REQUEST FOR RENEWAL OF FUNDING PROPOSAL--FY 2025-26
July 1, 2025 through June 30, 2026
Lincoln County Resource Board

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

RENEWAL APPLICATION DEADLINE IS Friday, March 14, 2025, AT 2:00 P.M. Renewal applications should be mailed or delivered to Lincoln County Resource Board, 101 West College, Suite 5, Troy, MO (Delivery Site Phone Number: 636-528-2490). Please submit nine (9) copies of this application and email one copy to director@lincolncountykids.org.

PROVIDER NAME: _____

TYPE OF SERVICE: _____

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

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

1. ☐ Request for funding with changes only with project budget or cost summary. Provide a brief narrative of these changes and your rationale of why the LCRB should fund the requested increase in Part V.

2. ☐ Request for funding with changes noted in program methodology, outcomes, verifications of targets, and/or cost summary/project budget. Provide a brief narrative of these changes and your rationale of why LCRB should fund the requested increase in Part II, Item 4 and Part V.

AGENCY PROFILE	
Agency Name:	
Agency Address Street:	
City, State, Zip Code:	
Agency Phone Number:	
Agency Fax Number:	
Agency Website:	
Primary Contact Name:	
Primary Contact Title:	
Email Address:	
Contact Phone Number & Ext.:	
Contact Cell Phone Number:	
Additional Contact Numbers:	

Please note the list of documents that need to be submitted annually. If changes have been made to any of the other permanent documents, please forward that information to the LCRB office at 101 West College Street, Suite 5, Troy, MO 63379. ***Only one (1) copy of the supplemental information is required per application.***

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		
Policy Statement for Screening of Staff for Past Child Abuse & Neglect		
Agency Accreditations		
Strategic Plan		
Permanent Documents to Submit Annually		**Revision Being Sent (write date of revision)**
Copy of Most Recent 990 tax return		
Board of Directors Roster		
Certificate of Corporate Good Standing		
Most recent Agency Independent Audit		
Agency Assurance See Appendix A		
Board of Directors Resolution See Appendix B		

EXECUTIVE SUMMARY

Agency Name:

Program Type:

Program Name:

Please do not alter the formatting of the 2025-26 and 2024-25 tables below. Selection & Review Committee members have asked for the following data alignment to support their analysis efforts.

2025-26 Contract Cycle

Provided Service	Unit Rate	# of Units	What does 1 unit measure, e.g., 1 hour of counseling	Total funding request
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- Total 2025-26 Funding Request:
- Total number of Lincoln County kids and/or families projected to be served?

2024-25 Contract Cycle

Provided Service	Approved Unit Rate	# of Units	Approved Funding Request
Provided Service	Approved Unit Rate	# of Units	Approved Funding Request
Provided Service	Approved Unit Rate	# of Units	Approved Funding Request
Provided Service	Approved Unit Rate	# of Units	Approved Funding Request

- Total 2024-25 Funding Request (please include the requested, not approved, funding figure):
- Total projected number of Lincoln County kids and/or families projected to be served by June 30, 2025?

- **If relevant, address rationale for unit cost changes:**
- **If projecting <u>fewer youth to be served</u> than the previous contract cycle, please provide rationale:**

PROGRAM NARRATIVE

Provide a succinct narrative for each question in this grant application. If you feel the need to repeat content in multiple sections, please note "see response in Part X, item 1."

PART I:
Provide Brief Program Synopsis (Limit to 175 words):

DEMONSTRATION OF HUMAN NEED (Word Count Limit: 750)

Describe:

Target population needs

- The target population (with projected age ranges) to be served.
- How the program works to meet the target population's needs.
- If your target population or the problem/unmet need within the community has or is significantly changing, then cite **local** statistical data and relevant **community** information to explain this change.

Community indicators

- How the program/service improves or affects our community indicators, see Key Findings of the Lincoln County Community Indicators, page 27, of the 2023 LCRB Needs Assessment.

PART II: PROGRAM METHODOLOGY & DELIVERY

Describe:

- In detail, address:
  - Where referrals originate;
  - How clients' needs are assessed (i.e., what tools or processes does the agency use for client assessments);
  - Per the assessment, the kinds of services a client can access through this funded program (what does a typical episode of care look like for the client?);
  - Average frequency of client interactions, e.g., weekly 30-minute sessions, etc.
  - Where services are delivered, i.e., in schools (**if school-based, please include a current list of the schools where services are provided and associated staff levels (e.g., 1 full-time therapist, 1 part-time case manager, etc.)**), homes, community, virtually or combination?
  - How progress is monitored and measured?

- Prepare a diagram/flow chart of how services/program deliverables are provided following a referral. **(If your agency has already submitted a diagram that still accurately portrays the service delivery, you do not need to resubmit. If you need to review a sample flow chart, submit your request to: director@lincolncountykids.org.)**

2. List the external agencies you collaborate with to better serve your families/clients.

3. Is there anyone currently on your waitlist? Yes No

- If yes, how many are currently on your waitlist?
- What is a client's average length of stay on the waitlist?
- What (if any) support services do waitlist clients receive?
- What is driving the waitlist status, e.g., demand exceeding funding level; short-staffed; changes with non-LCRB funding levels; etc.
- What would help to reduce current waitlists in the next contract cycle?

4. Is your program methodology changing for 2025-26? Yes No
   If no, skip to the next section. If yes, please describe any changes to the methods your program will use to serve the target population, **including any updates or changes with the evidence-informed practices, curriculum, etc., the program leverages**. Include the projected timeline for instituting these changes, in addition to information on the hiring, training, and any development time needed before actual funded services will be provided.

PART III: PROJECT OUTCOMES

A minimum of three (3) clinical goals with anticipated outcomes that are measurable and time specific must be tied to your LCRB-funded program.

Provide copies of your evaluation tools that you will be using to verify client outcomes **ONLY if they are different from previous years, or if you have not previously submitted the tools to LCRB**.

1. Describe your program evaluation methodology for measuring/assessing each outcome.
   If this information has already been provided to the LCRB in past applications or provider reports, please note the report for LCRB reference and no need to restate this information.

2. Copy your 2024-25 clinical goals and achievement percentages below.

3. Are the clinical outcomes for this program changing in 2025-26? Yes No
   If not, continue to the Pat IV. If yes, provide your revised list of clinical outcomes (noting or highlighting those that have changed), with a brief rationale for these changes.
   Goal 1:
   Outcomes:
   Goal 2:
   Outcomes:
   Goal 3:
   Outcomes:

PART IV: PROJECT MANAGEMENT AND STAFF

1. Who will be responsible for the overall management of the program and who will be the designated key project staff (use job titles and staff members' names if available)? For each separate job title, please provide a brief narrative of the essential functions as it relates to the funded program request, and the necessary qualifications/experience level.

2. What is your staff turnover for the program in the last three years?

3. Are you currently adequately staffed to deliver this program as outlined? If not, please explain how you will deliver the program as outlined until new hires are trained and working in the county.

4. Indicate what potential threats, if any, to program continuity that may exist.

5. If the program experienced lower-than-expected utilization for the 2024-25 contract year, please include rationale below regarding the 2025-26 funding request and the agency's ability to staff and more fully utilize the LCRB funding allocation.

PART V: BUDGET INFORMATION/OUTPUTS NARRATIVE

1. Review **Appendix C: LCRB 2025-26 Funding Guidelines**, with instructions on how to complete the **Agency-Wide Financial Form, Salary Analysis Form and Project Budget Sheets.**

2. Provide a brief narrative of your project budget or cost summary changes, and your rationale for why LCRB should fund the requested increase.

3. What percentage of your overall program budget is requested from the LCRB? Is the agency pursuing or leveraging other funding sources for this program?

4. Provide a breakdown of direct and indirect budgeted project expenses to be requested by LCRB, with the total project expenses. Review Appendix D: Direct and Indirect Budget Project Expense Justifications for clarification. Insert the total amount of your request per line item, and cost information and justification. Direct budget expenses are expenses directly related to serving the client and do not include indirect or administrative costs. Expenses within this category are provided below.

Total Direct Budgeted Project Expenses = $
Direct Clinical Staff Salaries - $
Immediate Supervisors' Salaries - $
Staff Fringe Benefits – $
Rent for Direct Client Service Areas - $
Utilities for Direct Client Service Areas - $
Telephone/Cell phones/Internet - $
Consumable Supplies - $
Non-Consumables - $
Printing: $
Mileage: $
Client-Support Living Expenses: $

Total Indirect Budgeted Project Expenses = $
These are expenses related to the administrative and/or overhead costs associated with the LCRB-funded program. Expenses related to this section are listed below. **Indirect expenses not to exceed 15% unless justification provided below for the board members' review and consideration.**
Administration Salaries: $
Administrative Fringe Benefits: $
Accounting and Fiscal Management: $
Rent and/or Utilities: $
Other Office Supplies/Printing/Postage: $
Staff Training: $
Professional Liability Insurance: $
Advertising: $
Accreditation Expenses: $

Grant Total Funding Request: $

5. Provide any additional information or comments relating to the Excel “Agency-Wide Financial Form, Salary Analysis Form and Project Budget Sheets:”

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