



VOUCHER FUNDING REQUEST

Recreation Council, St. Charles County

Fiscal Year 2010 ~ July 1, 2009 to June 30, 2010

Return this page when program details are determined

Applicant Name: _____

Name of person making request, if different from applicant: _____

Submit this form each time you request funding, and when program provider, dates, and cost are determined. You may submit this form with your application, or at a later time when program details are finalized. Funding is approved for the program selected when the request is received, and is granted on a first-come, first-serve basis as long as funds are available. Funding is program driven. Annual maximums apply to program requests, not individual applicants.

PROGRAM INFORMATION

- ◆ **Community recreation** applicants may make multiple requests for funds until the maximum yearly amount is used. If program is expected to continue year-round, submit the cost information for all sessions the applicant will attend. Changes to program selection require writing of new voucher based on availability of money.
- ◆ **Residential camp** funds are a one-time use voucher per fiscal year.
- ◆ Applicants requesting funding for **summer programs** occurring in May or June 2010 may use expected dates of attendance and cost information available at time of application.
- ◆ **Maximums:** \$300-Community Recreation \$400-Residential Camp \$650-High Support Need Residential Camp (requires proof from DMH of need for 1:1 service)

Provider(s)	Activity/Program	Program Dates	Program Fee(s)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL AMOUNT REQUESTED:			\$ _____

List other fees charged*: _____ Amount: _____

*Fees for transportation, registration, membership, field trips, and supplies cannot be reimbursed by the voucher, though registration and membership fees may be eligible toward your 10% co-pay.

Support Staff Information: Complete this section *only* if you plan to use part or all of your community recreation funds to hire an assistant for an inclusive community recreation program. You may apply for both program fees and support staff funding for the same program. *The voucher pays \$6 per hour.*

Support Staff's Name: _____ Phone: _____

Support Staff's Address: _____ City: _____ State: _____ Zip: _____

Requested Number of Hours: _____ TOTAL AMOUNT REQUESTED: \$ _____

The Recreation Council does not provide this individual. We strongly recommend that you complete a Criminal Background Check on the support staff that you employ. For background check information, call (573)-526-1974, or visit www.dhss.mo.gov/fcsr.

Return this form to The Recreation Council
Mail: 60 Gailwood Dr.-Suite C., St. Peters, MO 63376
Fax: 636-477-7704 (Phone & Fax-no cover sheet)
E-Mail as an attachment: reccouncilsc@yahoo.com

Additional copies of this form may be downloaded at:
www.stlouis.missouri.org/reccouncil

Recreation Council Use Only:

Date Received: _____ Amt Approved: _____ Staff Signature _____ Date: _____