



**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**

(Funding requests for up to \$15,000)

<b>AMOUNT REQUESTED</b>	\$
<b>APPROVED</b>	\$

tiffanydehnlccsf@gmai..., 3/30/18 2:00 PM  
**Comment:** For LCCSF use

<b>AGENCY NAME</b>	
<b>PROGRAM NAME</b>	

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:	

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

- A Completed 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/or Annual Operating Budget
- Most recent financial audit – including audit management letter. For agencies under \$100,000 income, an accounting letter indicating you are following standard accounting practices can substitute.
- Most recent IRS Form 990 if you are required to submit one. Please attach whatever you file with the IRS.
- Most recent annual report (if available)

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

- 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.
- Understand that you will be required to submit a report for the services your agency will be providing and/or other documentation that can account for the funds that are utilized.
- Understand that all services must be used for Lafayette county residents.

**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?
3. Does your agency have an affiliation? If yes, what is your agency affiliation?
4. How many clients/individuals (children, youth, families) are served in an average year, for the program you are requesting funds for?
5. 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.
7. Total expenses of current year operating budget?
8. Where does your agency receive funding from?
  - a. In-kind support? Please explain.

**PART II. PROGRAM SERVICE/DELIVERY**

REQUEST FOR FUNDING PROPOSAL

**Problem Statement:** Please provide a brief description of the problem your agency is addressing.

What is the purpose of the program?

Who is the target population (age, gender)?

How many individuals do you plan to serve?

Who will be delivering the services provided?

Please list three (3) goals of your program and (3) associated outcomes you hope to achieve

GOALS	OUTCOMES

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



**COST SUMMARY**

Explain what your agency considers a unit of service?

<b>SERVICE TO BE PROVIDED</b>	<b>(Program name )</b>
Number of Children and Youth to be Served	
Unit Cost	
Amount Requested	

**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* 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 Printed Name  :

Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Board Chair Printed Name  :

Signature \_\_\_\_\_ Date \_\_\_\_\_