

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

**Application for Supplemental and 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 Supplemental Fund is to assist agencies that have exceeded funding allocations due to high levels of demand for services. 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 a) supplemental fund will provide services for children, youth, or families that would otherwise be denied services due to high demand or b) emergency situations 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 or an additional service need that is deemed extraordinary.

An agency may receive a Supplemental Fund grant only once during the last quarter of the current fiscal year (September-December). 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.

## 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: \_\_\_\_\_

Check One: \_\_\_\_\_ Supplemental Funding \_\_\_\_\_ Emergency Funding

If Emergency Funding, which type: \_\_\_\_\_ 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 SUPPLEMENTAL FUNDING PROPOSAL

Indicate service area affected by your 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

## 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

## **A. 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.

## **B. Demonstration of Need**

Briefly explain the supplemental or emergency situation. How does this situation seriously impair the agency's ability to fulfill its mission? What is the program affected by this situation? How many children/youth/families will be affected by it? 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 problem? If so, please detail. If not, explain why.

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

**C. EXPENSES** (for Emergency Services application only)

Provide financial data to support your 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:** \_\_\_\_\_

**D. EXPENSE JUSTIFICATION NARRATIVE** (for Emergency Services application only)

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

**E. 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.

**F. 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.

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Agency President/CEO	Signature	Date
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Agency Board Chair	Signature	Date
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