



Lincoln County Resource Board - LCRB

2012 Request for Funding Proposal (RFP) Appendix

Thank you for your interest in the *Lincoln County Resource Board's 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 Lincoln County. These grants will be offered for a 12-month period, January 1, 2012 through December 31, 2012.

The *Lincoln County Resource Board* was created by a Lincoln County Ordinance based on Missouri State Statute that allows only certain types of services to be funded. These services are listed on the front page of our *Request for Funding Proposal*.

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 we will be reviewing applications based on service areas.

Completed application copies, including supplemental materials, must be received via mail or delivered to: **Lincoln County Resource Board, c/o Adam Burkemper, 260 Main Street, Troy, MO 63379 no later than 2:00 p.m. on Friday, August 26, 2011. (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

Special Instructions

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.

APPENDIX FOR 2012 REQUEST FOR FUNDING PROPOSAL

COVER PAGE/SUPPLEMENTAL INFORMATION

PAGES 2 & 3

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.

Please include the listed supplemental information. **You must be a 501c3, not-for-profit organization, in order to qualify for funding.** Only **one (1)** copy of each of these supplemental items is necessary.

Indicate for which funding cycle you are applying. **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 4

Provide the necessary contact information so we will be able to contact you if we should have any questions about your application.

PART 1: PROPOSAL NARRATIVE

Page 5

Agency Overview: Provide a historical summary of your agency's work within Lincoln County as it pertains to the services for which you are requesting funding. Include information about when you were founded as an organization and your history of providing service in Lincoln County. Preference will be given to organizations that have had a sustained commitment to providing services in Lincoln County.

Demonstration of Human Need: You may use your own waiting list information, the local Needs Assessment, or State data such as *Missouri Kids Count* to demonstrate the need for services. List the source of your data for investigative purposes.

Please note that it has been determined that the Lincoln County community values the use of the *Lincoln County Wellness Center*. If applicable to your program, please address utilization of the *Lincoln County Wellness Center* in your proposal.

Mentoring is also seen as a value-added component to many programs. If applicable, please address how mentoring is incorporated in your program.

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 memorandum of understanding 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.**

Methods: This section asks you to describe the programmatic response to the problem and the clinical methods/curriculum that you will be utilizing. 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, appropriate and will best serve to solve the problem. Be sure to cite research sources and/or your past history with the problem. In this section please include a project implementation timeline with project benchmarks. Also note any hiring, training, and development time needed before the actual services will begin being provided.

Project Outcomes: 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. Describe a minimum of **three (3)** clinical goals that you will monitor and report on. **These goals must be measurable and time specific.** Indicate the staff that is 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.

Project Management: Indicate how the project will be managed and who the key project staff will be, including the staff member who will be responsible for the overall management of the proposed project. (Please do not include full resumes or job descriptions. Rather, briefly describe relevant professional backgrounds and qualifications within the body of the proposal narrative. Feel free to use both job titles and staff member names.)

Budget Justification Table (Page 6): You will need to demonstrate your costs for doing business. For example, if it costs you \$75 to provide an hour of family therapy, you need to demonstrate how much of that cost goes to each of the categories listed. The total should equal \$75.

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): In this section, 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.

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 included in the unit cost. No additional or separate payments for mileage costs will be paid 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 didn't 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 5 blank spaces for other expenses to be included if you feel they are appropriate. 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 7): Attach budget documents that include estimated revenues for your next year's budget and comparative statements for the past two years. These statements should list by year, programs and sources of revenue. Include proposed expenditures and comparative data for the past two years, listing by year, for your programs.

Additionally, include a general budget summary and a budget message, which should describe important features and major changes, such as: whether certain funds are restricted or not, new grants gained or grants ending, and losses of revenue streams.

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

Cost Summary (Page 7): For each service provided, list the service and estimate the number of children and youth that will be served. Multiply the unit cost (page 6) by the estimate of how many children and youth will be served to calculate the amount requested. List the time frame for providing these services. If you are providing multiple services within a service category, total each of the unit costs to determine the Total Amount Requested.

AGENCY ASSURANCE (APPENDIX A):

Page 8

Include an 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* 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 maximum score is 100.

Thoroughness of Application and Evidence of Collaboration	10 pts
Demonstration of Need	25 pts
Methodology, Outcomes, Project Management	45 pts
<u>Budget Justification</u>	<u>20 pts</u>
Total Points	100 pts

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