



**REQUEST FOR RENEWAL OF FUNDING
PROPOSAL--FY 2011
January 1, 2011—December 31, 2011
Lincoln County Resource Board**

**For assistance with this application or for further information, please contact:
Becky Hoskins, Executive Director
director@lincolncountykids.org
Phone: 636-528-2490**

RENEWAL APPLICATION DEADLINE IS AUGUST 27, 2010 AT 2:00 P.M. Renewal applications should be mailed or delivered to 260 Main Street, Troy, MO (Delivery Site Phone Number: 636-528-8539). . Please submit **eight (8)** copies of this application and email one copy to director@lincolncountykids.org.

TYPE OF SERVICE: _____

AREAS OF SERVICE			
	Temporary Shelter Services		Crisis Intervention
	Respite Care Services		School-based Prevention Services
	Services to Unwed & Teen Mothers		Transitional Living Programs
	Outpatient Substance Abuse Treatment		Home & Community-Based Intervention
	Outpatient Psychiatric Services		Individual, Group & Family Counseling

The Lincoln County Resource Board will accept **renewal** applications for agencies seeking the following: Please check the appropriate category.

1. Request for a maximum of 100% of the 2010 funding amount with no change in narrative.
2. Request for a maximum of 100% of the 2010 funding amount with changes noted in program methodology, outcomes, verifications of targets, and/or cost summary.

AGENCY PROFILE	
Agency Name:	
Agency Address:	
Street	
City, State, ZIP CODE	
Agency Phone Number:	
Agency Fax Number:	
Agency Web Site:	
Primary Contact:	
Name	
Title	
Email Address:	
Contact Phone Number & Ext.	
Contact Cell Phone Number:	
Additional Contact Numbers:	

Please note that the Agency Board of Directors Roster, Annual Audit, Memoranda of Understanding (if applicable), Agency Assurance and the Agency Board of Directors Resolution need to be re-submitted to the

LCRB annually. If changes have been made to any of the other permanent documents, please forward that information to the LCRB office at 509 Willow Grove Court, Troy, MO 63379. The following documents need to be submitted with the proposal:

- Current Board of Directors Roster
- Most Current Annual Audit
- Memoranda of Understanding (if applicable)
- Agency Assurance (see Appendix A)
- Board of Directors Resolution (see Appendix B)

Permanent Documents	Document Date (currently on file)	Revision Being Sent (write date of revision)
Agency By-Laws		
Statement of Confidentiality		
Policy on Non-Discrimination in Hiring Practices		
Certificate of Corporate Good Standing		
Policy Statement for Screening of Staff for Past Child Abuse & Neglect		
Agency Accreditations		
Board of Directors Roster(needs to be submitted annually)		
Most recent Agency Independent Audit (needs to be submitted annually)		
Memoranda of Understanding (if applicable, need to be submitted annually)		
Agency Assurance (needs to be submitted annually)*See Appendix A		
Board of Directors Resolution(needs to be submitted annually)*See Appendix B		

PART 1: PROGRAM NARRATIVE

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 renewed funding.

Utilization of Funding in Prior Year(s)

- Describe how previous funding was utilized to serve Lincoln County children/youth.
- Describe how many children/youth were served in prior years. Were there any children/youth on waiting lists?
- Describe the achievement of clinical outcomes.
- Describe how your agency worked with families and/or collaborated with other agencies/organizations.

Demonstration of Human Need

- Provide a review of the problem that your 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.
- 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.

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

Budget Justification Narrative

- *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.*

Agency Budget

- 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 2011 budget has not been completed by the time of renewal, include the timetable under which it will be completed.

Cost Summary

Provide cost summary information regarding:

- *The number of children and youth to which you anticipate providing services*
- *Your unit of service cost*
- *Unit costs must be based upon actual service hours (not package unit costs)*
- *The total amount that you are requesting*
- *The time frame for providing services. Varying services may have different unit costs.*

Service to be Provided	
Number of Children and Youth to be Served	
Unit of Service Cost	
Total Amount Requested	
Time Frame	
Service to be Provided	
Number of Children and Youth to be Served	
Unit of Service Cost	
Total Amount Requested	
Time Frame	
Service to be Provided	
Number of Children and Youth to be Served	
Unit of Service Cost	
Total Amount Requested	
Time Frame	

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Agency Assurance for 2011

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 conditions of the *Lincoln County Resource Board* 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 for allowable purposes, and that documentation will be readily available to verify their accuracy and validity.

Agency President/CEO Printed Name _____

Signature _____

Date _____

Agency Board Chair Printed Name _____

Signature _____

Date _____

Appendix B

**Lincoln County Resource Board
2011 Application for Funds
Board of Directors Resolution**

At the Board meeting on _____, the Board of Directors of _____ approved submitting this application form for the purposes of:

Project Name	Amount	Requested Amount
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Project Name	Amount	Requested Amount
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Project Name	Amount	Requested Amount
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Note: Exact dollars requested are not required. Amounts requested should be submitted as not-to-exceed figures.

The authorized individual(s) to enter into contractual arrangements with the Lincoln County Resource Board is (are):

Name	Title
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Name	Title
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We, the undersigned, hereby certify that the statements made in this application are correct to the best of our knowledge and belief, and we are authorized to sign this application on behalf of the applicant, and we shall comply with the LCRB guidelines, monitoring procedures, and formal contract provisions if our request for funding is approved.

Respectfully submitted,

By	Address
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_____, Board of Directors

Title

Date	Phone
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