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| **Sample Application for Funding – Existing Program** |
| Applications are due by 2:00 p.m. on August 15, 2023. Questions may be directed to the CCRB office at mmcelfresh@scckids.org or 636.939.6200. |

**Service Category:** Select the service category from your current contract. *The service category will remain the same for the lifetime of the CCRB relationship.* Choose an item.

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| Program Name: |  | | | |
| Give a brief program summary, including target population and services provided. *1,500 character limit* | | | | |
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| Total project budget: | | $ | Organizational annual budget: | $ |

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| **2022-2023 Contract** | | | | |
| 2022-2023 Contract Total | $ | | | |
| 1. From your 2022-2023 contract, complete the table. | | | | |
| Line Item | # of Units | Unit Rate | Unit Measure | Total |
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| 1. Did this program receive supplemental funds in 2022-2023? | | | |
| If yes, enter the award | | | |
| Line Item | # of Units | Total Amount | Year Awarded |
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| 1. Fill in the unduplicated clients served from January 1, 2022 through July 31, 2023:3. | | | |
| Youth |  | | |
| Caregivers/Parents |  | | |
| Families |  | | |
| Professionals |  | | |
| Waiting List |  | | |

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| **SECTION A: Utilization and Request** |

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| 1. **2022-2023 Utilization (10 points)** | | | | | |
| The CCRB uses the CCRB’s July financial statement to project year-end utilization calculated with the following formula:  For Example: Budgeted Amount = $100,000 Actual Amount Used as of July 31: $56,000.00  ($56,000 ÷ 7) x 12 = $96,000.00 annual total  $96,000 ÷ $100,000 = 96% projected utilization | | | | | |
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| 1. Using the provided formula, what is your agency’s projected 2023 utilization percentage? | | | | | |
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| 1. What factors impacted utilization in 2022-2023? Are there any factors in the next 5 months that will make an impact? If so, explain. If utilization is lower, what is your plan to increase utilization? *(4,500 characters limit)* | | | | | |
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| 1. **2024-2025 Request for Funding (10 points)** | | | | | |
| Total Amount Requested | | $ | | | |
| 1. Complete the table with information about your 2024-2025 funding request. List units as whole numbers (i.e., 1,501 not 1,500.25). | | | | | |
| **Line Item** | # of Units | Changes1 | **Unit Rate** | **Changes1** | **Total** |
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| 1Calculate the difference and complete this column with an amount. E.g., +100 units; -$5.00 | | | | | |
| 1. Have there been any changes to how you bill for or define a line item?  Yes  No   If yes, explain each change. (4,500 characters limit) | | | | | |
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| 1. Does your request include an expansion or decrease of units or rates?  Yes  No   If yes, justify your request. Include what circumstances have led to this request? List any new service areas or populations and estimate how additional clients will be impacted in 2024-2025. Provide wait list information, if applicable. (*4,500 characters limit)* | | | | | |
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| 1. Justify any unit rate increases over 5%. *(2,000 characters limit)* | | | | | |
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| 1. Does this request include new line items?  Yes  No   If yes, provide details on the new line items and their purpose? *(3,500 characters limit)* | | | | | |
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| 1. If your request includes line item increases over the 2022-2023 contract, which are your highest priority and why? *(2,500 characters limit)* | | | | | |
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| 1. Has this program experienced staff turnover in the last 12 months?  Yes  No   If yes, what impact has that had on service delivery? *(4,500 characters limit)* | | | | | |
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| 1. How does your agency market the program in St. Charles County? (2,500 character limit) | | | | | |
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| **Section B: Clinical Outcomes and Site Audit (30 points-** **CCRB staff will score.)** |
| 1. Are you requesting changes to your Clinical Outcome Agreement Goals?   Yes  No  If yes, list the Clinical Outcome Goals for which you are requesting a change and justify the change. *(2,000 characters limit)* |
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| 1. Enter your 2023 Spring Site Audit Score. |
| Age |
| Residency |
| Billing |
| 1. Did the site audit letter or report indicate any internal issues to be addressed?  Yes  No   If yes, provide details and how your agency has addressed these issues. *(4,500 characters limit)* |
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| **Section C: Budget Justification (30 points)** |
| 1. Complete the Budget portion of the application before completing this section. |
| 1. Budget Justification Narrative and Overhead *(see instructions for expense categories)* |
| 1. Describe each of the expense categories listed in the Budget Justification. (20 points)  * Be specific about the number of and types of staff, types of supplies, types of training, etc. * Explain any changes to any expense that is different from this year. * Summarize any changes in expenses since the last year. |
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| 1. Revenue Changes and Priorities: |
| 1. Do the program’s overhead expenses exceed 15 percent?  Yes  No   If yes, justify the expense. *(3,000 characters limit) 5 points value* |
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| 1. Provide details on any revenue changes for this program during the previous contract. (5 points)   *(4,500 characters limit)* |
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| 1. What percentage of your program budget is the CCRB request? |
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| 1. What other resources are included in the program budget? Are you pursuing other funds? Indicate whether the resources are restricted or unrestricted. |
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| **Section D: Audit Information (5 points-CCRB staff will score)** |
| a. Upload your agency’s most recent audit and complete the following questions. |
| 1. Did your most recent audit and management letter indicate the following:   Material Weaknesses  Yes  No  Issues of Internal Control  Yes  No |
| 1. List recommendations from your auditor that are listed in your management letter. |
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| 1. What steps has your agency taken to rectify these concerns? *(3,000 characters limit)* |
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| **Section E: Program History – no point value** |
| A summary of the agency’s Form B, which contains the program history, target population, program staff qualifications, and best practices, will be included in the Application Summary for Board review. |

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| **Section F: Application Quality (15 points-CCRB staff will score)** |
| Criteria for scoring is based on accuracy and quality of the 2024-2025 Application for Funding. If application and supporting documents are accurate and thorough, 10 points is awarded. For areas not met, CCRB staff will assign a pro-rated score based on the quality of the submission. |