

Funding Application Template

Agency Name: _____

Agency 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@stlidd.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.
- 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. 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 service is structured and provided. Include items such as: activities, interventions, inclusive, individual-focused, curriculum-based, experiential, or focused on specific learning styles.
- b) Any specific staff qualifications required to provide this service.

Projects supported by a partnership/collaboration between multiple organizations should include details of the arrangement (is there a written agreement between the organizations?)

Capital requests for improvement of physical environments that enhance independent living options, increase safe, affordable, and accessible housing options, and 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. *Please review the Partner Funding Manual, Section 9.3, regarding capital funding prior to submitting.*

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

Select the type of contact that will be used to provide the service:

- Virtual Contact Only
- Face-to-Face/In-Person Contact Only
- Combination of Virtual and Face-to-Face Contact

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

3. Target Population

Target Population should describe the individual/participant who will be included in this service. Include information such as age, diagnosis, eligibility criteria and other characteristics of those who utilize the service.

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

4. Intensity/Duration

Describe when the service will occur.

Define how the service is provided.

- Ongoing – services expected to continue on a continual 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
- Other

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

Choose the option that indicates the location where the service will be provided. If support is provided in more than one location, choose all applicable locations.

- Individual's Home
- Agency Office
- Community
- Job Site
- Camp
- School
- Other

If other, please explain in text box below.

6. Level of Support

Describe the level of support provided. Indicate whether the support is individual (provided to one person) or group.

- Individual
- Group

If Group, what is the individual to staff ratio.

Individuals to Staff

7. Financial – Service Budget

Revenue	
Funding Source	Amount
Amount Requested from County Board:	
Other:	
Other:	
Other:	
Other:	
Total Project Budget	

Expenses	
Line Item	Amount
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:	
Agency Administrative Allocation (not to exceed 15% of total expenses)	

Units and Individuals	
Number of Individuals to be served	
Number of Units Requested	
Requested Unit Rate	

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