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| **Sample Concept Paper for New Program** |
| New programs must submit a Concept Paper before 2:00 p.m. on May 15, 2023 to be considered for 2024 CCRB funding and before completing the 2024 Application for Funding. If you have questions, contact Michelle McElfresh at [mmcelfresh@scckids.org](mailto:mmcelfresh@scckids.org) or Jeanne Spencer at [jspencer@scckids.org](mailto:jspencer@scckids.org) or call the office at 636-939-6200. |

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| Service Category: Select **ONE** category that best fits the program. | |
| [ ] Counseling | [ ] Respite |
| [ ] Crisis Intervention | [ ] School-Based Prevention |
| [ ] Home & Community-Based | [ ] Teen Parents |
| [ ] Outpatient Psychiatry | [ ] Temporary Shelter |
| [ ] Outpatient Substance Use Treatment | [ ] Transitional Living |

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| **Provide a brief description of your agency and its mission.** | | | |
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| **Provide a brief description of the program to be considered for CCRB funding.** | | | |
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| **Describe your target population and estimated number to be served with the funding request.** | | | |
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| **What is your agency’s history in providing this program and include any history within St. Charles County?** | | | |
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| **Describe the outstanding need for these services within St. Charles County.** | | | |
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| **Detail any material weaknesses or issues of internal control from your most recent audit and management letter. Include what steps your agency has taken to rectify the concerns.** | | | |
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| **Estimated amount of your request\*** | $ | **Agency total revenues for your last fiscal year** | $ |
| **\*Request must be less than 50% of the total agency revenues.** | | | |

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| **Agreement** | | |
| *I certify, to the best of my knowledge, that all information included in this proposal is correct.* | | |
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| Digital Signature of Executive Director or Board Chair/President |  | Date |