

## CY2012 RFP APPENDIX

This Request for Funding CY2012 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 CY2011 should fill out the Renewable Application for consideration of CY2012 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](http://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,

The 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 – CY2012 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.**

The CCRB requires that all agencies applying for 2012 services funding include their last fiscal year audit. **Agencies that do not include this audit will be eliminated from consideration.**

Only **1** copy of each of these items listed in supplemental information is necessary.

**Pay attention to the deadline listed at the bottom of the application 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 Information**

The Agency Information 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 section is worth **40 points**. You may use your own waiting list information, the local Needs Assessment, or Missouri state data such as Missouri Kids Count to demonstrate the need for services. **Please cite all of 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 you utilize. 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’s 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, and Budget Forms**

This section is worth **25 points**. The Budget Forms include:

1. An Agency-Wide Financials page ~ We require you to fill out your 2012 total projected agency budget and your 2011 and 2010 actual budgets. (Excel spreadsheet)
2. A Project Budget Submission form ~ We require detail of income and expenses related to your 2012 CCRB funded project. (Excel spreadsheet)
3. Additional Project Budget Submission forms ~ We require breakdown information on each program for which you are seeking funding. For example, your agency may have an overall counseling budget, but if you are asking for funds for individual components of counseling (e.g., individual counseling, group counseling, family counseling, case management, etc.), then you must itemize expenses related to that service. (Excel spreadsheet)

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 the Budget Justification Narrative section (Word document), you will 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.

**DIRECT BUDGETED PROJECT EXPENSES:** Direct Project Expenses are expenses directly related to serving the client and do not include indirect or administrative costs. Expenses within this category include clinical staff salaries, clinical staff fringe benefits, immediate supervisor salaries, immediate supervisor fringe benefits, rent/occupancy, utilities, phone/cell phones/internet, consumable supplies, printing, non-consumable supplies, mileage, staff training, professional liability insurance, and client support living expenses.

**Clinical Staff Salaries**

List and total the number of clinical staff who will be providing direct services to the youth and their families. Provide job titles, major responsibilities, salaries and percentage of time. We are not looking for names of staff members. For example: Caseworker 1 (1.0 FTE) @ \$40,000 = \$40,000 or Caseworker 2 (.50 FTE) @ \$40,000 = \$20,000. Delineate the total number of FTEs. Include whether or not direct clinical staff received pay increases during the last year and for what reasons (merit, cost of living adjustment, etc.).

**Clinical Staff Fringe Benefits**

Include the cost of providing the following fringe benefits: FICA, Unemployment Insurance, Workmen’s Compensation, Health Insurance, and Retirement.

**Immediate Supervisors’ Salaries**

Include the salaries of immediate supervisors. It should be pro-rated based on the percentage of their time spent supervising their clinical staff. Specify what percentage you are using. Follow the guide requested for clinical staff salaries.

**Immediate Supervisors’ Fringe Benefits**

Include the cost of providing the following fringe benefits: FICA, Unemployment Insurance, Workmen’s Compensation, Health Insurance, and Retirement. Use the same percentage of FTE for fringe benefits as was used above.

**Rent/Occupancy**

Include office space costs based on the percentage of total square footage. Office space can include space where clients are served or where staff have desks for completing office work should clients be served outside of the office building.

**Utilities**

List all utilities and their costs based on the same percentage of office space utilized. Utilities include electric, gas, water, sewer, and trash.

**Phone/Cell Phones/Internet**

The cost of land lines, cell phones and internet costs may be included. The percentage of cost should be based on the percentage of usage for this program for these devices.

**Consumable Supplies**

Include the cost of office supplies used in the providing of services to youth and their families. Office supplies not being used in the providing of services to youth and their families should be included under indirect costs.

**Printing**

Include all printing costs incurred in providing services to youth and their families. Printing costs for marketing of this program should be included under indirect costs.

**Non-consumable Supplies**

Include the cost of office equipment (computers, laptops, furniture, etc.). Provide a detailed list of items that you are including. If any item that you are including costs above \$1,000.00, then you must pursue 3 bids before purchasing.

**Mileage**

Include the cost of reimbursing employee mileage. You may include mileage to and from the client's home or to any meetings that involve the client's care. Provide your reimbursement rate per mile. The cost of transporting clients cannot be included per State Statute.

**Staff Training**

Include all training and travel costs for direct clinical staff. If you include training costs, then you may not bill for training time. Licensing costs may be included here as well.

**Professional Liability Insurance**

Include the cost of providing professional liability for direct clinical staff and immediate supervisors.

**Client Support Living Expenses**

If you are housing youth as part of your services, you may include the cost of items such as food, laundry, etc. that arise as a result of the youth living temporarily in your facility. Provide a list and cost of items that are included.

**INDIRECT BUDGETED PROJECT EXPENSES:** These are expenses related to the administrative and/or overhead related to the CCRB-funded program. Expenses related to this section include administration salaries, administration fringe benefits, building insurance, D & O insurance, building repairs, other utilities, other office supplies, other printing, postage, cleaning supplies, advertising, and accreditation. Please note: Overhead exceeding 15 percent will need to be justified at the CCRB hearing.

**Administration Salaries**

List and total the number of indirect staff who will be providing indirect services to this program. Please detail the expenses, for example: If your CEO allots .05 percent time to the CCRB program, your explanation would indicate .05 FTE at their listed salary. Provide information on how the administrative positions support the program.

**Administrative Fringe Benefits**

Include the cost of providing the following fringe benefits: FICA, Unemployment Insurance, Workman’s Compensation, Health Insurance, and Retirement.

**Building Insurance and D & O Insurance**

List total agency costs and at what percentage expensed to the program.

**Building Repairs**

List total agency building repairs and at what percentage expensed to the program.

**Other Utilities**

List total other utilities and at what percentage expensed to the program. May include pest control, snow removal, etc.

**Other Office Supplies**

List total other office supplies and at what percentage expensed to the program.

**Other Printing**

List total other printing and at what percentage expensed to the program.

**Postage**

List total postage expenses and at what percentage expensed to the program.

**Cleaning Supplies**

List total cleaning supplies and at what percentage expensed to the program.

**Advertising**

List total advertising expenses and at what percentage expensed to the program.

**Accreditation**

The CCRB requests that you separate out any accreditation expenses that you may anticipate. You may request reimbursement up to what the percentage of the applying program is to your agency budget. Be prepared to defend your request at your hearing.

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

**Budget Summary:**

If there are major changes to your agency’s revenue sources and/or expenses, please detail these changes. Describe the impact on your CCRB funded program, if applicable.

**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 (refer to Excel project budget sheets).

List the time frame for providing these services. If you are providing multiple services within a service category, total each of the service 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 2012 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 the 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 2012 Priority Need**

The Board will take into consideration those agency programs that best fit with the 2012 CCRB priority needs. The Board has based these priorities from information provided in the 2010 St. Charles County Needs Assessment, wait list information, and the CCRB Strategic Plan. These priorities are determined at the CCRB June Board meeting.

**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.