



Who Can Apply?

In order for the LCCSF Board of Directors to review applications for funding and enter into a contract for a program and/or services with an agency or organization, the agency or organization must:

- A. Be incorporated or authorized to do business in the State of Missouri as a not-for-profit corporation or a government entity;
- B. Receive at least 40 percent of its funds (dollars, not in-kind) from sources other than the Children's Services Fund;
- C. Be certified or licensed by the State of Missouri to provide the services that utilize these funds, provided that such certification or licensure exists;
- D. Require all employees and volunteers of the agency to maintain the confidentiality of any information that would identify individuals served by that agency;
- E. Require that within the limits of the contracted services, services be provided regardless of an individual's race, religion, national origin, gender, or age; and
- F. Require that employees and volunteers of the agency who provide direct services be screened as required by state statute.

Eligible Costs and Activities

1. Up to 30 days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth; respite care services; and services to unwed mothers;
2. Outpatient chemical dependency and psychiatric treatment programs; counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hotlines; and prevention programs, which promote healthy lifestyle among children and youth and strengthen families;
3. Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

Ineligible Costs and Activities

1. Inpatient medical, psychiatric, and chemical dependency services;
2. Transportation services.

REQUEST FOR FUNDING PROPOSAL



REQUEST FOR FUNDING PROPOSAL APPLICATION

AMOUNT REQUESTED	\$
APPROVED	\$

AGENCY NAME	
PROGRAM NAME	

AGENCY PROFILE	
Agency Name:	
Agency Address:	
Street	
City, State, Zip Code	
Agency Phone Number:	
Agency Fax Number:	
Agency Web Site:	
Primary Contact:	Name: _____ Title: _____
Email Address:	
Contact Phone Number:	
Additional Contact Numbers:	
Organization Status	<input type="checkbox"/> Not for profit <input type="checkbox"/> Government entity

REQUEST FOR FUNDING PROPOSAL

Please use the following checklist AND return the application in this order:

If all documentation is not provided, your application will not be submitted for review.

- A Completed AND signed Application
- A copy of your IRS 501 (c)(3) award letter / or Public Governmental Entity Status letter
- Agency Board of Directors Roster
- Agency Program Budget and Annual Operating Budget for the last two years, a copy of strategic plan and 5year long range goal plan,
- Two most recent years financial audit – including audit management letter. For agencies under \$50,000 income, an accounting letter indicating you are following standard accounting practices can substitute along with financial documents such as; cash flow analysis, profit and loss statements, and letter certifying the review/evaluation of financials has occurred, Annual School board Report if you are required to submit one to Department of Elementary and Secondary Education.
- IRS Form 990 if you are required to submit one. Please attach whatever you file with the IRS from the last two years.
- Two most recent annual reports. If your agency does not have an annual report you will need to provide explanation along with a certificate of good standing.
- Explanation of any current or pending litigation related to services provided or maintained in grant proposal/RFP.
- Copy of liability insurance covering provision of services

By submitting these documents as request for funding, Agencies are certifying that you:

- Have read the monthly funding application policy and board funding policy and have addressed any questions or concerns with the LCCSF Executive Director.
- Are incorporated, not-for-profit, and IRS tax exempt and offer services to Lafayette county children/youth/families.
- Understand that the LCCSF Board of Directors may enter into a contractual agreement for funding that is approved **and** that you will be required to submit documentation outlining the expenditure of LCCSF funds on a reimbursement basis.
- Understand that LCCSF will perform a minimum of one service site visit, with optional visits both scheduled and unscheduled in which LCCSF will review client files, related data and documentation (if applicable) and financial documentation. You are responsible to inform clients of the release of information pertaining to them.
- Understand that you will be required to submit quarterly findings based on data and documentation through both requested and required reports for the services your agency will be providing.

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- Understand that all services must be used for Lafayette county residents. Funds are prohibited to be used outside of the Lafayette county service area and are not applicable for residents of any other county.

Indicate area of service for which you are requesting funding (place x in appropriate box). Agencies may submit requests for funding for multiple areas of service but must submit independent applications for each program.

- | | |
|--|---|
| <input type="checkbox"/> Temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth (no more than 30 days) | <input type="checkbox"/> Individual, group and family counseling and therapy |
| <input type="checkbox"/> Respite care services | <input type="checkbox"/> Home-based or community-based family intervention services |
| <input type="checkbox"/> Services to pregnant or parenting teens | <input type="checkbox"/> Family support services |
| <input type="checkbox"/> Outpatient substance abuse treatment for Adolescents | <input type="checkbox"/> Sexual abuse prevention |
| <input type="checkbox"/> Outpatient psychiatric services for adolescents | <input type="checkbox"/> Violence/Suicide prevention |
| <input type="checkbox"/> Crisis intervention services | <input type="checkbox"/> Substance abuse prevention |
| | <input type="checkbox"/> Supportive services to high risk youth |

Indicate which setting best describes your program.

- Community-based
- School-based
- Prevention program

PART I. AGENCY OVERVIEW

1. What is your organizations vision? Mission?
2. What is your organization's background or history? How long has your organization been in service?
3. Does your agency have an affiliation?
4. How many clients/individuals (children, youth, families) are served in an average year, in the program you are requesting funds for? If this is a new program, what is your projected service? How will you ensure numbers are obtained and sustained?

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5. What is the method of services provided? How many units of service do you provide in an average year, if applicable?

6. Total program FTE staff (FTE = Full-Time Equivalent. For example, one full time staff would be 1.0 FTE): If program is operated by volunteers please indicate how many volunteers assist and the amount of time that is donated. List all certifications that are held and are required for staff.

7. Total expenses of last two years operating budget? Include actual end of year budget with funding sources.

8. Where does your agency receive funding from? List all funding sources, including volunteer and donation sources

PART II. PROGRAM SERVICE/DELIVERY

Problem Statement: Please provide a brief description of the problem your agency is addressing. Please include background information, historical data, documentation problem based upon, include both qualitative and quantitative data and sources of data.

What is the purpose of the program?

Who is the target population (age, gender)?

REQUEST FOR FUNDING PROPOSAL

How many individuals do you plan to serve?

Who will be delivering the services provided?

Is this service provided through other sources? Are there funding sources already available for service?

Please list three (3) goals of your program and (3) associated outcomes you hope to achieve
Include data and documentation sources to provide evidence of outcomes

GOALS	OUTCOMES

How do you plan to measure the success of the program?

Who will be responsible for monitoring, oversight and guarantee of service delivery?

How have you built in resources and program plans for sustainability?

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PART III. BUDGET JUSTIFICATION

Provide financial data to support your unit cost of providing service. If you are providing multiple services and the unit costs are different, use additional copies of this page. A narrative of these costs should be given below this section. You may add additional expense categories if needed. Include all other funding sources available in addition to those requested.

SERVICE PROVIDED: (NAME OF PROGRAM HERE)		
Expense	Amount	% of Total
Total Program Expenses		100%
Total Funding Request		

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PART IV. BUDGET NARRATIVE

- Describe each of the costs listed on the previous table
- Explain the type of staff, supplies, type of trainings etc...
- If you have listed a unit cost, please explain how you are justifying your cost.

Example: Training Employees will be required to complete 15 hours of training at an average cost of \$75 per training ($\$75 \times 15 = \$1,125 \times 3$ staff members = \$3,375)

COST SUMMARY

Explain what your agency considers a unit of service? Unit costs should be comparable to the average rate of pay for the provision of the service. If the request is above the average rate of pay you will need to provide a **detailed** unit cost amount justifying the request. Information regarding an average rate of pay can be found on the website for the United States Department of Labor, Bureau of Labor Statistics.

SERVICE TO BE PROVIDED	(Program name)
Number of Children and Youth to be Served	
Number of Families to be Served	
Temporary Shelter	
Respite Care Services	
Unmarried Parent Services	
Counseling and Related Services	
Home and Community Based Intervention	
Prevention programs promoting healthy lifestyles for the youth	
Outpatient Chemical Dependency and Psychiatric Programs	
Crisis Intervention Services, Inclusive of Telephone Hotlines	
Individual, Group, or Family Professional Counseling	
Psychological Evaluations	
Mental Health Screenings	
Unit Cost:	
Amount Requested:	

REQUEST FOR FUNDING PROPOSAL

Agency Assurance

I, the undersigned, certify that the statements in this request for funding proposal application 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 conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned 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 unit cost for allowable purposes, and that documentation will be readily available to verify their accuracy and validity.

I, the undersigned certify the following to be true:

- That the agency maintains a confidentiality policy that ensures the privacy of the clients we serve, those who volunteer their time and energy to the agency, and to all agency staff members.
• That the agency is an equal opportunity employer and does not discriminate in its hiring, firing, or national origin, age, disability, or sexual orientation;
• That the agency complies with the law governing the Articles of Incorporation under all Missouri Nonprofit Corporation statutes.

Agency President/CEO/Superintendent

Printed Name: [text box]

Signature _____ Date _____

LCCSF Board Chair

Printed Name: [text box]

Signature _____ Date _____