

MOTION NO. 1301

1
2 A MOTION authorizing the King County Executive
3 to submit a grant application to the State De-
4 partment of Social and Health Services for funds
5 in the amount of \$18,000 to initiate a Trans-
6 portation Project for the Developmentally
7 Disabled, County File No. 350.

8 WHEREAS, the State Department of Social and Health Services,
9 Office of Developmental Disabilities, has authority to make
10 awards to local governments charged with meeting the health needs
11 of its citizens, and

12 WHEREAS, King County has an established Mental Health-
13 Mental Retardation Program capable of administering such funds
14 as are made available for programs for the developmentally dis-
15 abled, and

16 WHEREAS, the mobility problems as related to the trans-
17 porting of developmentally disabled individuals are recognized
18 as serious barriers to successful attainment of program ob-
19 jectives of the Mental Health-Mental Retardation Program, and

20 WHEREAS, the County recognizes its obligation to provide
21 as support to this program approximately \$7,714 as an in-kind
22 match, which in part will be donated by local service agencies.

23 NOW, THEREFORE, BE IT MOVED by the Council of King County:

24 1. The King County Executive is hereby authorized on
25 behalf of King County to execute and submit a grant application
26 in the amount of approximately \$18,000 to the State Department
27 of Social and Health Services to initiate a county-wide trans-
28 portation project for developmentally disabled individuals.

29 2. The County Executive is hereby authorized and directed
30 to file and execute an application and contract, attached hereto
31 and by this reference incorporated herein, as required by the
32 State.

33 3. The Federal/State Relations Division is named the
authorized correspondent for King County and is further author-
ized to furnish such

1 additional information and documents as may be required by the State.

2 4. The State of Washington is hereby assured full compliance with
3 Title VI of the Civil Rights Act of 1964.

4 PASSED This 24th day of September, 1973.

6 KING COUNTY COUNCIL
7 KING COUNTY, WASHINGTON

8 
9 _____
10 VICE CHAIRMAN

11 ATTEST:

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14 ACTING Clerk of The Council

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 SOCIAL SERVICES DIVISION
 Office of Developmental Disabilities

CHECK APPROPRIATE SQUARE	
NEW	<input type="checkbox"/>
AMENDMENT	<input type="checkbox"/>
CONTINUATION	<input type="checkbox"/>
REPORT	<input type="checkbox"/>

APPLICATION FOR PROJECT GRANT (Submit completed application in three copies)

1. Title of Project (limit to 53 typewriter spaces)

Transportation For The Developmentally Disabled

2. Major Program Emphasis (see instructions)

1) To initiate a transportation fund in King County 2) To reimburse part of the cost of transportation for the developmentally disabled within the county.

3. Program Director (name, title, department, and address-- street, city, state, and zip code)

Louis E. Sternberg, MR Coordinator, Project Director
 King County MR Services
 100 Crockett Street
 Seattle, Washington 98109

Social Security No.

Area Code

Telephone No.-

537 16 5032

206

344 5210

4. Applicant Organization (name, sponsoring dept., and address street, city, state, and zip code)

King County MR Board
 100 Crockett Street
 Seattle, Washington 98109

County

King

5. Name, Title and Address of Official Authorized to Sign for Applicant Organization

Ms. Barbara Stever, King County MR Board Chairman John D. Spellman, County Executive

6. Organization currently Non-Profit Corporation: Yes _____ No _____
 (If yes, list all governing board members and officers--address and telephone No.)

Government. Legally constituted Administrative Board under Chapter 110 Laws 1967
 Extraordinary Session

7. Dates of:	From	Through	Total Amount	
			State Grant	Federal Grant
Project Period	Sept. 1, 73	June 30, 1974	Federal	Match
			\$13,000.00	\$7,750.00

8. Address Where Major Portion of Program Will Be Conducted if Different from item 4.

Within King County

9. Payee (specify to whom checks should be sent)(name, title, full address)

King County Mental Retardation Services

10. TERMS AND CONDITIONS: The undersigned accept, as to any grant awarded the obligations to comply with: terms and conditions pertinent to the awarding program, Federal and State statutes and regulations relevant thereto, Title VI of the Civil Rights Act of 1964 (PL 88-352), Washington Civil Rights legislation, and the regulation issued pursuant thereto, and state that the formally filed Assurance of Compliance with such regulation (Form HEW-441) applies to this project. The undersigned also certify that they have no commitments or obligations inconsistent with compliance with the above.

11. Signatures:
(signature required on original copy only. Use ink. Per signatures not acceptable)

A. Signature of person named in item 5. Date

Barbara Stever, MR Board Chairman

B. Community Level Projects Only Date

County Developmental Board

Approved

Disapproved

Approved w/Suggested changes and reservations (attached)

C. Signature of County Coordinator Date

Signature _____

Typed Ralph Larson
name

Acting Director, Director of Human Services,
title King County

2.

BUDGET SUMMARY

Reserve budget details for following pages. Dollar amounts entered here are the TOTAL amount for the project. Totals must equal the totals on the detailed budget pages that follow. Omit cents. Round off to nearest whole dollar.

BUDGET CATEGORY	Total estimated* cost for project
Salaries or Stipends	
Fringe Benefits (see instructions)	
Consultant Services	
Equipment (see instructions)	
Supplies (see instructions)	
Renovation Costs (see instructions)	
Travel (staff)	
Transportation	\$18,000.00
Other Costs (see instructions)	
TOTAL ESTIMATED COST OF PROJECT	\$18,000.00

* When this form is used as a report, estimated cost becomes actual cost.

D. EQUIPMENT

THE APPLICANT CERTIFIES THAT: (1) the equipment listed below is not already on hand and readily available for use by project personnel, and (2) the applicant employs an effective system of equipment utilization and management. List only items that will cost \$100.00 or more and are clearly non-expendable in nature.

NUMBER OF UNITS	ITEM NAME (common name, not trade name)	TOTAL FUNDS REQUESTED	MATCHING	
			CASH	IN KIND
SUB TOTAL				

E. SUPPLIES

Non-consumable. Items costing in excess of \$50.00 but less than \$100.00. Applicant will be accountable for these supplies for the duration of the project.

NUMBER OF UNITS	ITEM NAME (common name, not trade name)	TOTAL FUNDS REQUESTED	MATCHING	
			CASH	IN KIND
SUB TOTAL				

E. SUPPLIES

Consumable. Items costing less than \$50.00. List in groups.

ITEM NAME	TOTAL FUNDS REQUESTED	MATCHING	
		CASH	IN KIND
Copy Services	-----	-----	\$200.00
Stationary & Printing	-----	-----	200.00
Postage	-----	-----	200.00
Telephone/Communications	-----	-----	300.00
Misc. office supplies	-----	-----	200.00
Utilities	-----	-----	250.00
Insurance	-----	-----	200.00
SUB TOTAL	-----	-----	\$1,550.00

F. RENOVATION COSTS Except for Construction Grants, this item will be budgeted as a matching expense only.

DESCRIPTION	TOTAL FUNDS REQUESTED	MATCHING	
		CASH	IN KIND
SUB TOTAL			

G. TRAVEL (Staff) Describe travel to be performed

	TOTAL FUNDS REQUESTED	MATCHING	
		CASH	IN KIND
Travel to various agencies, meetings, describing and planning project est. @ 10¢/mile	-----	-----	\$400.00
SUB TOTAL			\$400.00

H. TRANSPORTATION (include operation and maintenance charges where applicable)

DESCRIPTION	TOTAL FUNDS REQUESTED	MATCHING	
		CASH	IN KIND
56.5 Transportation of clients (at or below actual costs)	\$18000.00	-----	-----
SUB TOTAL	\$18,000.00	-----	-----

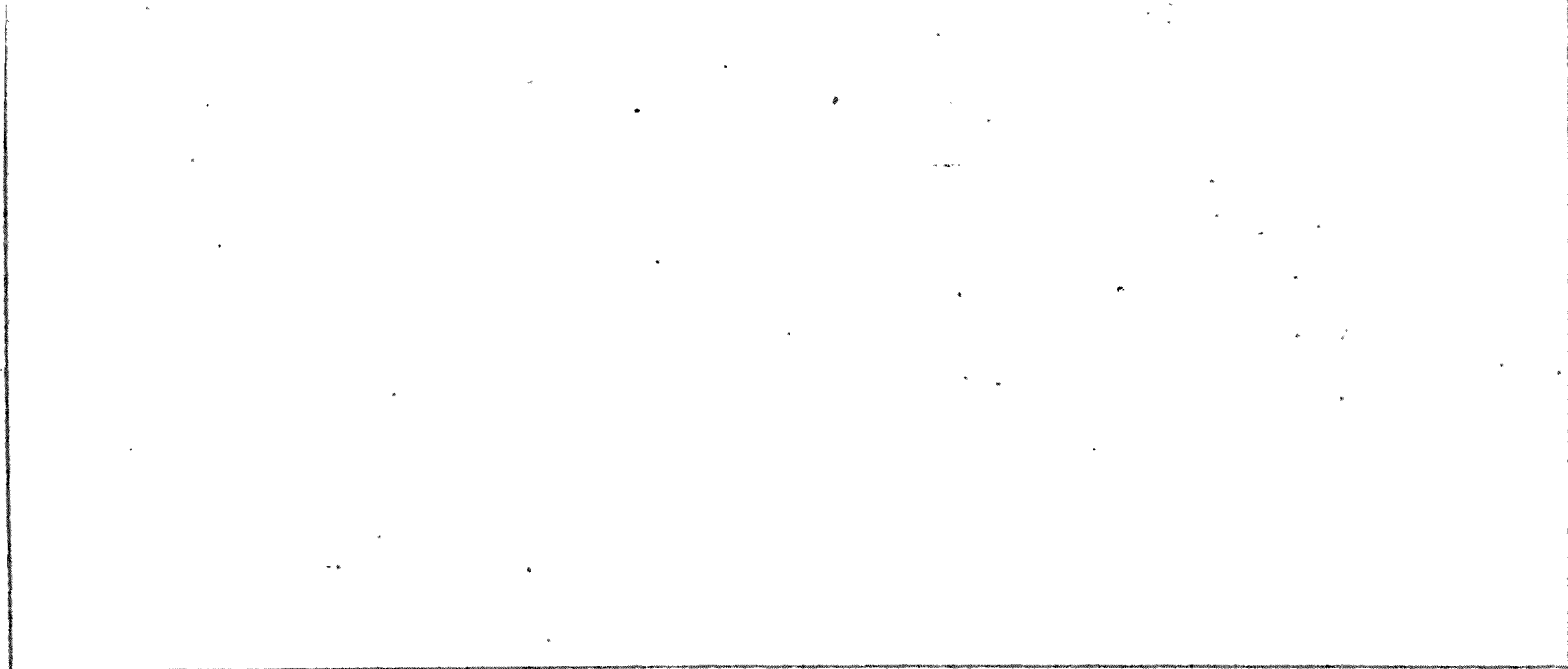
I. OTHER COSTS (List all other expenses chargeable to this project)

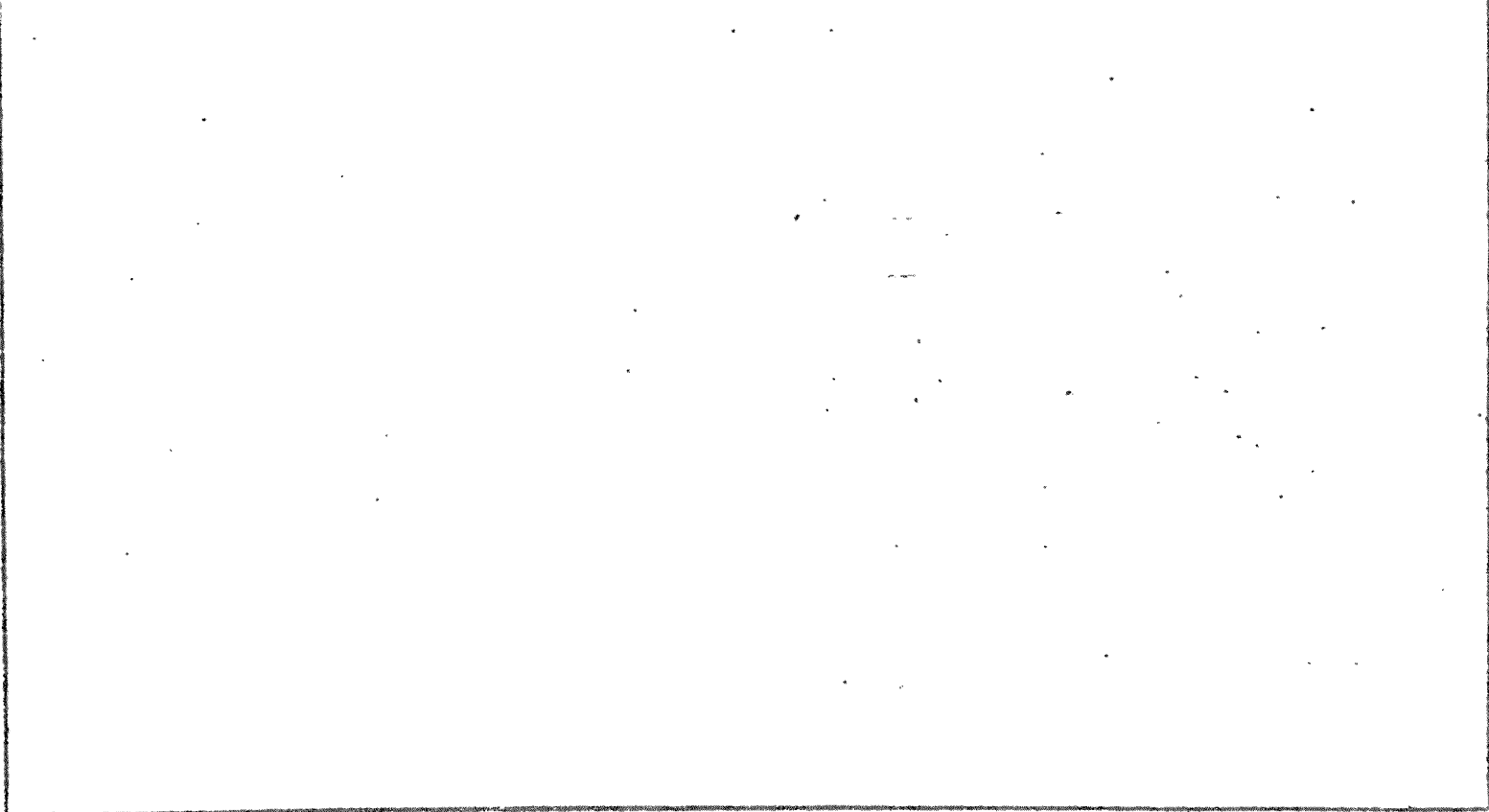
DESCRIPTION	TOTAL FUNDS REQUESTED	MATCHING	
		CASH	IN KIND
Office and room rental (9 months x \$100.00)	-----	-----	\$900.00
Transportation Helpers (9 x \$40.00)	-----	-----	360.00
SUB TOTAL	-----	-----	\$1260.00

TOTAL COST OF PROJECT (Add 13A through I)	TOTAL FUNDS REQUESTED	TOTAL MATCH	
		CASH	IN KIND
	\$18,000.00		\$7,750.00

NOTES:

- a. As mentioned in item #12, totals of Detailed Budget and Budget summary must be the same.
- b. When this form is used as an application all costs are estimated. When submitted as a report cost figures will be actual.





16. OTHER SUPPORT

INSTRUCTIONS

A. List all County, State and Federal sponsored programs relating to the major program emphasis of this application (See Item 2, Page 1) at the applicant including those now being considered. Also to be included under Item A are current or pending contracts, research grants and fellowship awards which are related to this program. Use continuation pages if needed, and follow the same format.

B. List other sources of support related to project-Federal, State, County, other.

A. FEDERAL, STATE OR OTHER SUPPORT				
Project Number (if-designated)	Sponsoring Agency	Title of Project or Program	Total Amount	Total period of support with dates
(1) Active or Approved				
Federal Title XVI		Social Security Act	\$420,000	Jan.1,73-Dec.31,73
State MR Allocation		Epton Funds	98,000	" "
State Planning Allocation		Planning/Coord.	3,039	" "
County Millage, King County		As by statute	145,000	" "
(2) Applications Pending Decision				
B. ALL OTHER SUPPORT				
Project Number (if designated)	Source of Funds.	Title of Project or Program	Total Amount	Total Period of support with dates
(1) Active or Approved				
(2) Applications Pending				

1. PERSONNEL LIST (Give the following information for each professional staff member, beginning with the Program Director)
(For continuation and Renewal Applications, list only new personnel)

A. Name (Last, First, Initial)	B. Title	C. Birthdate (Mo., Day, Year)	
Sterenberg, Louis E.	NR Coordinator, Project Director	January 1, 1923	
D. Place of Birth (City, State, Country)	E. Present Nationality (if non-U.S. citizen indicate visa symbol)	F. Social Security number	
New York City, New York	US	537 16 5032	
G. Relationship to Proposed Program			
Project Director			
H. Education (Begin with baccalaureate training and include postdoctoral)			
1. Organization & Location	2. Degree	3. Year Conferred	4. Discipline
University of Washington, Seattle	B.A.	1950	Sociology
University of Washington, Seattle	M.Ed.	1968	Special Education
I. Professional Employment (Start with present position)			
<p>King County Mental Retardation Services Coordinator, February 20, 1973 to present</p> <p>Executive Director Chelan & Douglas County Mental Health/Mental Retardation, July, 1969 - February 1973</p> <p>Edmonds School District #15, Special Education, Pre/Vocation Advisor and teacher, September 1965 - June 1969</p> <p>Self employed, owner/operator retail furniture store, Seattle, October 1948 - August 1966</p>			
J. Professional Experience (List significant experience relevant to program)			
Experience in county services for the Mentally Retarded for over four years			
Experience in public school Special Education for four years.			

18. RELATIONSHIP TO STATE PROGRAMS

A. Is the agency or institution submitting this application operated, supported, or supervised by an official State agency?..... Yes No
supported -

- If "YES" 1. What is the State agency? Office of Developmental Disabilities, Olympia
2. What is the applicant relationship to it? County has allocation from O.D.D.
3. Is the state agency aware that this application for additional state funds is being made?..... Yes No

COMMENTS:

B. Is there a State or County agency (other than the one named in A above) whose program is functioning in the same area or in an area related to your proposal?..... Yes No

COMMENTS:

C. What will be the relationship of this project to current or proposed official State, County, or local programs and plans?

This project is part of the official plans for the orderly development of services for the developmentally disabled and mentally retarded citizens of King County.

A. INTRODUCTION: The \$13,000.00 will be used to start a Transportation Fund for the developmentally disabled of King County. The King County MR Board has long been concerned with the transportation needs of the handicapped and retarded in the area and a special program aimed at helping in this one particular area has been deemed essential.

Philosophy of the King County MR Board is:

"Appropriate transportation cannot/shall not be denied any handicapped person in need. Individual agencies serving handicapped and retarded under contract with the county are responsible to determine such transportation as is appropriate to individual needs and secure and provide same." In keeping with this philosophy the King County MR Board will hereby initiate a fund to help agencies provide the above.

B. SPECIFIC AIM and objective of the project is:

to demonstrate that a fund can be administered at the county which will effectively reimburse part of the transportation cost for agencies contracting with the county to provide services for the developmentally disabled and retarded.

Such reimbursement to be:

- * available only to meet the most urgent need
- * available only after other sources of support have been exhausted
- * limited to a maximum of 50% of actual costs of the transportation to be provided.

C. METHODS OR PROCEDURES:

- 1) a transportation Advisory Committee will be selected - such membership to include at least half agency persons. The Transportation Advisory Committee will guide and be responsible for the entire project with concurrence of the King County MR Board
- 2) A survey of agency needs and costs will be accomplished (see survey attached)
- 3) Requests for transportation funds to support new and expanded services to clients who 1) are not now being served or 2) are unable to benefit from public transportation services (ie is unavailable or can't be trained to use same) will be solicited.
- 4) An allocation based on the requests and the limitations of the funds will be made.
- 5) Reimbursements to approved agencies will be accomplished monthly through appropriate billing.

D. SIGNIFICANCE: The significance of this project is that the county will be demonstrating that a special transportation fund can be set up at the county, that the funds available in same can be fairly and equitably distributed to those agencies serving the handicapped and retarded based on their need and that decisions and awards made under the program can involve the citizens of the county who are affected by it. No other county in the state of Washington is known to have such a fund, yet transportation, or the lack of it is a major deterrent to implementation of programs for handicapped and retarded.

E. FACILITIES AVAILABLE: Administrative office space of the King County MR Board is available for meetings of the Transportation Advisory Council and other administrative matters related to the project.

19 NARRATIVE DESCRIPTION OF PROPOSAL (See instructions)

(Use as many continuation pages as needed and number pages consecutively)

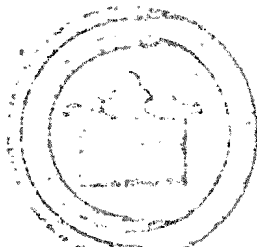
F. CHARACTERISTICS OF APPLICANT AND AFFILIATES: The applicant organization (Board) is a duly appointed governmental body. There are presently 19 agencies contracting with King County supervised by this Board who are providing services for the developmentally disabled and mentally retarded citizens of the county. Essentially these are sheltered workshops, preschools, day care/activity centers and social/recreational programs. There are also ten Group Homes for retarded within the County who are required to provide their own transportation but who occasionally have a special pressing need which cannot be met.

The project will fit into and become a part of the operational plan of services for the developmentally disabled and retarded citizens of King County.

The program is endorsed by the King County MR Board and the King County Executive.

King County State of Washington
John D. Spellman, County Executive

Lawrence Bergner, M.D., M.P.H., Director
Department of Health and Social Services



Memorandum

August 21, 1973

Mental Health-Mental Retardation Program
100 Crockett Street - 344-2533
Seattle, Washington 98109

To: All K C MR Contracting Agencies
From: L. E. Sternberg, MR Service Coordinator
Re: Transportation Award

We are pleased to announce that we have been awarded \$18,000 from the state O.D.D. to supplement and expand agency transportation. Obviously these limited funds will not stretch too far but hopefully we shall be able to help most agencies at least somewhat with their most pressing transportation problems. We shall simply be only able to respond to a fraction of the need.

Would you please answer as promptly as possible the following questions and return this form to me:

- a) How many clients do you serve daily (average) _____
- b) How many clients do you transport (via private or other means) daily _____
- c) How many miles are driven daily _____
- d) What is your cost per mile (est) _____
(all costs of vehicle + driver divided by miles)
- e) How many additional clients would you now be able to serve if there were transportation for them _____
And how many miles per day would such transportation involve _____
- f) What part (percent) of the expense of transportation does the client (or his guardian) usually contribute _____

Comments:

Signed _____

Please be assured that this office will do everything possible to reasonably and fairly reimburse for transportation costs from this award. Your cooperation in completing the above is appreciated. If there are questions, please don't hesitate to call.

LS/mlou

TCA appendix - A

King County MR Board
100 Crockett St.
Seattle, Washington 98109

Format for

Transportation Grant:

Reimbursement of transportation costs to MR agencies in King County will be made on the following basis:

- a) Only available to those K C agencies presently contracting with county. Only available where there is no public or private transportation available.
- b) 50% of actual transportation costs shall be authorized for reimbursement but in no event more than 5¢ per mile.
- c) Each agency must submit monthly billing to show:
 - 1) Actual per mile cost of transporting client (this not to exceed 10¢ per mile)
 - 2) Support of cost by client himself (not to exceed 50% of gross earnings)
 - 3) Balance of support requested

Transportation Advisory Committee

Chuck Booth, King County MR Board
Edward Larson, Eastside Handicappers, Inc.
Barbara Cook, Inglewood School
Donna Tripple, South King County Activity Center
Helen Armour, University of Washington EEU

This committee shall be expanded to ten persons on approval of the grant.

TGA appendix - B

King County MR Board
 100 Crockett St.
 Seattle, Washington 98109

Form for Transportation Reimbursement

Request for reimbursement to K-C MR Board: _____ For the month of _____

Agency _____

Following are the persons who are in need of a transportation subsidy this month:

Name	Transportation to/from	Total Daily Miles	Cost per mile	Total Month cost	Contrib. by person	Contrib. by agency	Subsidy requested

I certify that the above named persons were transported this past month, that there was no other transportation available for these persons, that the contributions reported are accurate and that there is no other support for these costs.

signature for Agency

date