDRB Review Section**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Submit ONE Copy Of Each Of The Following:

_____ **Board Resolution with original signature**	_____
_____ **Program Standards**	_____
_____ **Capital/One-Time Request - if applicable**	_____
_____ **DSP Wage Increase Request - if applicable**	_____

ALL APPLICATIONS MUST BE HAND DELIVERED TO:
DDRB
156 St. Peters Centre Blvd.
St. Peters, MO 63376

**** To ensure a staff member is present, agencies should call ahead to notify the DDRB when they will be delivering their application, if delivering prior to the due date.**

Date/Time Submitteed:
_____

Submitted by:
_____

DDRB Review
Completed By: _____

Missing Corporate Information Documents:
_____
_____
_____
_____