



# **Stone County Developmental Disability Board**

INFORMATION AND INSTRUCTIONS  
FOR APPLICATION FOR FUNDS  
FISCAL YEAR 2025

P.O. Box 2383  
Branson West, Missouri 65737  
[Stoneddboard.com](http://Stoneddboard.com)

## **INTRODUCTION**

In 2016, the citizens of Stone County approved a property tax levy for the purpose of establishing and maintaining community-based residences and other services for citizens of Stone County who have a developmental disability. In accordance with Missouri Revised Statutes, Chapter 205, County Health & Welfare Programs, Section 205.968, the Stone County Commission appointed a nine-member board to administer funds generated by the tax levy. The focus of the Stone County Developmental Disability Board's ("SCDDB") efforts will be in developing, maintaining and expanding a variety of Residential, Vocational and/or related services that will enhance community participation by Stone County citizens with developmental disabilities.

## **MISSION, VISION, CORE VALUES OF SCDDB**

### **Mission**

Providing resources for Stone County individuals with developmental disabilities to thrive, connect with others and achieve their goals.

### **Vision**

An inclusive community where all people have value and opportunities

### **Core Values**

Stewardship: We administer funds transparently, legally, and ethically in an effective manner.

Integrity: We act consistently, honestly, accurately and impartially.

Respect: We respect every individual's beliefs, strengths and uniqueness. We believe individuals should be active participants in choosing supports that optimize their future.

Partnerships: We obtain needed services for individuals with developmental disabilities through collaborative partnerships with providers and the community.

## **INSTRUCTIONS FOR APPLICATION FOR FUNDS FROM SCDDB**

All applicants for funds from SCDDB should contact the Agency to ascertain deadline dates and procedures for submitting an application.

## **ELIGIBILITY**

Qualifying organizations must:

- Be incorporated as a Missouri Not-For Profit Corporation or a Governmental Entity working in cooperation with SCDDB in improving and expanding services to persons with developmental disabilities in Stone County.
- Serving Persons who are developmentally disabled as defined in RSMo 205.68 and 178.900 and residents of Stone County.
- Not utilize SCDDB funds to provide services to persons without a developmental disability.
- Not utilize SCDDB funds to provide services to non-Stone County residents or to perform SCDDB funded services outside of Stone County without first consulting and informing the SCDDB Board.
- Be in good standing with the Missouri Secretary of State.

## **PROCEDURES**

SCDDB will receive and review funding applications on an annual basis. Exact deadline dates and procedures will be announced at the beginning of each funding cycle.

## **CONTRACT REQUIREMENTS**

Recipients approved for funding shall enter into a contractual agreement with SCDDB. Terms of the agreement shall include performance of the services and activities set forth in the Application for Funds, with insurance of such performance provided to and/or monitoring by SCDDB. Periodic reports will describe progress made in the project and related finances. Monitoring may include review(s) of records, facilities, and services to determine the status of the project being funded. Exact terms of reporting and monitoring shall be set forth in the contract.

## **FUNDING PRIORITY**

Funding priority will be given to those projects, which most closely match the SCDDB Core Services Definitions, Board Strategic Plan and/or designated priorities for the funding cycle.

## **FUNDING AVAILABILITY**

Funding is dependent upon, availability of funds, SCDDB Core Service Definitions, Board Strategic Plan and priorities, and the application review criteria process. Past funding of a program or project does not guarantee or entitle the organization to future funding. Each program and each application is evaluated on an annual basis.

## **CORE SERVICES DEFINITIONS**

Missouri statutes (RSMo 205.968-972) and the Missouri Court of Appeals require that SCDDB place priority on the provision of services that enhance the “acquisition of skills for independence, formation of social roles, relationships, self-reliance and the enhancement of progress toward normal living” as related to the immediate and future vocational and residential needs of Stone County residents with developmental disabilities. As directed in Section RSMo 205.968-.972, the Board of Directors of SCDDB will place priority attention and financial resources on the provision of two core services to residents of Stone County who have developmental disabilities. These two core service areas are:

### **1. Vocational Services**

Services that focus on: (a) enabling a person with a developmental disability to obtain and maintain meaningful work; and, (b) promoting the acquisition of pre-vocational and vocational skills, formation of relationships in the work environment and the use of transportation systems.

**Vocational Related Services Include:** Pre-Vocational - Services that focus on building capacity, performance, independence and socialization skills pre-requisite and necessary for children and adults with developmental disabilities to reach their maximum level of vocational potential.

Vocational Services - Those services that focus on enabling individuals to obtain and maintain meaningful work.

Vocational Transportation - Services that focus on safe and reliable transportation to vocational training programs and sheltered workshop employment, and training to learn to use public transportation.

## **2. Residential Services**

Services that focus on: (a) the maintenance of a person with a developmental disability in his or her own residence, or the residence of his or her natural family; and, (b) the acquisition of skills for independence, formation of social roles, relationships, self-reliance and the enhancement of progress toward normal living.

**Residential Services Include:** Independent Living Assistance - Services to assist individuals to live in their own residences in the community with a limited amount of support and/or training.

Residential Supports - Services that focus on the maintenance of an individual in his or her own residence or natural family home and community and the acquisition of skills for independence and self-reliance to the greatest degree possible.

Stone County Board funds shall not be used to supplant or take the place of funds received by the applicant from other sources. Agencies are expected to maximize funding from a variety of sources for the services they provide. Reliance upon SCDDDB as the sole source of support for a service should be avoided.

Please provide a detailed budget that includes the full anticipated cost of the program or service you propose to provide to Stone County residents in 2022 and 100% of the financial support you will need. Provide a separate budget for each of the services for which you are requesting funding. (Make additional copies of this page as needed or substitute a budget in your own format.)

**STONE COUNTY DEVELOPMENTAL DISABILITY BOARD**  
**APPLICATION FOR FUNDS**  
**CHECKLIST**

**Forms:**

- ( ) Parts I, II and III of "Agency Application for Funds"

**Corporate Information:**

- ( ) Organizational Chart
- ( ) Current list of agency Board Members (names, contact information, profession)
- ( ) Copy of "Certificate of Good Standing" from the Secretary of State
- ( ) Articles of Incorporation
  - ( ) Verification of licensing, accreditation, and certification credentials currently held by your organization (include all local, state, and federal or national entities)
  - ( ) IRS 501(c) (3) Status Letter, if applicable
  - ( ) If funding for equipment, building maintenance, vehicle(s) or supplies is requested, please include 3 bid estimates and a full description.

**Agency Financial Information:**

- ( ) Current Operating budget
- ( ) Current Year to Date Statement of Income and Expenses
- ( ) Current Balance Sheet
- ( ) Most recent Audit, including Management Letter

**AGENCY APPLICATION FOR FUNDS**

**PART I**

A. Legal Name of Agency \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Website \_\_\_\_\_

B. Owner/ Board Chair \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

C. Agency Director \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

D. Name of Proposed Program/Service: \_\_\_\_\_

E. Number of Consumers to be served by this Program/Service: \_\_\_\_\_

F. Service Location(s): \_\_\_\_\_

G. Total Amount of Funds Requested: \$ \_\_\_\_\_

H. Please provide a breakdown of the funding requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II**

A. Funding Period: \_\_\_\_\_ to \_\_\_\_\_  
STARTING DATE ENDING DATE

B. Sources of project financial support / amount requested:

	Total Project Budget	Other Gov't Support	Private/Community	Other	SCDDB
GRANT: \$	_____ 100%	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %

C. Explanation of Program/Service:

1. Funding will be used for:

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2. Benefits/services people with Developmental Disabilities will receive from this funding request. Description of how this program/service is consistent with the Board's Core Services definitions and the limitations placed on County Boards by RSMo 205.968-.972.

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3. How will you evaluate your services? Indicate anticipated outcomes of program/service and how outcomes will be measured and reported to the SCDDB.

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4. What type of proof of services will be provided to SCDDB?

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5. Description of any program/service changes planned in the upcoming calendar year:

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6. Describe procedures/ safeguards to ensure that all allocated money will be spent as depicted in the projected budget request:

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D. What other funding sources have you sought or are you seeking to help support this project?

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E. Client Information:

1. Number of persons with a Developmental Disability from Stone County presently served in existing program: \_\_\_\_\_.
2. Number of persons without a Developmental Disability from Stone County presently served in existing program: \_\_\_\_\_.
3. Number of persons served that live outside of Stone County (with or without a disability) presently served in existing program: \_\_\_\_\_.
4. Number of additional persons from Stone County to be served in new or expanded project: \_\_\_\_\_.
5. Ages of persons from Stone County to be served by this existing/new/expanded program:

Ages 0-3 \_\_\_\_\_      Ages 4-15 \_\_\_\_\_      Ages 16-20 \_\_\_\_\_  
Ages 21-55 \_\_\_\_\_      Ages 56+ \_\_\_\_\_



**PART III**

**Board Resolution/Corporate Resolution**

At the Board meeting on \_\_\_\_\_, 20\_\_\_\_ the Board of Directors of approved  
\_\_\_\_\_ (Name of Agency applying for funds)

submitting a funding application to Stone County Developmental Disability Board 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 Stone County  
Developmental Disability Board 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 Stone County Developmental Disability  
Board 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