



FUNDING APPLICATION

Not-for-Profit Agencies
Purchase of Service Request Calendar
Year 2022

PLATTE COUNTY BOARD OF SERVICE
7900 N. 106th Street - Kansas City, MO 64155 www.pcbsdd.org
Phone: (816) 891-0990
Email: info@pcbsdd.org

**PLATTE COUNTY BOARD OF SERVICES
FUNDING APPLICATION FORMS and INSTRUCTIONS**

To Not-For-Profit Agencies:

This is a complete set of forms to make application for funding for the upcoming calendar year **(FY2022)**.

Description	Section
Funding Application Instructions	
Funding Application	I
Funding Request	II
Total Funding Request	III
Unit Cost Report: Schedules A, B & C (EXCEL Spreadsheets separate attachments)	IV
List of Other Information Required	
PCBS Funding Policy	

FUNDING APPLICATION INSTRUCTIONS

Instructions: Submit one (1) set of the completed application with documents arranged in the order listed below electronically. Each set must have a table of contents and separating pages with both the general heading and the specific document listed under the general heading. If a document is missing, a notation should be made under the appropriate separating page explaining why it is missing and when the document will be provided.

Section I: Funding Application

1. **Agency Identifying Information / Statement of Assurance**
Use form provided
2. **Agency Goals**
Use form provided
3. **List of Agency Board Members**
Can be a separate attachment
4. **Mission, Vision, History of Agency, Description of Services Covered by this Proposal**
Use form provided

Section II: Funding Request

1. **Agency Program Summary**
Use form provided
2. **Agency Program Information**
Use form provided
3. **Income Breakdown**
Use form provided
4. **Purchase of Service**
5. Use form provided
6. **Unit Cost Calculation – see excel spreadsheets**

Section III: Total Funding Request Summary

1. **Total Funding Request Summary**
Use form provided

Section IV: Unit Cost Reports

1. **Unit Cost Calculation Schedule A**
Use EXCEL Spreadsheet Separate Attachment
2. **Unit Cost Calculation Schedule B**
3. Use EXCEL Spreadsheet Separate Attachment
4. **Unit Cost Calculation Schedule C**
5. Use EXCEL Spreadsheet Separate Attachment

ADDITIONAL DOCUMENTS AND INFORMATION REQUIRED

Corporate Data

1. **Certificate of Corporate Good Standing**
 - Required of ALL agencies whose corporation is older than twelve (12) months
2. **Certificate of Incorporation**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year
3. **Articles of Incorporation / Amendments**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year
4. **Copy of 501 (c) (3) Tax Exemption Letter**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year
5. **Copy of Agency By-Laws / Amendments**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year

Accreditation / Licensure

1. **Certificate of Accreditation / Plan for Accreditation**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year
2. **State Certification**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year
3. **State Licensure**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year

Insurance

1. **Certificate of Insurance**
 - Required of ALL agencies.

Client Rights

1. **Rights of Clients**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year
2. **Grievance Procedure**
 - Required of NEW agencies
 - Continuing agencies submit only if changes were made in current calendar year

AGENCY IDENTIFYING INFORMATION

Funding Period 1/1/22 to 12/31/22
(Starting Date) (Ending Date)

Agency Information

- 1. Legal Name of Agency: Park Hill School District
- 2. Address: 7703 NW Barry Road Kansas City MO 64153
Street City State Zip
- 3. Phone Number: 816-359-4100 Fax: 816-359-4039 e-Mail: www.parkhill.k12.mo.us
- 4. Executive Director: Dr. Chris Daniels

Statement of Assurance

The undersigned hereby acknowledges that they have reviewed, understand and agree to abide by any and all policies, principles and procedures as contained in the Platte County Board of Services Funding Policy.

The undersigned hereby certifies that information contained in this application for funds is true and accurate to the best of their knowledge and belief.

The undersigned is authorized to sign and submit this application on behalf of:

Agency Name

_____ Executive Director's Signature	_____ Date	_____ Board President's Signature	_____ Date
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Name and title of the authorized individuals to enter into contractual agreements with the Platte County Board of Services:

Type or print the name and title of the authorized signatory.

_____ Name	_____ Title
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_____ Name	_____ Title
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_____ Name	_____ Title
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AGENCY GOALS

Four goals per agency are required. Agency will be required to provide a quarterly status report on all listed goals.

1. **Goal:** Become knowledgeable of supportive services available to the students after high school – regarding living arrangements, job training and job opportunities.

Progress Measure:

These goals will be evaluated through informal/formal senior interviews and through our districts transition outcome surveys.

2. **Goal:** Begin establishing goals and interests in regards to post-secondary job opportunities.

Progress Measure:

These goals will be evaluated through informal/formal senior interviews and through our districts transition outcome surveys.

3. **Goal:** Become informed of the world of work through on-site job experiences and job shadows.

Progress Measure:

These goals will be evaluated through informal/formal senior interviews and through our districts transition outcome surveys.

4. **Goal:**

Progress Measure:

AGENCY BOARD MEMBER INFORMATION

Information may be typed here or inserted as is appropriate.

**AGENCY MISSION, VISION, HISTORY OF AGENCY
DESCRIPTION OF SERVICES COVERED BY THIS PROPOSAL**

Information may be typed here or inserted as is appropriate.

Vision

Building successful futures - each student - every day

Mission

Through the expertise of a motivated staff, the Park Hill School District provides a meaningful education in a safe, caring environment to prepare each student for success in life.

Values

- Student Focus
- Integrity
- High Expectations
- Continuous Improvement
- Visionary Leadership

We, at Park Hill School District work with high school students with developmental delays such as developmental delays and autism. The majority of these students spend some or all of their day in the special services functional – life skills class. In the past, we have used PCBS funds for: 1) Students to job shadow within community businesses 2) Students to participate in community volunteer work experiences and 3) students to tour different job opportunities and living arrangements beyond high school. We believe that these experiences will provide an effective teaching model that is student-centered and applicable to real life situations. We are also hopeful that this experience will help enable students to find potential post-secondary employment. We would like to continue this program through PCBS funding, which will fund the transportation costs.

Type the name of the program here

Section II: Funding Request

Page 2 of 5

AGENCY PROGRAM INFORMATION

Instructions: Submit one Program Information form for each program request.
Provide index tab for each program.

Type of Program:

With the funding assistance (for transportation) through PCBS, we have been able to provide individuals with disabilities the opportunity to job shadow, tour employment opportunities and living arrangements available after high school. Students with developmental disabilities from Park Hill and Park Hill South High Schools will be provided hands-on, real-life experiences regarding vocational tasks.

Why Program is Needed:

Assisting with transportation costs for students with developmental delays to participate in work experiences/job shadowing/touring agencies. These experiences will help students have goals and experiences related to work after high school.

Impact if Cut:

Duration of Program:

One year

Dates to be in Effect (Explain if less than yearly):

Type the name of the program here

INCOME BREAKDOWN

Instructions: This is the proposed income plan for the program. List each income source including grants and/or contributions that will be allocated towards the overall cost of the program. Submit one Income Breakdown form for each program.

Income Source	Previous Year \$ Amount	Current Year \$ Amount	Proposed \$ Amount
Income Source	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0
TOTALS:	\$ 0	\$ 0	\$ 0

Type the name of the program here

Section II: Funding Request

PURCHASE OF SERVICE

Instructions: Complete this section for **Purchase of Service requests only**. Submit one Purchase of Service form for each program.

Unit cost figures proposed must be calculated on the Unit Cost Report, Section IV, Schedule C - Summary, Page 6. Indicate the formula used to calculate the total number of projected units of service to be provided in the proposed program.

All direct expenses (Schedule B) including insurance must be included in the unit cost of service.

Staff training and CARF expenses requested under Section V: Management In-Service Training should NOT be included on Schedule B, Item #9 Staff Training and Item #12 Accreditation/Licensure. These specific items will be considered as a grant request.

Definition of Unit of Service: Transportation Costs

Unit Cost Calculation:

$$\begin{array}{rcl} \$ \underline{\hspace{2cm}} & / & \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \text{ \$ nan} \\ \text{Total Adjusted Cost per Service} & & \text{Number of All Units} \\ \text{(Line 10 - Schedule C)} & & \text{to be provided} \end{array}$$

Adjusted Cost per Unit of Service (Line 11 - Schedule C)

Total Purchase of Service (POS) Funds Requested for this Program:

$$\begin{array}{rcl} \$ \underline{\hspace{2cm}} \text{ \$ nan} & \times & \underline{\hspace{2cm}} \text{ 0.00} = \$ \underline{\hspace{2cm}} \text{ 0} \\ \text{Adjusted Cost per Unit of} & & \text{PCBS Contracted} \\ \text{Service (Line 11 - Schedule C)} & & \text{Number of Units} \end{array}$$

Total Request from PCBS

Average Cost of Service Per Person Served:

$$\begin{array}{rcl} \$ \underline{\hspace{2cm}} \text{ 0} & / & \underline{\hspace{2cm}} \text{ 1} = \$ \underline{\hspace{2cm}} \text{ \$ 0.00} \\ \text{Total Request from PCBS} & & \text{Number of Platte County} \\ & & \text{Residents to be served} \end{array}$$

Average Cost of Service Per Resident Served

TOTAL FUNDING REQUEST SUMMARY

Instructions: Submit one Total Funding Request Summary with the funding application and funding request. Provide an index tab. Agency must submit a funding request consistent with current financial reports and fiscal year budget.

Program or Item Description	Funds Requested
List each program for which you are requesting funding for 2022	\$ 0.00
Transportation Cost Assistance (\$85 per trip/41 participants)	\$ 3,485.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00
	\$ 0.00

Total Funds Requested: \$ 3,485.00

Unit Cost Report Schedule A

***This is a separate EXCEL Workbook – Tab 1 Schedule A
Complete This Sheet First

Section IV Funding Application / Unit Cost Report		Schedule A / Personnel Costs																	
Name & Title	% FTE	Annual Salary	FICA	Retirement	Insurance: Health	Insurance: Life	Insurance: Disability	Insurance: Accident	Total Compensation	Support/Indirect		Service		Service		Service		Service	
										% FTE	Cost	% FTE	Cost	% FTE	Cost	% FTE	Cost	% FTE	Cost
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	7.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	1.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	1.10	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	11.50	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	1.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.70	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.88	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.08	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	1.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	2.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	1.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
TOTAL: TRANSFER TO Schedule C (Cost Only)	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Unit Cost Report Schedule B

***This is a separate EXCEL Workbook – Tab 2 Schedule B
 Complete This Sheet Second
 Parts of this sheet will populate from Schedule A

Section IV Funding Application /Unit Cost Report		Schedule B / Non-Personnel Indirect & Other Costs					
		(A)	(B)	Service:			
				Support /Indirect	Total Direct Costs	Type Name of Program Here	Type Name of Program Here
EXPENSE CATEGORIES			This field automatically calculates	These fields automatically populate from Schedule A			
1. OTHER PERSONNEL COSTS							
A. Unemployment Insurance	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Worker's Compensation	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
C. Recruitment & Advertising for Employment	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
D. Recognition	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
E. Contract	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
2. COMMUNICATIONS							
A. Telephone	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Postage	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
C. Printing / duplication	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
D. Other (specify)	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
3. MAINTENANCE AND REPAIRS							
A. Building	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Grounds	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
C. Program equipment	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
D. Facility equipment	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
E. Office equipment	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
F. Service agreements (specify)	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
G. Security	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
H. Janitorial	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
I. Other	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
4. PHYSICAL PLANT COSTS							
A. Building Lease / Rent	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Approved Building Interest (specify)	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
C. Taxes	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
D. Building insurance	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
E. Building depreciation	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
5. UTILITIES							
A. Water/Sewer	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Gas	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
D. Electricity	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
E. Trash removal	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
F. Other (specify)	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
6. FOOD SERVICES							
Raw Food Costs:	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Client Meals	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Staff Meals	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
7. MATERIALS AND SUPPLIES							
A. Materials and supplies: 1 - Program	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
2 - Facility	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
3 - Office	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
B. Non-legend medical supplies & drugs	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
C. Legend drugs not covered by Medicaid	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$
D. Other (specify)	//////////	\$ - \$	- \$	- \$	- \$	- \$	- \$

Unit Cost Report Schedule B (continued)

***This is a separate EXCEL Workbook – Tab 2 Schedule B
 Complete This Sheet Second
 Parts of this sheet will populate from Schedule A

8. PROFESSIONAL SERVICES								
A. Legal services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Accounting services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Audit services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Consultants		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E. Payroll services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. STAFF TRAINING								
A. Mileage		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Lodging		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Meals		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Fees		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E. Books & Subscriptions		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F. Professional Dues		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G. Other (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. STAFF TRAVEL								
A. Mileage (includes home-based therapy)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Lodging		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Meals		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Other (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. INSURANCE								
A. Liability: 1 - Directors/Officers		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2 - Professional/Personal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3 - Comprehensive General		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Fidelity bond		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Other (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. LICENSURE / ACCREDITATION								
A. Licenses (other than vehicle)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Accreditation (NAEYC & CARF annual dues)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. EQUIPMENT AND FURNISHINGS								
A. Equip. & Furnishings - Purchase:								
1 - Program		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2 - Facility		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3 - Office		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Equip. & Furnishings - Leases:								
1 - Program								
2 - Facility								
3 - Office								
C. Equip. & Furnishings - Depreciation: (on items over \$300)								
1 - Program		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2 - Facility		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3 - Office		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. TRANSPORTATION								
A. Fuel/lubricants		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Tires		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Inspections		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Vehicle insurance		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E. Approved vehicle interest or lease		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F. Maintenance/repair		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G. Vehicle depreciation		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H. Taxes and licenses		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I. Staff-reimbursed transportation for client travel (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
J. Mobile phone air time		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
K. Other (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. MISCELLANEOUS								
A. Specify		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Specify		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. Specify		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL: TRANSFER TO SCHEDULE C (Cost Only)		\$0	\$0	\$0	\$0	\$0	\$0	\$0

Unit Cost Report Schedule C

***This is a separate EXCEL Workbook – Tab 3 Schedule C
 Complete This Sheet Last
 Parts of this sheet will populate from Schedules A & B

Section IV Funding Application / Unit Cost Report		Schedule C							
EXPENSE CATEGORIES		Enter Percentage and Corresponding Field Will Calculate	(A)	(B)	Service	Service	Service	Service	
			Support / Indirect	This field automatically calculates Direct Costs	Type Name of Program Here	Type Name of Program Here	Type Name of Program Here	Type Name of Program Here	
<i>These fields automatically populate from Schedule A</i>									
1. Personnel Costs (Schedule A)	//////////		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. Indirect & Other Direct Costs (Schedule B)	//////////		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Total Costs (Line 1 + Line 2) <i>this line automatically calculates</i>	//////////		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Allocation of Support & Indirect Service Costs (Percentage)	0.00%		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. Total Costs Per Service (Line 3 + Line 4) <i>this line automatically calculates</i>	//////////		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
6. Total Units of Service	//////////				0.00	0.00	0.00	0.00	
7. Costs Per Unit of Service	//////////				#DM/0!	#DM/0!	#DM/0!	#DM/0!	
8. Grants/Donations/Contributions/Etc. Designated to Reduce Total Services Expenses	//////////				\$0.00	\$0.00	\$0.00	\$0.00	
9. Allocation of Undesignated Grants/Donations/Contributions etc. (Percentage)	0.00%		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Fee for Service	//////////				\$0.00	\$0.00	\$0.00	\$0.00	
Service Revenue	//////////				\$0.00	\$0.00	\$0.00	\$0.00	
10. Total Adjusted Cost Per Service	//////////		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	
11. Adjusted Cost Per Unit of Service	//////////		#DM/0!		#DM/0!	#DM/0!	#DM/0!	#DM/0!	
12. Unit Defined	//////////		Note Here	Note Here	Note Here	Note Here	Note Here	Note Here	
13. Actual Request Per Unit (enter if different than Adjusted Cost Per Unit of Service)	//////////		#DM/0!		#DM/0!	#DM/0!	#DM/0!	#DM/0!	
Agency Name:					Name of Authorized Signor:				
Type Name of Agency Here					Type Name of Authorized Signor Here				
					Signature of Authorized Signor				

CORPORATE DATA

Please include the following information in your completed application separated by index tabs.

1. **Certificate of Corporate Good Standing**
 - Required of **ALL** agencies whose corporation is older than twelve (12) months
2. **Certificate of Inspection**
 - Required of **NEW** Agencies
 - Continuing Agencies submit **only if** changes were made in the current calendar year
3. **Articles of Incorporation / Amendments**
 - Required of **NEW** Agencies
 - Continuing Agencies submit **only if** changes were made in the current calendar year
4. **Copy of 501©(3) Tax Exemption Letter**
 - Required of **NEW** Agencies
 - Continuing Agencies submit **only if** changes were made in the current calendar year
5. **Copy of Agency By-Laws / Amendments**
 - Required of **NEW** Agencies
 - Continuing Agencies submit **only if** changes were made in the current calendar year.
6. **Copy** of last fiscal year "accounting audit".

ACCREDITATION AND LICENSURE

Please include the following information in your completed application separated by index tabs.

1. **Certificate of Accreditation / Plan for Accreditation**
 - Required of ALL agencies whose corporation is older than twelve (12) months

2. **State Certification**
 - Required of **NEW** Agencies
 - Continuing Agencies submit **only if** changes were made in the current calendar year

3. **State Licensure**
 - Required of **NEW** Agencies
 - Continuing Agencies submit **only if** changes were made in the current calendar year

INSURANCE

Please include the following information in your completed application separated by index tabs.

- 1. Certificate of Insurance**
·Required of **ALL** agencies.

CLIENT RIGHTS

Please include the following information in your completed application separated by index tabs.

1. **Rights of Clients**

- Required of **NEW** Agencies
- Continuing Agencies submit **only if** changes were made in the current calendar year

2. **Grievance Procedure**

- Required of **NEW** Agencies
- Continuing Agencies submit **only if** changes were made in the current calendar year

