

**Community and Children's Resource Board
of St. Charles County**

Application for Emergency Funds

Agencies must submit five (5) copies of the completed application and
(1) copy of all supporting documentation to:

Community and Children's Resource Board
2440 Executive Drive, Suite 214
St. Charles, MO 63303
Call 636.939.6200 with questions if needed

The objective of the Emergency Fund is to assist agencies in dealing with non-recurring capital or service contingencies resulting from conditions beyond their control.

The agency must demonstrate that the emergency situation will seriously impair its ability to fulfill its mission. It could be an emergency in the physical location or the sudden loss of a funding source or technology or equipment needs.

An agency may receive an Emergency Fund grant only once per CCRB fiscal year (January-December). Exceptions may be made for emergency situations regarding health and safety issues on a case-by-case basis. If an agency is requesting Emergency Fund assistance for a facility emergency, then the facility must be located within St. Charles County.

These grants are not to be considered as a substitute for or a supplement to a grant received through the CCRB regular services grant process.

THE EMERGENCY FUND IS AVAILABLE TO AGENCIES THAT HAVE AN EMERGENCY SITUATION THAT WILL SERIOUSLY IMPAIR ITS ABILITY TO FULFILL ITS MISSION.

COVER PAGE

Agency Name: _____

Agency Address: _____

Agency Phone # _____ Fax # _____

Agency Website: _____

Primary Contact and Title: _____

E-mail Address _____

Contact Phone Number and Extension: _____

Has the Agency Previously Received Funding from the Community and Children's
Resource Board of St. Charles County? _____ (Yes) _____ (No)

Name of Project _____

Amount Requested: _____

Type of Emergency Fund Request: _____ Services _____ Building Repair
_____ Equipment _____ Technology _____ Other

Please Note: A Board Resolution Must Accompany This Request

**(Include in Application only if your agency does not have these documents currently
on file at the CCRB office)**

- _____ Proof of 501c3 status
- _____ Most Recent Agency Independent Audit
- _____ Current Agency Budget
- _____ Agency Statement of Confidentiality
- _____ Agency policy of non-discrimination in hiring practices
- _____ Agency policy statement for screening of staff for past child abuse
and neglect
- _____ Copies of Agency Accreditations
- _____ Certificate of Corporate Good Standing
- _____ Mission Statement
- _____ Listing of Board of Directors
- _____ Most recent Strategic Plan

REQUEST FOR EMERGENCY FUNDING PROPOSAL

Indicate service area affected by your emergency situation and for which you are requesting funding.

- _____ Temporary Shelter Services
- _____ Respite Care Services
- _____ Services to Unwed and Teenage Mothers
- _____ Outpatient Substance Abuse Treatment
- _____ Outpatient Psychiatric Services
- _____ Crisis Intervention
- _____ School-based Prevention Services
- _____ Transitional Living Programs
- _____ Home-based and Community-based Family Intervention Services
- _____ Individual, Group and Family Counseling

Agency History

Provide a historical summary of your agency's work within St. Charles County as it pertains to the services for which you are requesting funding. Attach additional information if the space is not sufficient.

Demonstration of Need

Briefly explain the emergency situation. How does this emergency situation seriously impair the agency's ability to fulfill its mission? What is the program affected by this emergency situation? How many children/youth/families will be affected by the emergency? How will this funding impact services to children? Describe how funds from the CCRB will be used.

Has the agency applied for funding from any other source(s) to address this emergency? If so, please detail. If not, explain why.

Include any Letters of Support for the project. Additional pages may be used and attached.

Budget Justification

Provide financial data to support your emergency request. A narrative of these costs should be given on the following page. Attach any quotes, bids, or receipts received which support an emergency request (**three bids are required for items over \$1,000**). It is recommended that you seek St. Charles County bids and to choose St. Charles County vendors whenever financially advantageous. **BE AS SPECIFIC AS POSSIBLE.**

Emergency Grant Expenses

Construction/Repair _____

Equipment _____

Computer Systems, Software _____

Furniture _____

Telephone & Communications _____

Renovations _____

Other _____

TOTAL _____

Other Committed Resources:

TOTAL: _____

Budget Justification Narrative

Describe each of the costs listed on the previous page. Be specific about line item expenses. Additional pages may be attached.

Agency Budget

Attach a copy of your agency's previous year's actual expenses and current fiscal year's projected budgets. These budgets should detail all of the agency's sources of income and expenses. Descriptions of additional awards of income or reductions in income can be included in summary form if they are not included in the agency's budget. Please indicate whether the funds are restricted or unrestricted.

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 Community and Children's Resource Board's 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 are for allowable purposes, and that documentation will be readily available to verify their accuracy and validity.

Agency President/CEO	Signature	Date
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Agency Board Chair	Signature	Date
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