

Agency Providers Community Experiences Agreement

The Community Experiences program is available to individuals with developmental disabilities that live in Medina County and agency staff that serve individuals in Medina County. Provider agencies can opt-in no later than June 28, 2024, and must provide an updated W-9. Provider agencies that opt into the program will be given a lump sum allotment based on the number of individuals served in Medina County.

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Please indicate the number of individuals served in residential settin	gs by the agency provider (select one):
Agency serving 30+ individuals = \$2,500 lump sum	
Agency serving 20 – 29 individuals = \$2,000 lump sum	
Agency serving 15 – 19 individuals = \$1,500 lump sum	
Agency serving 10 – 14 individuals = \$1,000 lump sum	
Agency serving 6 – 9 individuals = \$600 lump sum	
Agency serving 3 – 5 individuals = \$300 lump sum	
Agency serving 2 individuals = \$200 lump sum	
Agency serving 1 individual = \$100 lump sum	
Funding The maximum amount allowed per experience or activity is \$100. Th Payment from the lump sum for an individual who cannot payment from the lump sum for agency staff who cannot support staff and staff who cannot support staff are support to the company its constraint. This requests will be sent to the company its constraint.	t afford the experience. afford the experience. MCBDD Community Projects Supervisor at least two
 weeks prior to the community experience. This request will approval. If needed, committee will consult with represent appropriate. Funds cannot be used for personal spending or for illegal or some contents. 	atives from DODD to determine if the purchase is
If provider agencies are not sure if an activity is appropriate, they car Supervisor prior to purchase. If a purchase has already occurred and right to ask that those specific funds be reimbursed.	
If additional funds become available, MCBDD will communicate this and allow for additional requests.	with agencies that have opted into the program
Community Experiences Log Agencies must complete and submit a "Agency Provider Community activity, the individuals' served initials, DSPs/agency staff name, a de participated in, and the cost of the experience. Provider agencies are community experiences and must provide documentation upon req	scription of the community experience they e responsible for keeping proof of payment for
The log must be submitted on a quarterly basis or when designated send the log electronically to Crystal Brodzenski, MCBDD Communit for initial review, and then reviewed by the MCBDD ARPA Grant comneeded basis.	y Projects Supervisor at <u>cbrodzenski@mcbdd.org</u>
Signatures	
By signing below, provider agency agrees to the terms in this agreem	ent:
Provider Agency Name (please print):	Date:
Agency Provider Representative:	