



Independent Provider Community Experiences Agreement

The Community Experiences program is available to individuals with developmental disabilities that live in Medina County and independent providers that serve individuals in residential settings in Medina County. Independent providers can opt-in at any time as long as funding is available. Independent will be given reimbursement funding based on invoicing and documentation requirements of the program.

Funding

Funding will be disbursed in order of reimbursement requests, until the budget amount is exhausted. There is a funding pool of \$8,200 that will be available.

The maximum per experience or activity is a one-time amount of \$100. This includes:

- a. Payment for an individual who cannot afford the experience.*
- b. Payment for independent provider who cannot afford the experience.*
- c. Special requests for anything over \$100 should be sent to MCBDD Community Projects Supervisor prior to the purchase. This request will be sent to the ARPA Funds Committee for approval. If needed, committee will consult with representatives from DODD to determine if the purchase is appropriate.*
- e. Funds cannot be used for personal spending or for illegal activities.*

If independent provider is not sure if an activity is appropriate, they can contact the MCBDD Community Projects Supervisor prior to purchase. If a purchase has already occurred and it was deemed inappropriate, MCBDD has the right to deny reimbursement to independent provider.

Community Experiences Log

Independent providers must submit for reimbursement of activities with individuals served from the previous month or at minimum, the previous quarter. They must submit an invoice to the Medina County Board of Developmental Disabilities with accompanying receipts, as well as a log with their name, the date of the activity, the individual served initials, a description of the community experience they participated in, and the cost of the experience.

Independent provider must send the invoice and log electronically to Crystal Brodzenski, MCBDD Community Projects Supervisor at cbrodzenski@mcbdd.org for review. Logs may be reviewed by the MCBDD ARPA Grant committee as needed and DODD will be consulted on an as needed basis.

Signatures

By signing below, independent provider agrees to the terms in this agreement:

Independent Provider Name (please print): _____ Date: _____

Signature: _____