

## FUNDING APPLICATION

CCSS Funding Policy Statements	
Process	Agencies seeking funding will submit proposals to the attention of the CCSS Executive Director ten (10) business days prior to the board meeting held on the fourth Monday in September at which time agency representatives will be invited to present their proposal. Funding decisions are made by December. Approved funding contracts will be effective January 1.
Eligibility	Service recipients of funded agencies are Callaway County residents who have evidence of an intellectual or developmental disability (IDD) and are identified and submitted at the time of reimbursement or monthly as invoiced. Certification and non-profit status to provide services remains current, as applicable.
Notification	CCSS will be notified during the funding year of agency investigations, material litigation, catastrophes, Centers for Medicare & Medicaid Services sanctions, ban on admissions, fines, penalties, loss of programs, or material change of purpose.
Rights	Callaway County Special Services shall reserve the right to seek a Request for Proposal (RFP) for needed services, and to also fund emergency requests during any other portion of the year; continue to fund emergency requests during any other portion of the year, and inspect all books and records, including tax records, correspondence, etc., pertaining to this funding request. Callaway County Special Services will give consideration to all applications reserving the right to reject any or all requests.

Agency Information	
Agency Name	
Address	
Board Authorized Agency Representative & Title	
Contact Information	

Program/Service Data Summary			
Agency Mission			
Services Provided			
Target Population Served			
Total Population Served with IDD	3 yrs ago:	2 yrs ago:	Last Year:
Geographic Area Covered			
Assessment Process for Effectiveness of Programs/Services			

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Funding Request	
Purpose of Request (Attach additional pages if needed)	<input type="checkbox"/> Establish a new program or service <input type="checkbox"/> Expand an existing program or service <input type="checkbox"/> Maintain an existing program or service <input type="checkbox"/> Other (Please describe):
Term of Request	<input type="checkbox"/> One-Time Request <input type="checkbox"/> Recurring Request (Funds for stipend per persons served, or other ongoing funding; requires completion of the Financial Information section below and submission of financial information on the Required Documentation Checklist on next page)
Total Amount of Funds Requested from CCSS	\$
Funding Period	January 2026-December 2026

Financial Information		
REVENUE, SUPPORT & EXPENSES	THIS YEAR YEAR TO DATE	NEXT YEAR PROPOSED
REVENUE – Operational, Investment & Other		
REVENUE – Program Services		
REVENUE – Fundraising		
SUPPORT – Callaway County Special Services		
SUPPORT – Other Government Agencies and/or Funders		
Total Support & Revenue		
EXPENSES – Program Services		
EXPENSES – General & Administrative		
Total Expenses		
NET REVENUE, SUPPORT & EXPENSES		
ASSETS & LIABILITIES	THIS YEAR YEAR TO DATE	NEXT YEAR PROPOSED
ASSETS – Current		
ASSETS – Fixed		
ASSETS – Other		
Total Assets		
LIABILITIES – Current		
LIABILITIES – Long-term		
Total Liabilities		
NET ASSETS		

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Required Documentation Checklist	
Items should accompany all funding applications.	<input type="checkbox"/> Completed CCSS Funding Application with Signature of Authorized Board Agency Representative <input type="checkbox"/> Board Member List, Occupation and Contact Information <input type="checkbox"/> Proof of Registered Non-Profit and Certificate of Good Standing (Secretary of State) <input type="checkbox"/> Proof of Insurance: General Liability, Programs, Services, and Assets (applicable to the purpose of the funding request) <input type="checkbox"/> Licensure, Certification, or Accreditations (if Applicable) <input type="checkbox"/> Financial Statements, including Operating Budget, Balance Sheet and Statement of Income and Expenses <input type="checkbox"/> Most recent Financial Audit, including Management Letter <input type="checkbox"/> IRS Form 990, as applicable <input type="checkbox"/> Rights of Person Served statement or policy addressing the agency's abuse, neglect or grievance reporting process
<p><i>Failure to provide incomplete information or the most current copies of the requested documents may cause rejection of your application.</i></p>	

### Background Check Policy

Does the agency have a process in place to complete background checks for employees who work with persons served? ☐ YES ☐ NO

If no, please explain:

### Certification

To the best of my knowledge and belief all data in this application is true and correct. The Board Authorized Agency Representative will comply with all contract requirements and assurances required by Callaway County Special Services if funding is awarded.

\_\_\_\_\_  
Signature of Authorized Board Agency Representative

\_\_\_\_\_  
Date