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

**Service Category:** Select **one** category that best fits the program. *The service category will remain the same for the lifetime of the CCRB relationship.* Choose an item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Name: |  | | | |
| Proposal summary: Summarize the purpose of this funding request. *500 character limit.* | | | | |
|  | | | | |
| Total project budget: | | $ | Organizational annual budget: | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2024 Request** | | | | |
| Total Amount Requested | $ | | | |
| Line Item | # of Units | Unit Rate | Unit Measure | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **SECTION A: PROGRAM INFORMATION (20 points)** | | |
|  | | |
| 1. **Tell us about the program, the target population, and how you will provide services. (10 points)** *4,500 character limit.* | | |
|  | | |
| 1. **Give a summary of your organization’s history in serving St. Charles County residents. (5 points)**   *3,000 character limit.* | | |
|  | | |
| 1. **What are the community/client needs that will be addressed by this program? Why is this issue important? (5 points)** *4,500 character limit.* | | |
|  | | |
| 1. **Identify where services will be provided.** *Check all that apply.* | | |
| Office | Home | School |

|  |
| --- |
| **SECTION B: OUTCOMES & EVALUATION (35 points)** |
| 1. **What are the anticipated impacts to the community that will be achieved through this program? (5 points)** *2,000 character limit.* |
|  |
| 1. **Provide a minimum of 3 clinical goals with anticipated outcomes for clients served in this program.** *(e.g., 85% of youth will show a decrease in anxiety.)* **(5 points- CCRB Staff will score.)** *1,000 character limit.* |
| Goal 1  Goal 2  Goal 3  Goal 4  Goal 5 |

|  |
| --- |
| 1. **Provide a brief detailed description and definition of each of the program activities and line items in your request and how they relate to the program goals. (5 points - CCRB Staff will score)** *4,500 character limit.* |
|  |
| 1. **What are your organization's most significant collaborations or partnerships in St. Charles County? Where do referrals come from? (5 points)** *4,500 character limit.* |
|  |
| 1. **How is your program different from other agencies or programs of a similar nature? (5 points)** *4,500 character limit.* |
|  |
| 1. **Provide a short list of the key program positions and their qualifications. Do not include employee names.** *(e.g., supervisors, direct services providers.)* **(5 points-CCRB Staff will score.)** 5,0*00 character limit.* |
|  |
| 1. **Describe how your program is based on evidence-based, best, or promising practices. (5 points)** *4,500 character limit.* |
|  |
| 1. **Which tools and processes does your program use to measure goals and outcomes?** *(e.g., intake sheets, participation checklists, pre/post surveys, etc.). 3,000 character limit.* |
|  |
| **SECTION C: DIVERSITY, EQUITY, & INCLUSION (5 points)** |
| 1. **List any internal or external efforts your organization has in place, is currently using, and/or plans to incorporate diversity, equity, and inclusion (DEI) into its policies and practices.** *4,500 character limit.* |
|  |
| 1. **How are the demographics of the community/clients served reflected in the composition of your staff, board, and volunteers? How do you incorporate your target population’s voice in your program and organization?** *4,500 character limit.* |
|  |

|  |
| --- |
| **SECTION D: BUDGET JUSTIFICATION (20 points)** |
| 1. After completing the Budget Spreadsheet, provide a brief description of each expense and revenue line item listed on the program/project budget. (10 point) *10,000 character limit.* |
|  |
| 1. Explain any revenue changes to this program or increases in expenses from the previous fiscal year. What is the impact of these changes on your program? (5 points) 10,0*00 character limit.* |
|  |
| 1. Do the program’s overhead expenses exceed 15 percent?  Yes  No   If yes, justify the expense. (5 points) *(3,000 characters limit)* |
|  |
| 1. What percentage of your overall program budget is requested from the CCRB? What other program fund resources are included? Is the agency pursuing other funding for this program? Indicate whether these resources are restricted or unrestricted. *3,000 character limit.* |
|  |
| 1. Does this program use a sliding scale or provide scholarships?  Yes  No |

|  |
| --- |
| 1. **Section E: 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. |
|  |
| 1. What steps has your agency taken to rectify these concerns? *(3,000 characters limit)* |
|  |

|  |
| --- |
| **SECTION F: APPLICATION QUALITY (15 points) CCRB Staff will score.** |
| Criteria for scoring is based on accuracy and quality of the 2023 Application for Funding. If application and supporting documents are accurate and thorough, 15 points is awarded. For areas not met, CCRB staff will assign a pro-rated score based on the quality of the submission. |