



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

June 15, 2010

Dear Service Providers:

As many of you are well aware, in November of 2006 the Lincoln County citizens passed Proposition 1, *Putting Kids First*, which created a Children's Services Fund for children and youth nineteen years of age or less in Lincoln County. The Lincoln County Resource Board (LCRB) has been entrusted to oversee this fund. This fund is created under Missouri state statutes 67.1775 and 210.861 and the Lincoln County Commission Order 2003-05-27. Missouri Revised Statute 210.861 specifically defines what types of services can be funded. The services are as follows

- (1) Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth; respite care services; and services to unwed mothers;
- (2) Outpatient chemical dependency and psychiatric treatment programs; counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hotlines; and prevention programs which promote healthy lifestyle among children and youth and strengthen families;
- (3) Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

In addition the Lincoln County Commission Order 2003-05-27 dictates that in order for the LCRB to enter into contract for services with a provider, the provider must

- A) Be incorporated or authorized to do business in the State of Missouri, as a not-for-profit corporation or be a government entity;
- B) Receive at least twenty-five (25%) percent of its funds from sources other than the *Putting Kids First* Children's Services Fund;
- C) Be certified or licensed by the State of Missouri to provide the services that utilize these funds, provided that such certification or licensure exists;
- D) Require all employees and volunteers of the agency to maintain the confidentiality of any information that would identify individuals served by that agency;
- E) Require that within the limits of the contracted series, services be provided regardless of an individual's race, religion, national origin, gender, or age; and
- F) Require that employees and volunteers of the agency who provide direct services be screened as required by State statute.

Sincerely,

Becky Hoskins
Executive Director of the LCRB



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PLEASE make note: This application is to be used only by agencies which have not previously received regular funding grants from the Lincoln County Resource Board.

Indicate service area(s) for which you are requesting funding (✓). Agencies may submit requests for funding for multiple areas of service, but must submit independent applications for each category. Please submit **eight (8) copies** of this application **and email one copy** to director@countykids.org.

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

DEADLINE: Application deadline for 2011 funding is August 27, 2010, 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).

For assistance with this application or for further information, please contact:

Becky Hoskins, Executive Director
director@countykids.org
 Phone: 636-528-2490

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.

- Please include the following supplemental information.

- Only one (1) copy of the supplemental information is required per application.

SUPPLEMENTAL INFORMATION	✓ if included or explain why document is not included
Proof of 501c3 status	
Most recent agency independent audit	
Copy of most recent 990 tax return	
Agency statement of confidentiality	
Agency policy of non-discrimination in hiring practices	
Agency policy statement for screening of staff for past child abuse and neglect	
Copies of agency accreditation(s)	
Certificate of corporate good standing	
Mission statement	
Most recent strategic plan	
Memoranda of understanding (if applicable)	
Brief Agency History (1-2 pages)	
References: Please include contact names and phone numbers. References may include funders for whom you have worked and/or partnering agencies such as schools, juvenile justice office, Children’s Division, etc.	
Roster of Current Board of Directors	
Agency Assurance * see Appendix A	
Board of Director’s Resolution *see Appendix B	
Brochures and marketing materials (optional)	

Additional comments about supplemental information:

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:	

Proposal 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 funding.

Demonstration of Human Need

- Provide a detailed description of the problem you propose to address. Please note that problems exist within the community or within the targeted population that you propose to serve; they do not exist within your agency. For example, a problem is not that your agency lacks the staff necessary to provide services. (This can be discussed under the “Methods” section of your proposal). For instance, the problem might be that drug abuse among the teenage population of the county is too high.
- Describe the target population to be served and quantify the problem using local statistical data.
- Describe the lack of community resources necessary to address the problem.

Methods

- Describe your programmatic response to the problem. How do you propose to decrease the problem?
- Defend your programmatic response by providing evidence that your approach will best solve the problem. Have you considered other approaches?
- Cite research sources and/or your past history with the problem and your success to defend your approach.
- Describe how your agency will collaborate and integrate services with other providers.
- Include a project implementation timeline with project benchmarks.
- Include hiring, training and any development time before the actual service will be provided.

Project Outcomes

- Include a minimum of 3 clinical goals with anticipated outcomes. These outcomes need to be measurable and time specific.
- Describe what you hope to accomplish along with timelines and the process by which you will know that you have accomplished them.
- Include copies of any evaluation tools that you will be using and provide a description of why you are using these tools compared to other tools.

Project Management

- How will the project be managed?
- Who will be designated as key project staff? (Feel free to use either job titles and/or staff member names.)
- Who will be responsible for the overall management of the proposed project? (Feel free to use either job titles and/or staff member names. Please do not include full resumes or job descriptions. Rather, briefly describe relevant professional backgrounds and qualifications within the body of the proposal narrative.)

Budget Justification

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 this page. A narrative of these costs should be given on the following page. You may add additional expense categories if needed.

<i>SERVICE PROVIDED:</i>		
<i>Expense</i>	Amount	% of Total
Administration		
Staff Salaries		
Fringe Benefits		
Rent		
Utilities		
Telephone & Communications		
Consumable supplies (postage, copying, etc.)		
Non-consumable supplies (computers, furniture, etc.)		
Mileage *		
Travel & Training		
Accounting & Fiscal management		
*Mileage costs must be included in the unit cost. No additional or separate payments for mileage costs will be paid by the LCRB.		
Total		100%

Budget Justification Narrative

- Describe each of the costs listed on the previous table.
- Be specific about number of any 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.

Cost Summary

Provide output information regarding the number of children and youth to which you anticipate providing services, your unit of service cost and the total that you are requesting. Varying services may have different unit costs.

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

2011 Agency Assurance

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.

I, the undersigned certify the following to be true:

- That the agency maintains a Confidentiality Policy that ensures the privacy of the clients we serve, those who volunteer their time and energy to the agency and to all agency staff members;
- That the agency is an equal opportunity employer and does not discriminate in its hiring, firing, or promotion policies or practices on the basis of race, religion, color, sex, marital status, familial status, national origin, age, disability or sexual orientation;
- That the agency complies with the law governing the Articles of Incorporation under all Missouri Nonprofit Corporation statutes.

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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