

**ST. LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES
FY16/17 TRANSPORTATION FUNDING APPLICATION**

This application is to be completed by all transportation providers requesting funding from the St. Louis Office for Developmental Disability Resources (DD Resources). Applicants not currently receiving funding from DD Resources will be placed on a waiting list to meet future transportation needs of city residents with developmental disabilities.

INSTRUCTIONS FOR THE TRANSPORTATION FUNDING APPLICATION

- The Final Funding Application Deadline is Friday, March 4, 2016 at 12:00 p.m. (noon). **[NO EXCEPTIONS]**
- Agencies may contact the DD Resources Agency Relations and/or Fiscal Departments with questions regarding the application and/or to receive application training. However, no questions, training sessions, or meetings will be addressed or provided after Friday, February 26, 2016 at 4:30 p.m.
- To ensure accountability, all applicants must comply with the guidelines set forth in the DD Resources Funding Manual (*Revised September 2010*) and the Board Approved Funding Cycle Guidelines (*Revised November 2014*). Additional revisions to the Funding Manual are pending approval from the DD Resources Board of Directors in January 2016 to take effect on July 1, 2016.
- Staff of DD Resources will prepare a funding recommendation to the Board Committee based on information contained in this funding application. A copy of the recommendation will be sent to the Agency's Executive Director. To expedite this process, **no additional contact will be made with Agencies once the application has been received by DD Resources.**
- The applicant must submit one (1) three-hole punched, single-sided original application with original signatures and one (1), single-sided copy. The copy must be legible.
- This application must be written in a minimum of eleven (11) point font. Narrative portions must be single-spaced.
- Applicants receiving less than \$25,000.00 should submit a Public Disclosure Copy of Form 990 with this application. Applicants receiving \$25,000.00 or more will be required to submit an audit (at the close of the agency's fiscal year) as outlined in the Funding Manual (*Revised September 2010*).

Please be certain **all** applicable questions are addressed; applications that are incomplete, missing attachments, or not in the sequence and/or format as shown in this application will not be considered for funding. Listed on page 2 is the sequencing format for all completed applications. Please mark "NA" on the checklist below if the indicated form is not enclosed because it is not required with the completed application.

This funding application represents the Agency's request for two contract cycles (July 2016-December 2016 and January 2017-June 2017) unless otherwise indicated by either the provider or DD Resources.



**ST. LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES
FY16/17 TRANSPORTATION FUNDING APPLICATION**

CHECKLIST

- ___ CHECKLIST (*This page*)
- ___ REQUEST SUMMARY
- ___ ASSURANCE STATEMENT AND INDEMNIFICATION CLAUSE
- ___ PROJECT DESCRIPTION (*New Agencies Only*)
- ___ VEHICLE FLEET INFORMATION
- ___ STAFF QUALIFICATIONS

SUPPORT DOCUMENTS – (*Please submit only one copy of the applicable items*)

✓	Annual Renewal Items	✓	Submit Updates Only	✓	Submit One Time Only (With initial funding request)
	Certificate of Corporate Good Standing (less than 12 months since issue date)		By-Laws Revisions		Certification of Incorporation (if newly formed)
	Certificate of Insurance		List of Board of Directors, if applicable (Please include Board position and work affiliation for each member)		501(c)(3) Tax Exempt Letter (if applicable)
	Most Recent Audit, including POS unit rate calculation (If program funded \$25,000 or more or the cumulative amount for multiple programs is \$25,000 or more)				Articles of Incorporation
	Public Disclosure Copy of Form 990 (for agencies receiving less than \$25,000)				Current By-Laws
	Management Letter (if applicable)				Current list of Board of Directors, if applicable (Please include Board position and work affiliation for each member)
					Current Certificate of Insurance
					Three Letters of Support from either businesses, professionals in the field of DD, consumers/caregivers, Alder Person, other funders and/or State or Federal legislators



**ST. LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES
FY16/17 TRANSPORTATION FUNDING APPLICATION**

REQUEST SUMMARY

**ST. LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES
2334 Olive Street
St. Louis, MO 63103-1531
(314) 421-0090**

For Funding Period **July 1, 2016** (Starting Date) through **June 30, 2017** (Ending Date)

Submitted by:

Name of Agency/Corporation Applying for Funds

Address	City	State	Zip Code
---------	------	-------	----------

Name and Title of Person Completing Form

Email Address of Person Completing Form

Name of Financial Contact Person

Name of Agency Director

Agency Phone Number

Agency Website Address

Agency Fax Number

General Agency E-mail Address

PROJECT DESCRIPTION

For new providers only: Provide a detailed response to the following questions:

1. What is the agency's description/mission of the transportation program (Note, this may be used by DD Resources in its Provider Directory)?
2. How long has the agency been in operation? Note: Agencies must be "in operation" (defined as actively providing services to individuals with developmental disabilities) for a period exceeding one year.
3. What experience does the agency have with providing transportation services to individuals with developmental disabilities?
4. How many accessible vehicles will the agency have available for this project (accessible vehicle is defined as modifications made to a vehicle's interior to increase the size to allow for wheelchairs and to accommodate wheelchair entry or wheelchair ramps or powered lifts)?
5. How many drivers will the agency employ for this project?
6. Please attach three letters of recommendation from agencies for which transportation was previously provided or is currently provided.

VEHICLE FLEET INFORMATION

Complete the table using the example below. Feel free to attach a separate table if more space is needed.

Table 1: Vehicle Fleet Information

Vehicle	# of seats with seatbelts	Year	Make	Model	Lift? (Yes/No)	License Plate Number
<i>Vehicle 1</i>	<i>15</i>	<i>2005</i>	<i>Ford</i>	<i>E-Series Wagon</i>	<i>No</i>	<i>DDSB 40</i>



**ST. LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES
FY16/17 TRANSPORTATION FUNDING APPLICATION**

STAFF QUALIFICATIONS

1. Attach a list of key positions within the agency along with the job descriptions/qualifications.
2. Complete the table below. Note that all drivers transporting consumers funded by DD Resources are required to have the appropriate operator's license for the vehicle type. For each driver, list the type of license: Commercial Driver's License (Class A, B, or C) or a Chauffeur's License (Class E). Feel free to attach a separate table if more space is needed.

Table 2: Staff Listing

Staff Member Name	Position	For drivers: Type of License