

**PRODUCTIVE LIVING BOARD
FOR ST. LOUIS COUNTY CITIZENS
WITH DEVELOPMENTAL DISABILITIES
ISLA Start-Up Application**

Section I. AGENCY/PROJECT GENERAL INFORMATION

A. Agency Information

Agency Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

B. Agency Contact

Executive Director: _____

Phone: _____ Email: _____

Project Director: _____

Phone: _____ Email: _____

Section II. DESCRIPTION OF PROJECT

A. Consumer Information

Consumer Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date ISLA Support Plan Submitted for PLB Review: _____

Projected ISLA Start Date: _____ Approval Date: _____

ISLA Start-Up requests must be submitted 30–60 days prior to moving and be approved by the OPLS in order to receive reimbursement.

B. Narrative

Provide an explanation of the individual's need for funding support in order to move into a residence.

C. Proposed Location of Housing

1. Address: _____

City: _____ Municipality: _____ Zip: _____

Type of residence: _____

2. Terms of Lease: _____

No. of Years: _____ Renewal Options: _____

Name of Lessee: _____

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Section III. INCOME

The following budget information should be based on the agency's best projections of total income and expenses on a line item basis for the ISLA Start-Up funds requested.

Income	Amount
PLB	
Individual/Parent Contribution	
Other (describe):	
Other (describe):	
Other (describe):	
Total Income Projected	

Section IV. EXPENSES

Client Assistance:

- a) Moving Expenses - The cost to lease/rent a vehicle and/or contract with a moving company if an individual is moving significant quantities of furniture from his or her current residence.
- b) Rent/Security Deposits - Cost to lease a house/apartment (not to exceed two [2] months' rent).
- c) Utilities/Deposits - Cost to have utilities service established.
- d) Renter's Insurance Policy – Initial cost to obtain renter's insurance coverage for up to one year.
- e) Housekeeping Supplies – Non-expendable items such as mop, broom, vacuum, trash cans, etc.
- f) Household Items – Non-expendable items such as bath towels, kitchen items, small appliances, etc.
- g) Furnishings - Basic furniture such as Dining Room, Bedroom, Living Room furniture. Items not considered basic include televisions, electronics, stereos, entertainment centers, etc.

Adaptations:

- a) Adaptations - Specialized equipment required by individuals to assure their safety and welfare and/or to exercise self-direction, control of their environment, decreased dependence on paid supports and access to their community.

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Section IV. EXPENSES (continued)

Client Assistance	Amount
Moving Expenses	
Rent/Security Deposit	
Insurance (Renter's Policy)	
Utilities:	
1. Installation	1. _____
2. Deposit(s)	2. _____
3. Other (describe):	3. _____
Housekeeping Supplies	
Household Items	
Furnishings	
Total Client Assistance	

Adaptations	Amount
Equipment (describe):	
Installation	
Total Adaptation Costs	

Grand Total of Start-Up Direct Expenses: \$ _____

***Any item that costs \$1,000 or more MUST be itemized separately. The PLB will require evidence of three bids to assure cost effectiveness. Evidence of bids is required before any disbursement of funds.**

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CORPORATE RESOLUTION

The _____ Board of Directors, having met on _____
(Name of Organization) (Date)
voted to apply for funds from the Productive Living Board for St. Louis County Citizens with
Developmental Disabilities in an amount not to exceed _____ for the purpose of:

Project/Component Name	Amount Requested

The individual below acknowledges they have reviewed all policies and procedures related to ISLA funding, ISLA Start-Up funding and the PLB Funding Manual. In addition, the undersigned certifies the information contained in this application for funding is true and accurate.

The individual below is authorized to **sign and enter into service agreements** with the Productive Living Board for St. Louis County Citizens with Developmental Disabilities:

Agency Employee Signature: _____

Print Name: _____

Title: _____ Date: _____

Board Member Signature: _____

Print Name: _____

Title: _____, Board of Directors Date: _____

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FUNDING WORKSHEET

Once Start-Up funds have been approved, OPLS staff will fill in the amount approved for each section and return the worksheet to you (the agency). It is your responsibility to maintain the amount spent and the balance of each section, as items are purchased. Please provide the completed worksheet to the OPLS each time you bill for services/supports.

Client Assistance	Amount	Spent	Balance
Moving Expenses			
Rent/Security Deposit			
Insurance (Renter's Policy)			
Utilities: 1. Installation 2. Deposit(s) 3. Other (describe):	4. _____ 5. _____ 6. _____		
Housekeeping Supplies			
Household Items			
Furnishings			
Total Client Assistance			

Adaptations	Amount	Spent	Balance
Equipment (describe):			
Installation			
Total Adaptation Costs			