



2012 Request for Renewal of Funding Proposal (RFP) Appendix

Thank you for applying for renewal funding from the *Lincoln County Resource Board's Children's Services Fund*. These grants will be offered for a 12-month period, January 1, 2012 through December 31, 2012.

Please be sure to include all of the information that is being requested and that the information is in the appropriate section. If you are applying for funding in several service areas, please submit independent applications for each service area, as applications will be reviewed based on service areas.

DEADLINE: Application deadline for 2012 funding is August 26, 2011, 2:00 p.m. Application copies should be mailed or delivered to: 260 Main Street, Troy, MO 63379 (Phone number at delivery site: 636-462-8539).

We have attached an appendix along with the application to provide guidance in terms of what is expected. If at any time you have questions, please call Becky Hoskins, Executive Director at 636-528-2490 or email director@lincolncountykids.org.

Sincerely,

The Lincoln County Resource Board

APPENDIX FOR 2012 RENEWAL OF FUNDING PROPOSAL

General Information/Type of Service

Page 1

Please provide all applications in typed format using Arial font, size 12. Print copies in black ink on white paper only, no colored paper or artwork throughout the application. You may include (and are encouraged to do so) your organization's logo, web site address and any other marketing information, but only on the 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. **Eight (8) hard copies** of each application are necessary. Also, email **one (1)** copy of the completed application to director@lincolncountykids.org.

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. At this time we only offer *Purchase of Service* funding and no *Capital Project* funding.

Pay attention to the deadlines listed in the application and reporting timetable. Applications received after these deadlines will not be considered for the funding cycle.

AGENCY PROFILE

Page 2

Provide the necessary contact information so we will be able to contact you if we should have any questions about your application. Include cell phone numbers, if desired.

PERMANENT DOCUMENTS

Page 3

Submit one copy of all applicable permanent documents with the application. Any required signed *Memoranda of Understanding* from the superintendents and/or principals of the school districts or schools and minutes from school board meetings, reflecting this support, must be submitted with the application, no later than August 26, 2011 at 2 p.m.

PART 1: PROGRAM NARRATIVE

Page 4

Agency Overview: Provide an historical summary of your agency's work within Lincoln County as it pertains to the services for which you are requesting renewed funding.

Utilization of Funding in Prior Year(s): Provide a brief history of how funding was used in the past, numbers served, achievement of clinical outcomes, how families were served and collaboration with other agencies.

Demonstration of Human Need: Provide a review of the problem that you project addresses. Describe the target population to be served and quantify the problem using statistical data. Describe the lack of community resources necessary to address the problem.

Methodology: Describe any changes to the methods your program will use to reach the population served. Use this opportunity to defend with any data, either through your own agency research or through journal research, as to why these methods are effective and appropriate. If using journal articles to defend your methods or curricula, be sure to sight the source for investigative purposes. Include a project timeline with project benchmarks. Include hiring, training and any development time before the actual service will be provided.

Project Outcomes: Describe any changes to the clinical outcomes of your program. Explain the rationale for these changes. 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 insure that these funds are being used wisely and that they are making a difference in the lives of Lincoln County families. *Include a copy of any new or modified evaluation tools that will be utilized.*

Project Management: Describe how the project will be managed and designate the key project staff (give job titles and/or staff member names). Explain who will be responsible for the overall management of the proposed project. Briefly describe relevant professional backgrounds and qualifications.

PART 2: FINANCIAL INFORMATION

Pages 5, 6 & 7

Budget Justification Table (Page 5): Provide financial data to support your unit cost of providing service. If you are providing multiple services and unit costs are different, use additional copies of the budget justification table. You may add additional expense categories, if needed.

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.

Budget Justification Narrative (Page 6): Describe each of the costs listed in the budget justification table. Be specific about the number of types of staff, types of supplies, types of training, etc.

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 will be 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. Utilize the state approved mileage reimbursement rate for the current year. *Mileage costs must be incorporated into your overall unit cost. No additional or separate mileage costs will be reimbursed by the LCRB.*

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 did not 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 to include other appropriate expenses. 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.

Agency Budget (Page 6): Attach a copy of your agency's current year, previous year and next 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.

Delineate between your overall budget and the budget for the program services for which you are applying.

Each applying agency must demonstrate that funds are not being supplanted in order to demonstrate need.

If your 2012 budget has not been completed by the time of renewal, include the timetable under which it will be completed.

Cost Summary (Page 7): Provide cost summary information regarding: 1) the number of children and youth to which you anticipate providing services; 2) the unit of service cost; 3) the total amount that you are requesting; and, 4) the time frame for providing services. Varying services may have different unit costs.

AGENCY ASSURANCE (APPENDIX A): **Page 8**

Include an agency assurance page, signed by the Executive Director/ CEO/ President of your organization and by the Chair of your Board.

BOARD OF DIRECTORS RESOLUTION (APPENDIX B): **Page 9**

Include a completed Board of Directors Resolution, signed by the Chair of your Board.

SCORING OF GRANTS

The *Selection and Review Committee* of the *Lincoln County Resource Board* will use the following point system in evaluating all grant proposals for renewal. The points associated with the different sections are the maximum amounts that can be awarded for that section. The maximum score is 100 points.

Scoring Category	Possible Pts.	Pts. Awarded
Thoroughness of Application	10	
Utilization of Funds in Prior Year(s) (Consider other sources of funding)	10	
Children/Youth Served in Prior Year(s)--are there waiting lists?	15	
Attainment of Clinical Outcomes in Prior Year(s)	15	
Need for Service in Lincoln County at the Present Time	20	
Methods of Working with Families and/or Collaboration with Other Agencies	10	
Budget Justification	20	
Total Points	100	