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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?
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| 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.
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| 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)**
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| 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)**
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| 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 [ ]  NoIf 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.
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| 1. Budget Justification Narrative and Overhead *(see instructions for expense categories)*
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| 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:
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| 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 [ ]  NoIssues 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. |