



# Day and Vocational Programs 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 August 2, 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.

### Allotments

Please indicate the number of individuals served in day and vocational settings by the agency provider (select one):

- \_\_\_\_\_ Agency serving 60+ individuals = \$2,000 lump sum
- \_\_\_\_\_ Agency serving 40– 59 individuals = \$1,500 lump sum
- \_\_\_\_\_ Agency serving 20 – 39 individuals = \$1,000 lump sum
- \_\_\_\_\_ Agency serving 15 – 19 individuals = \$750 lump sum
- \_\_\_\_\_ Agency serving 5 – 14 individuals = \$500 lump sum
- \_\_\_\_\_ Agency serving 3 – 5 individuals = \$300 lump sum

### Funding

The maximum amount allowed per experience or activity is \$100. This includes:

- *Payment from the lump sum for an individual who cannot afford the experience.*
- *Payment from the lump sum for agency staff who cannot afford the experience.*
- *Special requests for anything over \$100 should be sent to MCBDD Community Projects Supervisor at least two weeks prior to the community experience. This request will be sent to the MCBDD ARPA Funds Committee for approval. If needed, committee will consult with representatives from DODD to determine if the purchase is appropriate.*
- *Funds cannot be used for personal spending or for illegal activities.*

If provider agencies are 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 is deemed inappropriate, MCBDD has the right to ask that those specific funds be reimbursed.

If additional funds become available, MCBDD will communicate this with agencies that have opted into the program and allow for additional requests.

### Community Experiences Log

Agencies must complete and submit a “Agency Provider Community Experiences Log” that includes the date of the activity, the individuals’ served initials, DSPs/agency staff name, a description of the community experience they participated in, and the cost of the experience. Provider agencies are responsible for keeping proof of payment for community experiences and must provide documentation upon request.

The log must be submitted on a quarterly basis or when designated funds have been exhausted. Provider agency will send the log electronically to Crystal Brodzenski, MCBDD Community Projects Supervisor at [cbrodzenski@mcbdd.org](mailto:cbrodzenski@mcbdd.org) for initial review, and then reviewed by the MCBDD ARPA Grant committee as needed. DODD will be consulted on an as needed basis.

### Signatures

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

Provider Agency Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Agency Provider Representative: \_\_\_\_\_

Signature: \_\_\_\_\_