

Insert your agency Letter Head here

Date

Tiffany Harbour, Executive Director
Lafayette County Children's Services Fund
1106 Main Street
Lexington, Mo 64067

Template for funding requests up to \$1,000

*Please follow the guidelines listed below and submit to the LCCSF Executive Director no later than the 2nd Friday of each month. You can mail the application to the LCCSF office or email the Executive Director at lccsf@lafayettecountymo.com The LCCSF Board of Directors will make funding decisions at the following weeks meeting and payment will be available, by approval of the board, the last Friday of the month. You will need to submit, along with this signed letter: **IRS tax exempt status letter showing 501 (c)(3) status or enabling statute (public Governmental agencies), IRS Form 990 (if applicable), and a program budget that outlines all associated costs.** For agencies that are approved for funding, you will be required to submit a service summary report. Funds are to be used within 12 months of approval. – Delete this section before submission.*

Dear LCCSF Board of Directors,

Paragraph 1 & 2

Use two paragraphs to explain your agency and the work you are doing

Paragraph 3

Please identify how much money you are requesting and for what purpose it will serve

By signing this letter, we, the undersigned, certify that we:

- Are incorporated, not-for-profit and IRS tax exempt and offer services to Lafayette County children/youth/families **AND** have submitted documentation along with this letter.
- Are certified or licensed by the State of Missouri to provide the services that utilize these funds, provided that such certification or licensure exists.
- Require all employees and volunteers of the agency to maintain the confidentiality of any information that would identify individuals served by our agency.
- Require that within the limits of the services, services be provided regardless of an individual's race, religion, national origin, gender or age.
- Require all employees and volunteers that provide direct services be screened as required by state statute.
- Understand that the LCCSF Board of Directors will be requesting a summary report as to how the funds were used and for the outcomes of the services provided.
- Understand that the funds can **not** be used to purchase equipment but can be used for the provision of services and the required items to provide those services.
- Understand that the funds can **not** be used for Administrative expenses, transportation services or inpatient medical, psychiatric and chemical dependency services.

I, the undersigned, certify that the statements in this funding request letter are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligations to comply with any of the conditions of the Lafayette County Children's Services Fund Board specified in the funding award letter.

I, the undersigned, certify that in addition to the conditions mention above, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of funds, expenditures and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures used to determine the cost for allowable purposes, and that documentation will be readily available to verify their accuracy and validity.

Agency President/CEO Printed Name:

Signature _____ Date _____

Agency Board Chair Printed Name:

Signature _____ Date _____

Approved

Denied

LCCSF Board Chair : _____

Date: _____

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SERVICE SUMMARY REPORT

How many individuals were served using the funds provided by LCCSF?

What was the category of age served?

- 0-6 years
- 6-10 years
- 10- 14 years
- 14-19 years
- 19 and older

Were those served male or female?

How many males?

How many females?

Were families provided services to? Yes No

If yes, how many families?

What is one goal of the program?

What is one outcome of the program that your agency aimed to meet?

Did you meet the goal of the program?

If yes, by what percentage (if applicable)?

How did you measure the success of the program?

Provide ONE success story of the program