REFERENCE ONLY

FY2027 Agency Funding Request & Comprehensive Plan

For entities requesting FY2027 funding from Callaway County Special Services to support operations and services benefiting Callaway County residents with intellectual and developmental disabilities.

PURPOSE

This application provides the CCSS Board with consistent information regarding organizational capacity, community need, proposed services, use of public funds, measurable outcomes, financial sustainability, and accountability for services benefiting Callaway County residents with intellectual and developmental disabilities (I/DD).

BEFORE YOU BEGIN

• Complete all sections. Enter N/A when a section does not apply and provide an explanation when

appropriate.

• Information should be specific to the operations or services for which CCSS funding is requested.

• Use unduplicated Callaway County counts whenever participant numbers are requested.

• Identify any material changes from the prior funding year, including changes in services, staffing, capacity, budget, or demand.

• Have the required budget, outcome information, and supporting documentation available for upload before submitting the application.

1. ORGANIZATION & FUNDING REQUEST

Legal Organization Name

DBA (if applicable)

Physical Address

Address Line 1

Address Line 2

City

State

Zip Code

Website

Federal FEIN

Enter the organization's nine-digit EIN (XX-XXXXXXX).

Executive Director/CEO

First

Last

Primary Funding Contact

First

Last

Phone

Enter the 10-digit phone number without spaces or dashes (e.g., 5735551212). The number will be formatted automatically.

Email

Organization Type

REFERENCE ONLY

Year Established

YYYY

MIssion & Organizational Overview

Briefly describe the organization’s mission, history, primary services, geographic area, and population served.

TOTAL POPULATION SERVED WITH I/DD

Enter the total unduplicated number of individuals with intellectual and developmental disabilities served by the organization during each completed year.

2025	2024	2023

FY2027 FUNDING REQUEST

Program/Service Name

Total FY2027 Amount Requested from CCSS

Purpose

☐ General Operations ☑ Personnel ☐ Program Delivery ☐ Transportation ☐ Equipment ☐ Facility/Capital ☐ One-Time Project ☐ Other

Funding Request Summary

Summarize what CCSS funding will support, why the funding is needed, who will benefit, and the anticipated impact for Callaway County residents with I/DD.

REFERENCE ONLY

PUBLIC FUNDS NOTICE

If funding is awarded, the agency agrees to use CCSS funds only for approved services, activities, and costs and to cooperate with reporting, monitoring, audit, documentation, and public records requirements applicable to the award.

2. COMMUNITY NEED & POPULATION SERVED

Community Need/Service Gap

Describe the specific community need, service gap, or operational need that the funding request addresses. Include relevant evidence such as referrals, wait lists, utilization, stakeholder input, or service shortages.

Expected FY2027 Demand

Estimated Total Individuals Served in FY2027 - All Populations

Estimated Unduplicated Callaway County Residents with I/DD Served

Estimated Unduplicated Callaway County Residents Directly Benefiting from CCSS Funding

Residency & I/DD Eligibility Verification

Describe how the organization confirms Callaway County residency and applicable I/DD eligibility for individuals supported with CCSS funds.

3. PROGRAM / SERVICE PLAN

Service Location(s)

REFERENCE ONLY

Days/Hours of Operation

Target Population

Describe the population the service is designed to serve, including relevant eligibility criteria, age range, disability or support needs, and other applicable characteristics.

Service Description

Describe the service model, referral/access process, frequency and duration of supports, and how the service responds to individual needs and promotes independence, community participation, employment, choice, or quality of life, as applicable.

Coordination & Other Resources

Describe coordination with families/guardians, support coordinators, schools, employers, health providers, other agencies, or community resources.

4. GOALS, OUTCOMES & PERFORMANCE

REFERENCE ONLY

FY2027 Goals & Outcomes

Use measurable, time-bound indicators appropriate to the funded service. At least one measure should address benefit/impact for Callaway County residents unless the request is strictly capital or administrative.

FY2027 Goals & Outcomes

Goal 1

Goal

State the specific result, improvement, or accomplishment expected during FY2027.

Indicator/Measure

Identify what will be measured to determine progress or success.

Target

State the measurable FY2027 target or expected level of performance.

Review Frequency

Indicate how often progress toward this goal will be reviewed (e.g., monthly, quarterly, semiannually, or annually).

Data Source

Identify the record, report, system, survey, or other source used to measure the result.

Responsible Person/Role

Identify the person, position, or role responsible for monitoring progress and reviewing results.

REFERENCE ONLY

CURRENT-YEAR PERFORMANCE

Current-Year Utilization

○ Higher than projected ○ On track ○ Lower than projected ○ N/A - New Applicant

Outcome Review & Improvement

Explain who reviews outcome data, how often results are reviewed, and how findings will be used to improve services or operations.

5. STAFFING & ORGANIZATIONAL CAPACITY

FY2027 Staffing Plan

List positions necessary to provide the proposed services. Include current and projected FY2027 FTE and indicate whether requested CCSS funds will fully, partially, or not support each position.

Position/Role	Current FTE	FY2027 FTE	CCSS Support

Capacity & Staffing Plan

Describe whether staffing is sufficient to provide the proposed services. Identify vacancies, recruitment/retention concerns, anticipated staffing changes, and contingency plans if staffing affects service delivery.

Qualifications, Training & Safety

Describe how the agency verifies qualifications, credentials, licenses/certifications, orientation, training, background screening, and competencies appropriate to the service. Describe how service-specific safety risks are identified and addressed.

6. RIGHTS, COMPLAINTS & QUALITY

AGENCY STANDARDS & POLICIES

Indicate whether the agency maintains and implements each standard or policy listed below. Select Yes or

REFERENCE ONLY

No for each item. For each Yes response, provide the applicable policy or procedure name/number in the Policy / Procedure References field. For any No response, complete the Implementation Plan describing how the requirement will be addressed.

1. Non-Discrimination in Services
○ Yes ○ No
Does the agency maintain and implement a policy or standard prohibiting discrimination in service delivery?

2. Critical Incidents
○ Yes ○ No
Does the agency maintain procedures for identifying, reporting, reviewing, and responding to critical incidents involving persons served?

3. Record Retention
○ Yes ○ No
Does the agency maintain a policy or procedure addressing retention and secure management of applicable records?

4. Rights of Persons Served
○ Yes ○ No
Does the agency maintain a Rights of Persons Served policy addressing abuse, neglect, and grievance/complaint reporting processes?

5. Background Checks
○ Yes ○ No
Does the agency maintain a policy requiring appropriate background checks for employees who work with persons served?

6. Social Media / Photo Consent
○ Yes ○ No
Does the agency maintain a policy requiring consent before using photos or other identifying media for social media or marketing?

7. FINANCIAL INFORMATION

CURRENT FINANCIAL POSITION

Provide year-to-date financial information for the current fiscal year using the most recently completed financial reporting period.

Enter $0 for any financial category that does not apply to the agency.

Financial Information Through Date

Enter the ending date of the financial reporting period used for the amounts below.

REVENUE & SUPPORT

Operating, Investment & Other Revenue

Program Service Revenue

REFERENCE ONLY

Fundraising Revenue

CCSS Support

Other Government / Funder Support

Total Support & Revenue
$0.00

EXPENSES

Program Service Expenses

General & Administrative Expenses

Total Expenses
$0.00

Net Revenue Less Expenses
$0.00

ASSETS & LIABILITIES

Current Assets

Fixed Assets

Other Assets

Total Assets
$0.00

Current Liabilities

Long-Term Liabilities

Total Liabilities
$0.00

Net Assets
$0.00

7. FINANCIAL INFORMATION — CONTINUED

FY2027 DETAILED BUDGET & FUNDING PLAN

Provide the detailed FY2027 budget for the program or service included in this request. Add a budget item for each expense or cost category. Amounts should reconcile with the total CCSS funding request and identify amounts supported by other funding sources and agency funds. Enter $0 for any funding source that does not apply to a budget item.

REFERENCE ONLY

FY2027 Detailed Budget

Budget Item 1

Budget Item

Expense/item being requested

Cost	CCSS Funding	Other Funding	Agency Funding
Full cost of the item	*Portion requested from CCSS*	*Portion paid from other sources*	*Amount the applicant will pay from its own funds*

Calculation/Basis

Explain how the cost was calculated and identify any applicable matching requirement or funding allocation (e.g., quantity × rate, hours × hourly rate, unit cost, percentage allocation, or required match).

Total Cost	Total CCSS Funding	Total Other Funding	Total Agency Funding
$0.00	$0.00	$0.00	$0.00

7. FINANCIAL INFORMATION — CONTINUED

BUDGET JUSTIFICATION & SUSTAINABILITY

Budget Justification

Explain why the expenses included in the CCSS funding request are necessary and reasonable. Identify what CCSS funds will specifically support and provide justification for significant or unusual costs.

Financial Sustainability

Describe the agency's ability to sustain operations during FY2027, reliance on CCSS funding, anticipated financial changes, funding diversification, and contingency plans for revenue shortfalls or unexpected cost increases.

8. SATISFACTION, CONTINUOUS IMPROVEMENT & ACCOUNTABILITY

REFERENCE ONLY

SATISFACTION & STAKEHOLDER FEEDBACK

Feedback Methods Used

☐ Survey ☐ Interview ☐ Focus Group ☐ Individual Meeting ☐ Grievance/Complaint Data ☐ Other

Select all methods the agency uses to obtain feedback from persons served, families/guardians, or other stakeholders.

Satisfaction & Feedback Summary

Describe how feedback is collected from individuals receiving services and, when appropriate, families/guardians or other stakeholders. Summarize recent results and how feedback is used for improvement.

DOCUMENTATION & MONITORING

Describe how the agency documents individuals served, Callaway County residency/eligibility, dates and types of services, units (when applicable), actual expenditures, allocated costs, and outcomes. Explain internal review steps used to ensure reports/invoices are accurate and supported.

IMPLEMENTATION & RISK MANAGEMENT

Identify major FY2027 implementation activities, the responsible person/role, anticipated timeframe, potential risks or barriers, and actions that will be taken to maintain service continuity and quality.

REFERENCE ONLY

Implementation & Risk Management Plan

Activity 1

Activity/Objective

Responsible Person/Role	Target Date/Timeframe

Risk/Barrier	Mitigation/Contingency Plan

MONITORING & ACCOUNTABILITY

Information provided in this application may be used by CCSS to establish funding conditions, performance expectations, monitoring requirements, and reporting obligations. Funded agencies may be required to provide documentation supporting services delivered, outcomes achieved, expenditures, and compliance with applicable requirements.

9. REQUIRED DOCUMENTATION & CERTIFICATION

SUPPORTING DOCUMENTATION SUBMISSION METHOD

○ Upload all applicable documents with this application ○ Deliver all applicable documents to the CCSS office ○ Combination of online upload and office delivery

Required supporting documentation may be uploaded with this application or delivered to the CCSS office. All applicable documents must be received by CCSS no later than the application deadline. An application is not considered complete until all required documentation has been received.

REQUIRED FOR ALL APPLICANTS

Current Operating Budget
Upload the agency's current approved operating budget.

Most Recent Financial Statements
Include the most recent Balance Sheet and Statement of Income & Expenses.

Board/Governing Body Approval of Operating Budget
Provide minutes, resolution, or other documentation showing approval of the current operating budget.

Board/Governing Body Authorization for FY2027 Funding Request and Contract Signatory
Provide documentation authorizing the FY2027 funding request and identifying the individual authorized to execute the funding agreement.

Current Certificate of Insurance
Provide the agency's current certificate of insurance.

Organizational Chart
Provide a current organizational chart showing the agency's leadership and reporting structure.

Board/Governing Body Member List
Include member names, occupations, and contact information.

NONPROFIT / ORGANIZATIONAL DOCUMENTS

Certificate of Good Standing
Provide a current Certificate of Good Standing, if applicable.

REFERENCE ONLY

Current Bylaws / Articles of Incorporation
Provide current governing documents, as applicable.

ADDITIONAL DOCUMENTATION — IF APPLICABLE

Most Recent Independent Audit or Financial Review

Applicable Licenses, Accreditations or Certifications

Additional Supporting Documentation
Upload any additional documentation relevant to the funding request or requested by CCSS.

9. REQUIRED DOCUMENTATION & CERTIFICATION — CONTINUED

CERTIFICATION & FINAL REVIEW

Applicant Final Review

Before submitting this application, confirm that:

• All dollar amounts reconcile across the application and detailed budget.

• Callaway County participant counts are unduplicated and supported by agency records.

• Outcomes are measurable and tied to the funded service or operating need.

• Required supporting documentation is current and has been uploaded or will be delivered to CCSS by the application deadline.

• Material changes from the prior funding year are clearly explained.

• All required information and signatures are complete.

Certification

To the best of my knowledge and belief, all information provided in this application is true and accurate. The Authorized Agency Representative understands that funding, if awarded, consists of public funds and agrees to comply with all contract requirements, reporting requirements, documentation requests, monitoring, audit, and public records obligations required by Callaway County Special Services and applicable law.

Certification Acknowledgment
☐ I certify and agree to the statement above.

Authorized Representative Name

First

Last

Title

REFERENCE ONLY

Authorized Representative Signature **Date Signed**

Board President / Authorized Board Representative Name

First Last

Title

Board President / Authorized Board Representative Signature **Date Signed**

CCSS FUNDING RECOGNITION

Funded agencies are expected to acknowledge CCSS support in applicable public communications and display CCSS funding recognition materials provided by CCSS when applicable.

REFERENCE ONLY