WASHINGTON COUNTY BOARD FOR THE HANDICAPPED

FUNDING ASSISTANCE PROGRAM

Assistance for 2025

**Instructions: *This form is fillable and all other editing has been locked. Please complete all fillable fields. In addition to this application, there are requested supporting documents which must accompany this application for it to be deemed complete. Please create a zip file including this completed form and all requested documents. To create a zip file in Windows, locate the file(s) or folder(s) you want to compress, right-click, and select "Send to" followed by "Compressed (zipped) folder".***

***Email the zipped folder according to instructions in this application.***

**Introduction**

Washington County Board for the Handicapped is a political subdivision of Washington County created by statute and authorized by statute to contract for services or provide services to people with developmental disabilities. The funding's purpose is to provide financial assistance to agencies providing eligible services to individuals with developmental disabilities as defined by Missouri statute.

WCBH (Washington County Board for the Handicapped) can fund programs which provide a controlled work environment, or a program designed toward enabling a handicapped person to progress toward normal living or to develop his or her capacity, performance for relationships with other persons, or which provide services related to a place of residence or social centers for eligible persons. Funded programs may be a sheltered workshop as defined in Section 178.900 RSMo, resident facilities, or related services, for the care or employment, or both, of handicapped persons.

Agencies seeking funds should be aware that WCBH funds are limited. WCBH reserves the right to refrain from accepting funding requests as deemed necessary. **WCBH may cancel all contracts or funding commitments if their funds are canceled or unavailable. Cancellations may be made without notice at the sole discretion of WCBH.**

Funds are being requested by Click or tap here to enter text.

**Corporation or Agency Guidelines**

**(**Please use the checklist below to verify each requirement has been met. Placing a check in the box indicates you understand the requirement and agree**)**

|  |  |
| --- | --- |
| Agency is incorporated under the laws of the State of Missouri and recognized as being in “Good Standing” with the office of the Secretary of State. | **Verify certificate of Good Standing is included with the packet.**  **What is the date of the certificate?**  Click or tap to enter a date. |
| The agency must have as part of its basic policies acknowledgment of a commitment to be an Equal Opportunity Employer | **In what document and on what page can this be verified?** (e.g. Policy and procedure, page xxxx)  Click or tap here to enter text. |
| The agency shall provide services to persons without regard to sex, race, color, handicap, creed, and/or national origin | **In what document and on what page can this be verified?** (e.g. Policy and procedure, page xxxx)  Click or tap here to enter text. |
| The agency shall have a Conflict-of-Interest policy | **In what document and on what page can this be verified?** (e.g. Policy and procedure, page xxxx)  Click or tap here to enter text. |
| The agency’s management and/or Board of Directors shall have representation from the consumer group for whom it provides services | **How is this requirement met (Do not use names of supported individuals)**  Click or tap here to enter text. |
| The agency must demonstrate sound financial management, programmatic, technical expertise, and facilities to provide the program or service outlined | **Please enter a brief description of how these requirements are met.**  Click or tap here to enter text. |
| The agency shall meet at a minimum all federal, state, and local rules, regulations, and statues applicable to the operation of the program or service outlined | **What is the primary oversight authority for your agency?**  Choose an item. |
| **Acknowledgement of use of funds**   Agencies may use funds allocated by WCBH for programs or services as defined in the introduction of this document.   All funds allocated by WCBH shall be used for services to residents of Washington County.   All funds provided shall be used to provide services to persons with developmental disabilities as determined by Missouri statute. Developmental disability/eligibility determination must be performed by an independent source outside the agency requesting funds (Department of Mental Health, DESE, Division of Vocational Rehabilitation, or other independent testing resource agreed upon by WCBH). |  |

**Applicant Evaluation**

Agencies requesting funds are evaluated based on 1) number of persons served, 2) experience level and demonstration of prior performance, 3) demonstration of need for service, 4) other relevant factors as determined by WCBH. The ability and willingness of the applicant to coordinate its services with other organizations is a positive evaluation factor.

**Standard Contract Agreement**

Upon funding request approval, a standard contract agreement will be executed between WCBH and the agency. The agreement will clearly outline the contractual requirements. The agreement must be executed by the President or Chairperson of the board as stipulated by authorizing resolution.

**Section 1 General Information:**

Legal Name of Agency/Applicant, Include DBA if applicable Click or tap here to enter text.

Physical Address: Click or tap here to enter text.

Mailing address (if different) Click or tap here to enter text.

Telephone Click or tap here to enter text.

Primary contact person Click or tap here to enter text.

Title of the primary contact person Click or tap here to enter text.

Date of incorporation Click or tap here to enter text.

**Section 2 Program Description:**

**Provide a short narrative of the history of the agency** Click or tap here to enter text.

**Define the service area of the agency** Click or tap here to enter text.

**Provide the number of persons served for the past 3 years**

**2025 (since this is a partial year, provide your best estimate-**Click or tap here to enter text.

**2024-**Click or tap here to enter text.

**2023-**Click or tap here to enter text.

**What is the agency’s eligibility determination process?**

Click or tap here to enter text.

**Provide an attached organizational chart**

**Agency has an annual satisfaction survey.**

**How is the annual satisfaction survey conducted?** Click or tap here to enter text.

**What were the results of the most recent annual satisfaction survey?** Click or tap here to enter text.

**Section 3 Proposal Description:**

*Purchase of Service (POS) funds are being requested in the amount of* Click or tap here to enter text.

Provide a short narrative description of the proposed service or need for funding.

 Explanation and justification of how/why the proposal fits WCBH funding guidelines as defined in the Introduction

Click or tap here to enter text.

 Justification for the need for service

Click or tap here to enter text.

 Special Circumstances

Click or tap here to enter text.

 Process to measure success

Click or tap here to enter text.

 Short and Long-Range goals for the agency

Click or tap here to enter text.

How will the delivery of POS services be documented and verified for invoicing?

Click or tap here to enter text.

*General Revenue Grant is requested in the amount of* Click or tap here to enter text.

Provide a short narrative description of the proposed service or need for funding.

 Explanation and justification of how/why the proposal fits WCBH funding guidelines as defined in the Introduction

Click or tap here to enter text.

 Justification for the need for service

Click or tap here to enter text.

 Special Circumstances

Click or tap here to enter text.

 Process to measure success

Click or tap here to enter text.

 Short and Long-Range goals for the agency (specific to this request)

Click or tap here to enter text.

How will approved GR funds be used by the agency?

Click or tap here to enter text.

How will the use of GR funds be verified in invoicing?

Click or tap here to enter text.

**Total amount being requested by the agency** Click or tap here to enter text.

**Section 4 Financial Information:**

Include a line-item budget outlining all expenses and other sources of revenue for the proposed project, service, equipment purchases, or other assistance which clearly outlines the funds requested from WCBH.

Click or tap here to enter text.

Percentage of budget assigned to administration cost. Administration shall be defined as Administration, Co-Administration and Clerical.Click or tap here to enter text.

**Section 5 Board Member Information:**

Provide a list of all board members, office held, and years of service to the organization

Click or tap here to enter text.

**Section 6 Verification of Requested Information**

A copy of the articles of incorporation for the requesting agency has been attached.

A certificate of good standing from the Missouri Secretary of State (no more than 90 days old) has been attached.

Financial statement prepared by an independent Accountant of the most recently completed fiscal year and budgets for the last 3 years have been attached.

**Payment of Funds agreement**

Agencies receiving General Revenue funds will receive equal quarterly allocations of the approved amount. The first allocation will be awarded upon the standard contract agreement between WCBH and the agency. Later allocations will be disbursed quarterly.

Agencies receiving Purchase of Service funds will receive payment related to the service delivery within 30 days of the invoice being received by WCBH. Once the contractual agreement is approved the agency may provide the identified service and invoice (no more frequently than monthly) for the delivery of service. Service delivery must be documented, and proof of service delivery must be provided in conjunction with the invoice. This documentation may be monthly reports, daily attendance/rider sheets, etc. The documentation must provide verifiable information about the delivery of service to substantiate that it was delivered as proposed in the funding application request.

**Applications for funding must be emailed to Executive Director, Kimberly Boyer at** [**kim@wcsb40.com**](mailto:kim@wcsb40.com)**. Before emailing please create a zip file containing all the necessary completed forms and supporting documentation per instructions at the beginning of this document. The zipped folder should be emailed to Kim no later than October 1, 2025 at 4 p.m.**

**Subject line of the email must contain the following “Application for Funding 2026)**

**Applications will be reviewed by the full board on October 28, 2025 at 3:30 p.m. You are invited to attend the meeting to present your request and answer any questions which may arise. You may attend the meeting in person or via web-based video meeting. For information on attending remotely, please contact Kim.**

**AUTHORIZING RESOLUTION**

Whereas, Washington County Board for the Handicapped is authorized to provide funding for services to people with disabilities; and,

Whereas the receipt of funds will impose certain obligations upon the applicant; and

Whereas it is the goal of the applicant to provide the best services that funds can provide.

Now therefore, be it resolved by Click or tap here to enter text. as follows:

That the above-named applicant voted to apply for funds in the amount of $Click or tap here to enter text. for the purpose(s) as defined in their application; and

That the President or Chairperson is authorized to execute contract agreements with Washington County Board for the Handicapped.

Adopted Click or tap to enter a date.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed/Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Attest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant Board Officer)

Typed/Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

WASHINGTON COUNTY BOARD FOR THE HANDICAPPED

STANDARD ASSURANCES

Legal Name of Applicant/Organization: Click or tap here to enter text.

The applicant/organization hereby agrees to the following standards pursuant to their application for funds from Washington County Board for the Handicapped:

1. It has the legal authority to apply for and receive funds from WCBH.

2. It will comply with all applicable federal, state, and local laws and regulations in the operation of their proposed project.

3. It will utilize funds only for programs and individuals as they are defined in the application document.

4. It will operate and maintain any facility or equipment used in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State, and Local agencies for the operation and maintenance of such facilities.

5. It recognizes the authority to WCBH to conduct audits and inspections for verifying compliance with the requirements and stipulations of this application and/or subsequent contractual agreements.

6. It recognizes a requirement to obtain and make available to WCBH appropriate insurance to protect the applicant from acts of theft from staff, acts of omission of the Directors and Officers, and/or acts of negligence and/or liability of applicant agents.

7. It will furnish WCBH an annual financial statement prepared by an Independent Certified Public Accountant licensed in Missouri pursuant to generally accepted accounting procedures.

8. The applicant possesses the necessary fiscal and managerial capabilities to implement and manage its proposed project.

Date:Click or tap to enter a date.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(President or Chairperson of Applicant)

Attest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Officer of Applicant