

New Project or Capital Request Template

Agency Name: _____ Date: _____

Contact: _____ Email: _____

Project Name: _____

Funding requests should follow the format below and address applicable sections as described.

Capital requests do not need to respond to sections 4, 5, and 6.

Please contact us with any questions at agencyrelations@stltd.org.

1. Impact

Impact should address:

- a) how the individual/participant and/or their support system will be impacted as a result of receiving this service. Include the individual/participant needs that will be addressed by this service.
- b) the long-term change and ultimate desired result of the project which can be directly attributed to the project's outcomes. Include any data and/or evidence that demonstrates the need for this service.

The project's impact statement should articulate the significance of the work and describe how the project makes a difference to the eligible individual(s) and/or their support system, and the community. The program's impact should be a higher-level overview and should not be duplicative of "Program Design."

Maximum characters: 1,300 (this is approximately 250-300 words).

2. Program Design

Program Design should describe:

- a) How the project is structured and provided (ex., curriculum-based).
- b) Any specific staff qualifications required to provide this service.
- c) Projects supported by a partnership/collaboration between multiple organizations should include details of the arrangement (is there a written agreement between the organizations?)
- d) Capital requests for improvement of physical environments that enhance independent living options, increase access to a program's facility, and/or an individual's community, should include details of the work needed to achieve the intended outcome.

Maximum characters: 3,000 (this is approximately 500 words).

Select the type of contact that will be used if requesting funds for direct services.

- Virtual Contact Only
- Face-to-Face/In-Person Contact Only
- Combination of Virtual and Face-to-Face Contact
- N/A for capital projects

Definition of Virtual Supports include contact made by phone, FaceTime, Zoom and other communication technologies to provide a service to the participant. Virtual Supports do not include phone calls to schedule meetings or have a brief conversation.

3. Target Population

Target Population should describe the individual/participant who receives this service or benefits from the capital project (age, diagnosis, or any other eligibility criteria).

Maximum characters: 1,300 (this is approximately 250-300 words).

4. Intensity/Duration

Describe when the service will occur.

Define how the service is provided.

- Ongoing – services expected to continue on an annual basis
- Time Limited – services with an anticipated end date
- Intermittent – services with no set schedule
- Decreases over time – services progressively lessen over time as independence/skills increase

If other, please explain in text box below.

Intensity: Defines how often the service is provided.

- Daily
- Weekly
- Semi-Monthly
- Monthly
- Other

If other, please explain in text box below.

Duration: Defines the hours that the service is typically provided to an individual/group per visit/activity.

- 1-3 Hours
- 4-6 Hours
- 7+ Hours
- Other

If other, please explain in text box below.

5. Location

Select the location/environment where services are provided the most often (choose all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Individual's Home | <input type="checkbox"/> Agency Office |
| <input type="checkbox"/> Community | <input type="checkbox"/> Job Site |
| <input type="checkbox"/> Camp | <input type="checkbox"/> School |
| <input type="checkbox"/> Other | |

If other, please explain in text box below.

6. Level of Support

Select the support type that the individual/participant will receive.

- Individual
- Group

If Group, what is the individual to staff ratio.

Individuals to Staff

7. Financial – Project Budget

Personnel Costs – Wages	
Personnel Costs - Benefits	
Consumable Project Equipment/Supplies	
Office Equipment/Supplies	
Facility Costs	
Communication	
Staff Training	
Staff Travel	
Vehicle Operating Costs	
Professional Services/Fees	
Client Assistance	
Food Costs	
Other:	
Other:	
Other:	
Other:	
Total Direct Expenses	
Agency Administrative Allocation (not to exceed 15% of total expenses)	
Total Expenses for Service	
Number of Individuals to be served	
Number of Units Requested, if applicable	
Requested Unit Rate, if applicable	

8. If funding is approved, how long would it take for the service to be implemented?

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