**Grant Application**

This grant application is divided into sections. Each section is important and should be addressed completely. A section that does not address all of the requirements noted in the **Grant Application** package will be returned for corrections. If corrections are not made in a timely manner by the center, grant approval will be delayed which may result in delayed payment of the Independent Living (IL) grant.

The grant application, including signatures and Assurances is to be submitted electronically in Microsoft Word by email attachment.

This document can be downloaded and saved in Word version from the [VR website](https://dese.mo.gov/adult-learning-rehabilitation-services/vocational-rehabilitation/independent-living/il-grant-information). Instructions regarding transmittal can be found on the [IL Grant Information](https://dese.mo.gov/adult-learning-rehabilitation-services/vocational-rehabilitation/independent-living/il-grant-information).

**GRANT APPLICATION DOCUMENTS**

The **grant application** information should be assembled in the following order:

1. Application Summary (must be signed by appropriate official, scanned or electronic copy preferred)
2. Five Year Budget Information Summary
3. 704 Part II Subpart IV – Extent of CIL Compliance with the Six Evaluation Standards
4. 704 Part II Subpart V – Annual Program and Financial Planning Objectives and Section B Item 2 SPIL Consistency
5. Assurances Section (must be signed by appropriate official, scanned or electronic copy preferred)
6. Current Directory of Center Board Members-Please include name, address, and phone numbers.
7. Current CIL Personnel Directory

Board Member and CIL Personnel listings may be submitted in a separate electronic file using Microsoft Word or Excel rather than including it in the **grant application** file if the CIL chooses.

**APPLICATION FOR GRANTS FROM CENTERS FOR INDEPENDENT LIVING**

 **APPLICATION SUMMARY**

Center Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing the **Application Summary**, the duly authorized representative of the Center hereby certifies the Center will comply with the applicable grant requirements as contained in the Application Packet for the State & Federal Independent Living Grants.

**Independent Living Grant**

Grant Period From: **July 1, 2024** to **June 30, 2025**

Grant Number: - -24 State IL Grant Award: \_\_\_\_\_\_\_\_\_\_

 Federal IL Grant Award: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Approved: Disapproved:**

 **Signature** of Person Authorized to Sign for Center

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title of Person Signing **Signature** of Assistant Commissioner, MVR

|  |  |  |
| --- | --- | --- |
| edsealFromKevTaylor-mod75 | OFFICE OF ADULT LEARNING AND REHABILITATION SERVICESFIVE YEAR BUDGET INFORMATION SUMMARYCENTER FOR INDEPENDENT LIVING PROGRAM |  |
| Name of Institution/Organization: | Applicants requesting funding for State Fiscal Year 2025 should complete the column under "Fiscal Year 2025 - Proposed." The final budget expenditures from the center’s final quarterly financial report for the applicable state fiscal year should be noted in the appropriate column. |
| SECTION A - BUDGET SUMMARY |
| Budget Categories | Fiscal Year 2025Budget | Fiscal Year 2024(Actual or Budget) | Fiscal Year 2023(Actual) | Fiscal Year 2022(Actual) | Fiscal Year 2021(Actual) |  |
| 1. Personnel |  |  |  |  |  |  |
| 2. Fringe Benefits |  |  |  |  |  |  |
| 3. Travel |  |  |  |  |  |  |
| 4. Supplies |  |  |  |  |  |  |
| 5. Training |  |  |  |  |  |  |
| 6. Overhead |  |  |  |  |  |  |
| 7. Insurance |  |  |  |  |  |  |
| 8. Professional Services |  |  |  |  |  |  |
| 9. Other |  |  |  |  |  |  |
| 10. Total Budget(lines 1-10) |  |  |  |  |  |  |

Insert 704 Part II Subpart IV

Information Here

Please update plan information as needed for changes occurring since the 704 submission to MVR and insert the updated plan information from Subpart IV and V in the electronic grant application.

Insert 704 Part II Subpart V

Information Here

Please update plan information as needed for changes occurring since the 704 submission to MVR and insert the updated plan information from Subpart IV and V in the electronic grant application.

**ASSURANCES**

|  |
| --- |
| This form should be signed by the Center's authorized representative who should be the President of the Board of Directors or the Center's Executive Director, if designated by the Board of Directors. Documentation should be maintained by the Center to support the following assurances. Please indicate by placing a check mark in the left-hand column that the Center affirmatively assures that: |
| **Yes** |  **Assurance** |
|  | 1. | The Center is a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency. |
|  | 2. | The Center will be designed and operated within local communities (geographical regions) by individuals with disabilities, 51% of the staff will be persons with disabilities and majority of individuals in decision-making positions of the Center are individuals with disabilities. |
|  | 3. | The Center will have a Board of Directors that is the principal governing body of the Center and a majority of directors (at least 51%) which shall be composed of individuals with significant disabilities. |
|  | 4. | The Center will comply with the standards set forth in Section 725(b) of the Act. |
|  | 5. | The Center will establish clear priorities through one-, two- and three-year program and financial plans which have: |
|  |  | a. | overall goals or mission for the Center |
|  |  | b. | work plan for achieving the goals or mission |
|  |  | c. | specific objectives |
|  |  | d. | service priorities |
|  |  | e. | description of types of services to be provided |
|  |  | f. | description of how activities are consistent with the ***current*** State Plan for Independent Living (SPIL) |
|  | 6. | The Center will use sound organizational and personnel assignment practices. |
|  | 7. | The Center takes affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under Section 503 of the Act. |

|  |  |
| --- | --- |
| **Yes** | **Assurance** |
|   | 8. | The Center will practice sound fiscal management. |
|  | 9. | The Center will make arrangements for an annual independent fiscal audit and submit a copy to Office of Adult Learning and Rehabilitation Services within 150 days after the end of the Center’s fiscal year. |
|  | 10. | The Center will prepare an annual Section 704 performance report and maintain records adequate to measure performance with respect to the standards. Failure to submit the report timely to Office of Adult Learning and Rehabilitation Services may result in a delay of the quarterly IL grant payment.  |
|  | 11. | The Center will participate in the annual IL outcomes survey and will ensure that survey data is entered into the survey tool by the stated deadline. |
|  | 12. | Individuals with significant disabilities who are seeking or receiving services or their parents, family members, guardians, advocates or authorized representatives will be notified by the Center of the existence of, the availability of, purposes of, and how to contact, the client assistance program. |
|  | 13. | Aggressive outreach regarding services provided through the Center will be conducted in an effort to reach populations of individuals with significant disabilities that are unserved or underserved by programs under this title, especially minority groups and urban and rural populations. |
|  | 14. | Staff employed by the Center will receive training on how to serve such unserved and underserved populations, including minority groups and urban and rural populations. |
|  | 15. | An independent living plan, described in Section 704(e) of the Act, will be developed unless the individual who would receive services under the plan signs a waiver stating that such a plan is unnecessary. (Authority: Section 20 and 725(c) of the Act) |
|  | 16. | It is the responsibility of the Board of Directors to seek appropriate insurance expertise in determining the correct mix of insurance coverage for the Board of Directors and the Center. Note below the Insurance policies carried by the Center: |
|  |  | a. | Directors & Officers Errors & Omissions Insurance |
|  |  | b. | General Liability |
| **Yes** |  |  | **Assurance** |
|   |   | c. | Professional Errors & Omissions Insurance |
|  |  | d. | Worker Compensation |
|  |  e. Disability |
|  |  | f. | Automotive |
|  |  | g. | Property |
|  |  | h. | Malpractice |
|  |  | i. | Insurance for Activities of Persons Who Volunteer in Center |
|  |  | j. | Fidelity Bonds |
|  |  | k. | 3D Policies: Dishonesty, Disappearance and Destruction |
|  |  | l. | Fiduciary Liability |
|  |  | m. | **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | n. | **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | 17. | The Center will maintain on file the following information:(the following list is not all inclusive) |
|  |  | a. | Approval/Renewal of 501(c)3 status |
|  |  | b. | Personnel job descriptions/annual personnel appraisals |
|  |  | c. | Personnel resumes |
|  |  | d. | Articles of Incorporation |
|  |  | e. | By-Laws |
|  |  | f. | Board of Directors' policies |
|  |  | g. | Center's Policy and Procedure Manual |
|  | 18. | The Center will comply with the statutory requirements referenced in the following Certificates/Certifications |
|  |  | a. | Civil Rights Certificate [(click here for link)](https://dese.mo.gov/media/pdf/civil-rights-certificate) |
|  |  | b. | Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements [(click here for link)](https://dese.mo.gov/media/pdf/certification-regarding-lobbying-debarment-suspension-and-other-responsibility-matters) |
|  |  | c. | Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions [(click here for link)](https://dese.mo.gov/media/pdf/certification-regarding-lobbying-debarment-suspension-and-other-responsibility-matters) |
| As a duly authorized representative of the Center, I hereby certify that the Center will comply with the above assurances. |
| Name of Center: |  |
|  (Printed name and title of authorized representative): |
| (**Signature**) | (**Date**) |