

CY2011 RFP APPENDIX

The Request for Funding CY2011 application is **only** intended for programs not previously receiving regular funding from the CCRB or for current CCRB partnering agencies requesting funds for programs not currently funded. Funded agencies from CY2010 should fill out the Renewable Application for consideration of CY2011 funds.

Thank you for your interest in the Community Children's Services Fund! We are pleased to be in a position to offer grants to local agencies for the purpose of serving the children and youth of St. Charles County.

The Resource Board was created out of St. Charles County Ordinance 97-152, which is based on Missouri State Statute 210.861 that allows only certain types of services to be funded. These services are listed on the front page of our Request for Funding Proposal.

This application is for Purchase of Services requests. The application is available in hard copy or at our website (www.stcharlescountykids.org). **Be sure to include all of the information that is being requested and that the information is in the appropriate section. Please note that we have limited the number of characters for each response so do not exceed those limitations.** If you are applying for funding in several service areas, please submit independent applications for each service area as we will be reviewing applications based on service areas.

We have attached this appendix along with the application so as to provide guidance in terms of what is expected. If at any time you have questions, please call Bruce Sowatsky, Executive Director, or Jan Lewien, Grants Administrator, at 636-939-6200 or 939-2223.

Sincerely,

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

Reminder: We urge all applicants to completely review their proposal prior to submitting it to the Community and Children's Resource Board (CCRB). Make your proposal specific to CCRB requirements.

APPENDIX – CY2011 CCRB application

Cover Page

Indicate the service area for which you are applying. If you are applying for multiple service areas, there needs to be an independent application for each one. **One original and nine copies** of each application are necessary.

This is a Purchase of Services application. Purchase of Service funding is funding that covers the cost of units of service. For example, if it costs you \$75 to provide an hour of family therapy, you will need to justify that your expenses add up to \$75. Your total request would be based on the projected number of children seen and the total number of sessions.

Please include the listed supplemental information. **You must be a 501C3 not-for-profit organization or a government entity in order to qualify for funding.** Only 1 copy of each of these items is necessary.

Pay attention to the deadline listed at the bottom of the page. Applications received after this deadline will not be considered for the funding cycle.

Agency Profile

Provide the necessary contact information so we will be able to contact you if we should have any questions about your application.

Agency History

The Agency History section is worth **10 points**. This section gives you the opportunity to discuss your agency's expertise as a service provider in the area in which you are applying. Include information about when you were founded as an organization and your history of providing service in St. Charles County. Preference will be given to organizations that have had a sustained commitment to providing services in St. Charles County.

Program Need and Program Delivery

The Program Need and Program Delivery sections are worth **40 points**. You may use your own waiting list information, the local Needs Assessment, or State data such as Missouri Kids Count to demonstrate the need for services. **Please cite all your sources.** This section inquires about your program's goals and objectives, your current wait list, how you market your services, if you are using an evidence-based practice and the clinical methods and curriculum that are utilized. If you are applying for school-based prevention services, it is necessary to negotiate with either the superintendent of

the school district or the principal of a private or parochial school regarding what types of prevention programs are needed and the number and ages of the children to be served. **A signed letter of support from the superintendents and/or principals of the school districts or schools, and minutes from a school board meeting reflecting this support are required in order to receive funding in this area.**

Clinical Expertise and Outcomes

This section is worth **25 points** and asks about the capability and expertise of the applicant organization. Provide information about staff turnover in this program, average length of stay per client in the program, and what, if any, potential threats the program has relative to continuation. Cite any pertinent information that discloses your agency's ability to conduct a successful program and list any partnering organizations.

Not only is it important to expand services to meet the unmet need in our community, it is vital that we monitor the impact of these services. We want to ensure that these funds are being used wisely and that they are making a difference in the lives of St. Charles County families. Describe at least **three (3)** clinical goals that you will monitor and report on. Indicate the staff responsible for the accomplishment of these goals and include a copy of all evaluation tools that will be utilized. **While family satisfaction with the services is important, it cannot be one of the goals.** Here are some examples of some goals:

"Ninety percent (90%) of all clients will maintain sobriety for 6 months."

"Eighty percent (80%) of all children who learn sexual abuse prevention skills will be able to recite the three steps needed to respond to an attempted assault 2 months after taking the course."

"Ninety-nine percent (99%) of those parents receiving respite care will refrain from any abuse or neglect of their children."

You will be expected to report twice a year on the clinical effectiveness of your work. This information will be published in the Resource Board's annual report.

Budget Justification, Budget Justification Narrative, Budget Forms

This section is worth **25 points**. The Budget Justification Excel forms must include information on your 2011 total projected agency budget and your 2010 and 2009 actual budgets. The Excel budget forms also have a section for your 2011 agency program budget and for each service related to that program (e.g., your agency may have an overall counseling budget, but if you are asking for funds for individual counseling, group counseling, family counseling then separate budgets for these areas must be provided).

In requesting Purchase of Service funding, you will need to demonstrate your costs for doing business. For example, if it costs you \$75 to provide an hour of family therapy, you need to demonstrate how much of that cost goes to each of the categories listed.

The total should equal \$75. If you are providing several services within one service category (i.e. family therapy and group therapy), and the services have different costs, include the justification for the different costs.

If your program is a part of services that extends into other counties, please provide a budget that relates to St. Charles County only.

Budget Justification Narrative: In this section, you will also need to provide a budget justification and give specific backup for the amounts given on the previous page as justification for your expenses. Give examples. The more specific you are the better. As a general rule of thumb, you may use a percentage equal to the percentage of the proposed funding request to your overall service budget.

Administration Costs: You may include a percentage of your administrative costs, including the cost of managers, supervisors, fiscal management and secretarial duties. Explain how you came to that percentage.

Staff Salaries: Include the total number of full-time equivalents (FTEs) that will provide direct service to children, youth and their families. Provide job titles, major responsibilities, and salaries. We are not looking for names of staff members. For example, Caseworker I, \$40,000, provides individual and family therapy.

Fringe Benefits: Include a percentage of staff salaries for fringe benefits. Include a list of benefits that employees receive.

Rent: Include a percentage of your rent or leasing cost. If the program utilizes 50% of your office space, you may include 50% of your rent cost.

Utilities: As with rent, include the same percentage of your monthly utility and maintenance bills. List which utilities are being included (electric, gas, water, garbage, janitorial, snow removal, grass cutting, bug spraying, etc.)

Telephone & Communications: You may include a percentage of your telephone costs. Specify costs for land lines, internet connections, pagers, faxes and cell phones. Justify who and why certain staff members need cell phones and describe your policy for reimbursement of cell phone costs if staff is utilizing personal cell phones.

Consumable Supplies: Include a percentage of your cost for items that get consumed such as postage, paper, and office supplies. Provide a list of items that you are including along with average monthly costs.

Non-consumable Supplies: As staff is added, additional equipment will need to be purchased, such as office furniture, computers and software, and copy machines. Include a list of items along with costs.

Mileage: You may include the cost of travel should staff need to drive to various locations away from the office to provide the service.

Travel & Training: Include the cost of staff trainings and travel to the trainings. Detail which staff members are receiving training and the training that they are receiving.

Accounting and Fiscal Management: If you didn't include fiscal management in your administrative costs or if you use an outside source for payroll and other accounting services, you can include a percentage of this cost. Base the percentage on the total amount of your proposed funding to your overall budget.

Other: There are blank spaces for other expenses to be included if you feel they are appropriate. Give them a title and offer the justification for their inclusion.

Total up the amounts listed to determine your unit cost for the total amount of your project budget or the total budget for your new capital project.

Indicate if CCRB is the first funding in for the program.

Include a general budget summary and a budget message, which should describe important features and major changes, such as: whether certain funds are restricted or not, new grants gained or grants ending, losses of revenue streams, and information on future funding sources.

NOTE: Funds from the Community Children's Services Fund cannot be used to supplant other monies.

Outputs

For each service provided, list the service and estimate the number of children and youth that will be served. Indicate the audited unit cost of the service.

List the time frame for providing these services. If you are providing multiple services within a service category, total each of the unit costs to determine the Total Amount Requested.

Agency Assurance

The assurance page needs to be signed by the Executive Director/ CEO/ President of your organization and by the Chair of your Board.

Selection Criteria

The CCRB will use the following point system in evaluating all grant proposals. The points associated with the different sections are the maximum amounts that can be awarded for that section. The highest score for the application is 100 with additional

consideration given to those agencies with programs that match the CCRB 2011 priority needs.

Agency Information	10 pts
Program Need and Program Delivery	40 pts
Clinical Expertise and Outcomes	25 pts
Budget Justification, Budget Narrative	<u>25 pts</u>
Total Points	100 pts

Guide to Selection Criteria: Upon review of each entire grant application, the CCRB will evaluate using the following guidelines.

1. Agency Information (10 percent of 100)

The Board will rank applications based upon summary of the agency’s work within St. Charles County relating to services provided and ability to achieve desired target population penetration.

2. Program Need and Program Delivery (40 percent of 100)

The Board will rank applications based upon description of the unmet need in St. Charles County, the goals and objectives of the project, the agency’s wait list and agency’s strategies for assistance to children and youth waiting for services, and marketing procedures for the proposed program.

3. Clinical Expertise and Outcomes (25 percent of 100)

The Board will rank applications based upon the capability and experience of the agency to successfully deliver the program in St. Charles County, the agency’s collaborative efforts with other agencies, staffing of the program, and clinical goals with anticipated outcomes. These outcomes must be measurable and time specific.

4. Budget Justification and Budget Narrative (25 percent of 100)

The Board will rank applications based upon the agency’s fiscal capability, its commitment to expanding revenue resources, and adherence to the CCRB’s non-supplanting policy.

Additional Consideration: CCRB 2011 Priority Need

The Board will take into consideration those agency programs that best fit with the 2011 CCRB priority needs that include Counseling, Respite, and Homeless services. The Board has based these priorities from information provided in the 2010 St. Charles County Needs Assessment and the CCRB Strategic Plan.

Review Process: The CCRB is committed to ensuring a standardized process for awarding of grants. The CCRB will review all applications to ensure that the information presented is reasonable, understandable, measurable and achievable, as well as consistent with program requirements. The CCRB reviews all financial information to determine the financial capability of applicants and examines proposed costs to determine if the budget and the budget narrative accurately explain program costs.