

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

**NEW APPLICATION  
PROGRAM NARRATIVE INSTRUCTIONS**

This format is to be completed by new agencies (not previously funded by the DDRB) or for new programs.

**New Application Instructions**

1. Complete the program information for each program which funding is requested.
2. Write a narrative that includes information as outlined in each of the 9 categories (A-I) listed below. The questions given are to be used as a guide to complete each section.
3. Complete the financial information for each program which funding is requested.

**Program Instructions**

**A. History/Guiding Philosophy -**

**Discuss the history of this program/service.**

***(This section History/Guiding Philosophy applies to new agencies only).***

How long have you been providing the service? How many customers overall do you serve within this program? How many staff do you have providing support to your customers? What is your philosophy/vision for this program? What is your agency mission? What agency values are reflected within this program?

**B. Program Design –**

**Describe the essential elements of your program design**

Delivery Model: Describe, step by step, the process your customer goes through while in your program. Describe how the service is delivered to your customer. What are your customer's behaviors that your program has an effect upon? What is changing for those you serve as a result of your intervention? Describe your program or service as a product with certain features and characteristics uniquely fitted to your customers. The value of this perspective is that the product connects to the customer who is to gain from it.

Intensity/Duration

Describe the intensity and duration of your service. How often do you work with your customers and how long? Are services more intensive up-front then faded out? Alternatively, are they intensive throughout?

Comparative Advantages vs. Similar Options. What makes your program unique? What are the specific core features that describe the "product" for your customer that are different from other products offered?

Need for the Program

Demonstrate the need for your program. Look at the elements of creating a marketing plan for a product or service. Gather actual data to demonstrate the need.

Critical Issues: Short/Long Term

Identify what your barriers are to providing the service. It may be lack of flexible funding, transportation issues, or a new trend. Some issues may be short term and others longer term.

### Person Centered Planning

How will you ensure that what you do is included in your customer's person centered plan, and/or Individual Education Plan or Individual Family Service Plan?

### **C. Description of Customers:**

**Describe your customers by the characteristics and attributes which are relevant to program implementation**

Who are the customers for the program? Customers are the persons who directly interact with your organization's product and its implementors. They are the people whose lives you are trying to change. They are the people who are the subject of your performance targets. Think about your customers in terms of what sets them apart from others you might support. Even within the broad population that you are eligible to serve, there are frequently sub-sets of people who are best suited to your particular approach or model of service. Give specific scenarios of typical individual profiles and describe them.

### **D. Outcomes to be Achieved: -**

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

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.

### **E. 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.

### **F. 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.

### **G. Milestones**

**Each performance target must include milestones.**

List the critical customer milestones people need to reach so that you know you are on course to achieving the performance target. 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.

## **H. Key Implementors:**

### **List the key individuals responsible for implementation of the program.**

Provide their name and function; briefly describe special skills and experience they bring to the program.

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

## **I. 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.

## **Financial Instructions**

For each program, submit one copy of the following:

1. Program Revenue 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)  
'New Application'  
PROGRAM NARRATIVE For EACH PROGRAM**

**AGENCY NAME:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

Renewal Application for Fiscal Year \_\_\_\_\_

**A. History/Guiding Philosophy**

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**B. Program Design**

Delivery Model:

Intensity/Duration

Need for the Program

Critical Issues; Short/Long Term

Person Centered Planning

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**C. Description of Customers**

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**D. Outcome to be Acheived**

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**E. Performance Targets**

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**F. Verification of Targets**

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**G. Milestones**

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

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**I. Key Implementors**

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**I. Capital/One-Time Funding**

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**J. Community Outcomes**

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**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						
<b>TOTAL REVENUE:</b>						

**% 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:

<b>Project Name</b>	<b>Amount Requested</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Independent Living Assistance** **Amount Requested**  
**Authorized Growth Up To** **\$** \_\_\_\_\_

**Supported Employment Follow Along** **Amount Requested**  
**Authorized Growth Up To** **\$** \_\_\_\_\_

**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 \_\_\_\_\_

