

Developmental Disabilities Resource Board
Application for Funds (AFF)
Renewal Application
Program Narrative Instructions
Revision Effective: July 1, 2008

The streamline application is targeted at programs with no major changes within program design or service delivery from the prior year's service.

Program Narrative Instructions

1. Complete the following information on each program for which funding is requested.
2. Write a narrative that includes information as outlined in each of the 6 categories listed below. The questions provided are to be used as a guideline to complete each section. The narrative should not exceed 1-2 pages.

A. Description of Program

- a. "Briefly" (1 – 2 sentences) describe the service you provide and whom you serve.

B. Outcomes to be Achieved:

Please identify what outcome(s) your program will impact. Chose one.

You must apply for funds that will directly impact the following outcome as per the DDRB strategic plan.

1. Over the next five years, the DDRB will focus its efforts to build and strengthen the capacity of the service delivery system to meet the needs of the St. Charles citizens with developmental disabilities and their families.

C. Performance Targets

Identify 1-3 priority targets in which the DDRB will invest.

Targets define success for the program. A performance target represents a change for the customer. It is always defined in terms of the customer, not in terms of your activities. Your targets should reflect how the program provides a controlled work environment, or is designed toward enabling an eligible person to progress toward normal living, or to develop his or her capacity, performance, or relationships with other persons, or provide services related to a place of residence or social centers for eligible persons, or is connected or associated with vocational training, vocational teaching, vocational activities, vocational workshops, and/or residential facilities. Performance targets are bound in time (when will the intervention and change occur?). **Targets are stated in measurable terms.** Please keep in mind that not all customers served will reach your intended target(s). Each outcome must have targets; the goal is to achieve them within the fiscal year.

D. Verification of Targets

Describe how you confirm your targets have been reached?

Verification simply asks you to explain how you will know that you have or have not reached projected targets. What are your measurement tools? Whom does the information come from? Include samples of surveys, etc.

E. Milestones

List the critical customer milestones people need to reach so that you know you are on course to achieving the performance target? Each performance target must include milestones. Effective programs and their investors need a way to track progress to ensure that an initiative is on course to reach its performance target. They also need something to prompt timely course corrections if they find they are off-track. The target hinges not on the agency's actions but on those of the customer. Milestones focus on the customer and represent those critical points of accomplishment that they will reach. These behaviors can be defined sequentially. First, the customer does this... and then... and then. Step into the customer's shoes and define, for your program, the important customer milestones you are looking for. Milestones are connected to

your performance targets. They are the steps to the target. Each performance target must include milestones.

You will be required to report on the progress of your milestones. (See Program Report Format) While targets are created as results to be achieved that indicate success for a program, milestones can be changed and reworked.

F. Billable Unit Definition:

Provide a detailed description of billable activities and duties.

G. Capital/ One-Time Funding Requests:

If the agency is requesting capital items eligible as outlined in the Capital Funding Policy, a general description of capital needs for each program for the fiscal year are to be included within this narrative. Describe how the capital needs will meet the intended targets for each program.

General capital needs for administrative, or equity investment for this fiscal year are to be included within this narrative and should describe how the capital needs relate to the targets for the programs.

If the agency will be participating in a National Accreditation Survey for this fiscal year, include within this narrative those one-time needs for the survey as outlined in the National Accreditation Policy.

H. Community Outcomes

These outcomes are provided by the DDRB Program Manager at the annual agency meetings.

Financial Instructions

For each program, submit one copy of the following:

1. Program Income Plan
2. Program Expenditure Plan
3. Individual/Unit Cost Report

Make sure numbers reported are consistent throughout the entire Application For Funds.

Developmental Disabilities Resource Board
Application for Funds (AFF)
Renewal Application

PROGRAM NARRATIVE for EACH PROGRAM

AGENCY NAME: _____

Program: _____

Prepared by: _____

Renewal Application for Fiscal Year _____

A. Description of Program (1-2 sentences)

B. Outcome to be Achieved

C. Performance Targets

D. Verification of Targets

E. Milestones

F. Billable Unit Definition: Provide detailed description of billable activities/duties

G. Capital/One-Time Funding

H. Community Outcomes

**FY10 Application For Funds (AFF)
 Developmental Disabilities Resource Board
 Program Revenue**

Agency Name: _____
 Program Name: _____
 Submitted by: _____

| Revenue | Total Agency Budget | | | Program Operating Budget | | |
|--------------------------------------|---------------------|----------------------|----------|--------------------------|----------------------|----------|
| | 7/08-6/09 Budget | 7/09-6/10 Projection | % Change | 7/08-6/09 Budget | 7/09-6/10 Projection | % Change |
| DDRB | | | | | | |
| Productive Living Board | | | | | | |
| St. Louis Office for MR/DD Resources | | | | | | |
| DMH - POS Daily | | | | | | |
| DMH - POS Hourly | | | | | | |
| DMH - Community Placement | | | | | | |
| United Way | | | | | | |
| DESE | | | | | | |
| Vocational Rehabilitation | | | | | | |
| Division of Family Services | | | | | | |
| Department of Social Services | | | | | | |
| HUD | | | | | | |
| Rental Income | | | | | | |
| Contributions/Donations | | | | | | |
| Special Events | | | | | | |
| Investment Income | | | | | | |
| Parent/Program Fees | | | | | | |
| Grants | | | | | | |
| Memberships | | | | | | |
| Other: List | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL REVENUE: | | | | | | |

% Change = (Projection - Budget) divided by Budget

**FY10 Application For Funds
Developmental Disabilities Resource Board
Individual Unit Cost**

Agency Name: _____
 Program Name: _____
 Submitted by: _____

| | Total Program | | | DDRB Share/St. Charles Co. | | |
|--|----------------------|----------------------|----------|----------------------------|---|----------|
| | 7/08-6/09 | 7/09-6/10 | % Change | 7/08-6/09 | 7/09-6/10 | % Change |
| A. Total Expenses | _____ | _____ | _____ | _____ | _____ | _____ |
| B. # of Individuals | _____ | _____ | _____ | _____ | _____ | _____ |
| C. # of Units (applies only to those requesting POS) | _____ | _____ | _____ | _____ | _____ | _____ |
| Total Cost/Individual (A divided by B) | <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ |
| Total Cost/Unit (A divided by C) (applies only to those requesting POS) | <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input style="border: 2px solid black;" type="text"/> | _____ |

One Unit of Service = _____
 (applies only to those requesting POS)

*** DDRB Purchase of Service
 Rate Requested for FY10 Application**

Most Recent Audited Unit Cost: _____
 (applies only to those requesting POS)

If Unit Cost Rate Shared with DMH, indicate DMH Unit Cost Share: _____
 (applies only to those requesting POS)

If this service is provided through contract with another public entity, provide the contracted unit rate and name of public entity. Unit Rate: _____ Entity Name: _____

***If unit rate varies or is different from the DDRB Unit Rate Request, attach a written justification for the difference.**

For each program, provide the total (unduplicated) St. Charles County residents currently being served and projected for 2009-2010 (Individuals included must have actually received services in the year reported.)

**Developmental Disabilities Resource Board
Application for Funds (AFF)
Board Resolution**

At the Board meeting on _____, 20____, the Board of Directors of _____ approved submitting this Application
(Name of Agency applying for funds)

for Funds to the Developmental Disabilities Resource Board of St. Charles County. The total amount of the request is \$_____ for the purpose of:

| Project Name | Amount Requested |
|---------------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|--|-------------------------------------|
| Independent Living Assistance Authorized Growth Up To | Amount Requested \$ _____ |
|--|-------------------------------------|

| | |
|--|-------------------------------------|
| Supported Employment Follow Along Authorized Growth Up To | Amount Requested \$ _____ |
|--|-------------------------------------|

Note: Exact dollars requested are not required. Amounts requested should be submitted as not-to-exceed figures.

The authorized individual(s) to enter into contractual arrangements with the Developmental Disabilities Resource Board of St. Charles County 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 Developmental Disabilities Resource Board's guidelines, monitoring procedures, and formal contract provisions if our request for funding is approved.

Prepared By: _____

Board Approval By: _____

Name: _____

Signed: _____

Title: _____

(Please Print Name)

Date: _____

Board Member Title

**Developmental Disabilities Resource Board
Application for Funds (AFF)
Program Standards**

Request for Fiscal Year: _____

Agency _____

Instructions:

List all licensing, accreditation, and certification credentials currently held by your agency where applicable (include all local, state and federal or national entities) for each of the following categories:

Health, Safety & Welfare (i.e. DESE Sheltered Workshop Certification; local Fire Marshall Inspection; Department of Health, etc.)

Issuing Agency: _____

Type: _____

Program(s) Covered: _____

Effective Dates: _____ through _____

Issuing Agency: _____

Type: _____

Programs Covered: _____

Effective Dates: _____ through _____

Service Quality (i.e. Commission on Accreditation of Rehab Facilities – CARF; Council on Quality & Leadership; American Camping Association; Medicaid Certification, etc.)

Issuing Agency: _____

Type: _____

Program(s) Covered: _____

Effective Dates: _____ through _____

Issuing Agency: _____

Type: _____

Programs Covered: _____

Effective Dates: _____ through _____

Staff Credentials for Project(s) funded by the DDRB only, if required for service.
(i.e. Licensed Clinical Social Worker – LCSW, Licensed Occupational Therapist, etc.)

Issuing Agency: _____

Type: _____

Program(s) Covered: _____

Effective Dates: _____ through _____

Issuing Agency: _____

Type: _____

Programs Covered: _____

Effective Dates: _____ through _____

