



Community and Children's Resource Board (CCRB)

2008 Application for 2009 funding

Available: October 1, 2008

Deadline: December 31, 2008

Agencies must submit nine (9) copies of the completed application and one (1) copy of all supporting documentation to:

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

2440 Executive Dr., Suite 214, St. Charles, MO 63303

Call 636-939-6200 if you have any questions.

Awards will be made at the Community and Children's Resource Board Meeting on January 27, 2009.

Agencies will be notified that day and asked to attend an award ceremony.

A representative must be available to sign a letter of understanding.

**2009 Application for Funding ~ Community and Children’s Resource Board (CCRB)
Children’s Trust Fund – License Plate Fund**

Name of the Project: _____

Amount Requested: _____

Organization Name: _____

Address: _____

Telephone: _____

Contact Person: _____

- Include:
- _____ Current agency budget
 - _____ Most recent agency audit
 - _____ Proof of 501c3 (non-profit status)
 - _____ Agency statement of non-discrimination in hiring practices
 - _____ Agency statement of confidentiality
 - _____ Agency policy statement for screening of staff for past child abuse and neglect
 - _____ Agency long-range goals
 - _____ Board roster
 - _____ Board resolution

*** Failure to include these documents will automatically disqualify your application!**

Fund Description: Funds distributed through the CCRB from the Children’s Trust Fund-License Plate Fund must be used to support, develop, implement and evaluate child abuse and neglect prevention programs and services in St. Charles County. Funds may not be used for treatment services. Child abuse and neglect prevention programs are defined as any community-based educational, family support or resource program designated to prevent, alleviate or reduce the risk of child abuse or neglect in St. Charles County. Programs may include: Home visitation programs and training, safe home risk assessments, assistance with child care, respite services and transportation to enable at-risk families to participate in family support and resource programs or to prevent inappropriate out-of-home placement and to support welfare-to-work initiatives, safe crib/sleep programs, programs for pregnant women, new parent education, infant and child CPR education, follow-up services after delivery, new parent mentoring programs, research studies and support activities on child abuse prevention, public awareness campaigns on special issues pertinent to child abuse prevention, such as Shaken Baby Syndrome, early brain development; development of outcome measures and benchmarks for child abuse and neglect prevention programs or services; car seat/safe ride programs.

A mid-year report to the CCRB is due by July 31, 2009, and a year-end report, due by January 15, 2010, on services provided and the impact of the agency’s services on preventing child abuse and neglect. If all services and reimbursement requests are completed by July 31, 2009, a year-end report is not necessary as the mid-year report will act as the year-end report.

1. Demonstration of the Need for Program ~ May include needs assessment, waiting list information, etc.

2. Provide a specific description of the population to be served.

3. Description of Program/Project ~Include a description of how your program will aid children at risk of child abuse and neglect in St. Charles County. Estimate how many people will be served through this program. Additional sheets may be included if needed.

2009 Proposal/Project Budget Summary

Project Name:

Expense Item	Project Total	Other Sources	CCRB Fund

Total: _____

Provide an estimated timeline for services within your project:

FY 2009 Funding Sources of Applicant

	Total Last Fiscal Year	Budget Project Year
A. Federal Government	_____	_____
B. State Government	_____	_____
C. Local Government	_____	_____
D. Foundations	_____	_____
E. Corporate Gifts	_____	_____
F. Religious Groups	_____	_____
G. Private	_____	_____
H. Individual	_____	_____
I. In-Kind Donations	_____	_____
J. Other (please specify)	_____	_____
 TOTAL FUNDING	_____	_____

What percentage of your total organizational budget will be funded by this application request?
