

CEADD

A College Experience for Adults with Developmental Disabilities

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SECTION I: FUNDING APPLICATION

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**DEVELOPMENTAL DISABILITIES BOARD
FUNDING APPLICATION**

AGENCY IDENTIFYING INFORMATION

Funding Period January 1, 2014 to December 31, 2014
(Starting Date) (Ending Date)

Agency Information

1. Legal Name of Agency: Junior College District of Metropolitan Kansas City, Missouri

2. Address: 2601 NE Barry Road Kansas City MO 64156
Street City State Zip

3. Phone: (816) 604-3043 Fax (816) 437-3484
E-Mail: betsy.keleher@mckkc.edu

4. Program Coordinator: Betsy Keleher

Statement of Assurance

The undersigned hereby acknowledge that they have reviewed, understand and agree to abide by any and all policies, principles and procedures in the Developmental Disabilities Resource Board of Clay County Funding Policy and Procedure Manual.

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:
Junior College District of Metropolitan Kansas City, Missouri

9-26-13 DAVID L. DISNEY
Date Board President's Signature

Name and title of the authorized individuals to enter into contractual agreements with the Developmental Disabilities Resource Board:

Type or print the name and title of the authorized signatory.
David L. Disney, President, Board of Trustees/Metropolitan Community College

Utpal Goswami President/Maple Woods Community College
Name Title
Name Title

**DEVELOPMENTAL DISABILITIES BOARD
FUNDING APPLICATION
AGENCY GOALS**

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

1. Goal:

Maintain budget parameters

Progress Measure:

End of the year actual and projected budget will balance.

2. Goal:

Maintain 70-80 students and attract 3-5 new students each year

Progress Measure:

Enrollment figures

3. Goal:

Attend most of each contributing facility's board meetings in 2014.

Progress Measure:

Sign in sheets

4. Goal:

Offer CEADD students 6 new and different classes each semester

Progress Measure:

Brochures

ORGANIZATIONAL DATA

CEADD 2013 Update

Our craft instructor and her husband who assisted her retired last spring after 10 years – they will be missed. However, an existing assistant and a new person are excited to begin a new era of crafts. Otherwise our staff remains the same.

There was an attempt to move our classes to another building. However, after touring the campus, it was clear that the Math Science building is the only place suited for our program. CEADD needs 6 classrooms on one level with including a computer lab that is accessible to a parking lot.

Our fall and spring semesters will continue to be six Saturday mornings. The yearbook and summer school (funded by the ARC) will be repeated.

Dawn Hatterman is continues to be the dean of instruction at MCC-Maple Woods and the person to whom I report. We have a new president. Dr. Utpal Goswami began July 1, 2013. We will see what programs he promotes and how our campus survives with the state funds that continue to decrease.

Section II: FUNDING REQUEST
Page 1 of 4

DEVELOPMENTAL DISABILITIES BOARD
FUNDING REQUEST
AGENCY PROGRAM SUMMARY

Instructions: Submit one program summary for each program request.
 Provide index tab for each program.

Agency Junior College District of Metropolitan Kansas City, Missouri
 Program CEADD/College Experience for Adults with Developmental Disabilities

Category where funds are to be allocated:

- existing agency program
- new service/existing consumer
- new service/new consumer

Type of Funding Request: (Choose ONE per program. Complete appropriate section on Page 4.)

- Grant/Match
- Purchase of Service

Number of Clay County Residents served in existing program by age brackets

Primary Disability	0-5	6-16	17-21	22-32	33-43	44-54	55-60	61-65	66+
Mental Retardation			5	13	14	10	5	5	
Cerebral Palsy				1	2	2			
Epilepsy				1	1				
Autism				2	1				
Down Syndrome				2	2	1			
MR/MI Dual Diagnosis					2	3			
Learning Disability			5	6	2	1			
Head Injury					2				
Other (Blind/Deaf)					2				
TOTALS	0	0	10	25	28	17	5	5	

Total Clay County residents Served Prior Year	Total Clay County residents Served Current Year	Total Clay Co. Residents Projected: Funding Year	Other Residents Projected: Funding Year	Total Residents Projected: Funding Year
88	90	90	60	142

SECTION II: FUNDING REQUEST

Page 2 of 4

Type of Program:

CEADD is a program where adults with disabilities take non-credit community education classes on their level in a non-threatening atmosphere on the Metropolitan Community College - Maple Woods campus.

Why the Program is needed:

CEADD offers classes in basic skills, cultural arts and social sciences, practical living, vocational training and enrichment. It provides learning and social atmosphere for people to grow.

Impact if Cut:

Adults with disabilities will no longer have the above experiences as the other programs of this nature serve only their counties.

Duration of Program:

CEADD classes are during the fall and spring semesters of the college.

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

Fall: October - November

Spring: January - March

SECTION II: Funding Request
 Page 3 of 4

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 overall cost of the program.

Income Source	Previous Year \$ Amount	Current Year \$ Amount	Proposed \$ Amount
DDRB	\$49,794	\$49,759	\$50,475
PCBS	\$16,096	\$16,096	\$16,172
ARC	\$7,000	\$7,000	\$7,000
Tuition	\$2,250*	\$2,250*	\$2,250
* does not include summer school tuition			
TOTALS	\$72,890*	\$72,855	\$73,647*

SECTION III: TOTAL FUNDING REQUEST SUMMARY
Page 1 of 1

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 / Item Description	Funds Requested
CEADD	\$50,475

Total Funds Requested: **\$ 50,475**

**The 2014
CERTIFICATE OF LIABILITY INSURANCE
will be forwarded in January**

**DEVELOPMENTAL DISABILITIES BOARD
FUNDING APPLICATION**

AGENCY BOARD INFORMATION

Name of Agency: **CEADD College Experience for Adults with Disabilities** Phone: **816-604-3043**
 Name of Executive Director: **Betsy Keleher** Phone: **816-604-3043**

President of Board: **Betsy Keleher**
 Secretary: _____
 1st Vice President: _____
 Treasurer: _____
 2nd Vice President: _____

Other:

Name (Including Persons Above)	Home Address		Term Exp. Month/Year	Consumer		Occupation/ Employer
	Street	City Zip		Yes	No	
Janice Tilman	7900 NW 106th Street Kansas City, MO 64153			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Executive Director PCBS
Mary Henry	1206 East 21st Avenue N Kansas City, MO 64116			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instructor CEADD
Dawn Hatterman	2601 NE Barry Road Kansas City, MO 64156			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dean MCC-Maple Woods
Betsy Keleher	2601 NE Barry Road Kansas City, MO 64156			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Program Coordinator CEADD MCC-Maple Woods

Section IV: UNIT COST REPORT **DEVELOPMENTAL DISABILITIES RESOURCE BOARD**
Page 1 of 6 **UNIT COST REQUEST**

Agency Name: CEADD
 Date: October 1, 2013

PERSONNEL COSTS
Schedule A

Name & Title	% of FTE	Annual Salary	FICA	Retirement	Health Medical Life	Disability Accident	Total Compensation
Betsy Keleher Coordinator	100	\$26,100	\$1,997	\$2,610			\$30,707
Secretarial Services	100	\$3,200	\$320	\$245			\$3,765
Instructors	100	\$9,450	\$723				\$10,173
Teaching Assistants	100	\$1,500	\$115				\$1,615
TOTAL	100	\$40,250	\$3,155	\$2,855			\$46,260
Interpreter Expense not shared	100	\$1,400	\$107				\$1,507
TOTAL – TRANSFER TO SCHEDULE C (Cost Only)		\$40,250	\$3,155	\$2,855			\$46,260

NON-PERSONNEL (Indirect & Other Costs)
 Schedule B

Expense Categories	(A) Support/ Indirect	(B) Direct Costs	Service	Service	Service	Service	Service
1. OTHER PERSONNEL COSTS	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Unemployment Insurance							
B. Workman's Compensation							
C. Recruitment & Advertising for Employment							
2. COMMUNICATIONS	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Telephone							
B. Postage		\$500					
C. Printing/Duplication		\$1,000					
D. Other (specify)							
3. MAINTENANCE & REPAIRS	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Building							
B. Grounds							
C. Program equipment							
D. Facility equipment							
E. Office equipment							
4. PHYSICAL PLANT COSTS	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Building lease/rent							
B. Building interest (specify)							
C. Taxes							
D. Building insurance							
E. Building depreciation							

NON-PERSONNEL (Indirect & Other Costs)
Schedule B

Expense Categories	(A) Support/ Indirect	(B) Direct Costs	Service	Service	Service	Service	Service
5. UTILITIES	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Water/Sewer							
B. Gas/Electric							
C. Trash removal							
D. Other (specify)							
6. FOOD SERVICES	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Raw Food Costs							
7. MATERIALS AND SUPPLIES	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Materials & supplies		\$2,000					
1. Program							
2. Facility							
3. Office							
B. Non-legend medical supplies & drugs							
C. Legend drugs not covered by Medicaid							
D. Other (specify)							
8. PROFESSIONAL SERVICES	//////////	//////////	//////////	//////////	//////////	//////////	//////////
A. Legal services							
B. Accounting							
C. Audit services							
D. Consultants							
E. Other (specify)							

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
UNIFORM COST REPORT
3NON-PERSONNEL (Indirect & Other Costs)

Schedule B

Expense Categories	(A) Support/Indirect	(B) Direct Costs	Service	Service	Service
9. STAFF TRAINING	//////////	//////////	//////////	//////////	//////////
A. Mileage					
B. Lodging					
C. Meals					
D. Fees					
E. Books & subscriptions					
F. Other Professional Dues					
10. STAFF TRAVEL	//////////	//////////	//////////	//////////	//////////
A. Mileage					
B. Lodging					
C. Meals					
11. INSURANCE	//////////	//////////	//////////	//////////	//////////
A. Liability 1-Directors/Officers					
2-Professional/Personal					
3-Comprehensive General					
B. Fidelity bond					
12. LICENSURE/ACCREDITATION					
A. Licenses (other than vehicle)					
B. Accreditation					
13. EQUIPMENT & FURNISHINGS					
A. Equipment & Furnishings Purchases					
1-Program					
2-Facility					
3-Office					

NON-PERSONNEL (Indirect & Other Costs)
 Schedule B

Expense Categories	(A) Support/ Indirect	(B) Direct Costs	Service	Service	Service	Service
13. EQUIPMENT AND FURNISHINGS						
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. Vehicle Operation						
B. Vehicle Insurance						
C. Vehicle Interest or Lease						
D. Maintenance/Repairs						
E. Vehicle Deprecation						
F. Staff reimbursed transportation for client travel (specify)						
G. Other Mobile Phone Air Time						
15. MISCELLANEOUS						
16. TOTAL: TRANSFER TO SCHEDULE C (Cost Only)		\$3,500				

COST REPORT SUMMARY
Schedule C

Expense Categories	(A) Support/ Indirect	(B) Direct Costs	Service	Service	Service	Service
1. Personnel Costs (Schedule A)		\$46,260				
2. Indirect & Other Direct Costs (Schedule B)		\$3,500				
3. Total Costs (Line 1 + Line 2)		\$49,760				
4. Allocation of Support & Indirect Service Costs Decimal (.30)		\$14,928				
5. Total Costs per Service (Line 3+ Line 4) x 75% INTERPRETER COST (not shared with PCBS x 30 %)		\$48,516				
		\$1,959				
		\$50,475				
6. Total Units of Service		264				
7. Costs per Unit of Service		\$192				
8. Grants/Donations/Contributions/Etc. Designated to Reduce Total Services Expenses						
9. Allocation of Undesignated Grants/Donations/Contributions/Etc. Decimal()						
10. Total Adjusted Cost Per Service						
11. Adjusted Cost Per Unit of Service						

10/1/13
Date


Authorized Signature