

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

Application for Capital Funds Deadline: 4:00 p.m., (Date)

Agencies must submit five (9) 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

Awards will be announced at the Resource Board meeting on (Date)

Funding Restrictions: Funding provided through the Community and Children's Resource Board of St. Charles County is restricted to the following children and youth-related issues for residents of St. Charles County who are under the age of nineteen, including:

Temporary Shelter
Respite Care
Outpatient Psychiatric
Outpatient Substance Abuse Treatment
Crisis Intervention
School-Based Prevention Services
Transitional Living
Services to Unwed and Teen Mothers
Home and Community-Based Family Intervention
Counseling

COVER PAGE

Agency Name: _____ Date _____

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 Fund Request: _____ Building Capital/Repair/Renovation

_____ Equipment

_____ Technology

PLEASE NOTE: A BOARD RESOLUTION MUST ACCOMPANY THIS REQUEST

(Include in Application only if your agency does not have these documents on file with the CCRB)

- _____ 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
- _____ Letters of Support

REQUEST FOR CAPITAL FUNDING PROPOSAL

Indicate service area for which you are requesting funding. Agencies may submit requests for funding for multiple areas of service, but must submit independent applications for each category. Please submit five (5) copies of this application.

- 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 an historical summary of your agency's work within St. Charles County as it pertains to the services for which you are requesting funding. Indicate number of children, youth, and families affected by capital project in the services they receive. Attach additional information if the space is not sufficient. Include agency mission.

Demonstration of Need

Answer the following questions depending upon your capital request. **For each area of funding, please describe the target population you hope to serve in terms of service population, numbers of and how your intended audience will be identified and recruited.** Include any Letters of Support for the project. Additional pages may be used and attached.

- A. _____ New Construction/Renovation of Existing Building/Repairs
- How will the purchase change or enhance existing programs?
 - Please describe who holds, or will hold, title to the land and/or building. How was (or will be) the land and/or building acquired?
 - If remodeling an existing building, how was the building used before you acquired it?
 - If building new construction, describe why only new construction will meet your need.
 - Did you consider using an existing structure?
 - Do you have proper clearance and approvals from zoning and other state and local groups?
 - Do you have the support of local neighborhood groups, historic districts and other groups that may be affected by this project?
 - Describe how funds from the CCRB will be used.
 - Describe the impact this project will have on your organization's ongoing operating budget, such as any increases in utilities, maintenance costs, mortgage payments, and/or additional staff.
 - Include a project timeline that details when fundraising began, the duration of the campaign and when you expect that the actual renovation/construction will conclude.
 - If a feasibility study was conducted, attach the executive summary of the consultant's report.
- B. _____ Technology Improvements
- What new advantages will this technological investment provide?
 - How will the purchase change or enhance existing programs?
 - How will you measure the impact of new technology?
 - What efforts have been made to explore donation of equipment?
 - What kind of technical support will you have to ensure the equipment has the greatest impact?
 - What is your plan for future replacement of this equipment? Do you have an operating reserve for technology?
 - Describe how funds from the CCRB will be used.
 - Describe the impact this project will have on your organization's ongoing operating budget, such as any increases in utilities, maintenance costs, and/or additional staff.
 - Include a project timeline.
- C. _____ Equipment/Furnishings
- Describe what you propose to purchase and why the purchase is necessary.
 - How will the purchase change or enhance existing programs?
 - Have suitable in-kind donations been solicited?
 - Describe how funds from the CCRB will be used?
 - Describe the impact this project will have on your organization's ongoing operating budget, such as any increases in maintenance costs and/or additional staff.
 - Include a project timeline.

Attachments

- A list of contributors to this project by category (i.e., individual, government, corporate and foundation) or by giving level and the total amount of contributions and pledges raised.
- A list of other pending grant requests, the amount requested and an estimated decision date.

Budget Justification

Provide financial data to support your capital request. A narrative of these costs should be given on the following page. **BE AS SPECIFIC AS POSSIBLE.**

Total Cost of Capital Project

Land Acquisition	_____
Construction/Repair	_____
Equipment	_____
Computer Systems, Software	_____
Furniture	_____
Telephone & Communications	_____
Renovations	_____
Miscellaneous	_____

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. Attach three (3) bids for items over \$1,000. Secure local bids, if possible.

Agency Budget

Attach a copy of your agency's 2007 actual expenses and 2008 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

Agency Board Chair

Signature

Date