



## Children's Services Council of Martin County (CSCMC) 2019 RFP

### SAMPLE Application for Funding

***All Applicants must read and comply with the current CSCMC Program and Funding Policies document and the current CSCMC Sample Contract and Budget located at [cscmc.org](http://cscmc.org). For waivers to any CSCMC contract or policy requirements, please contact Laura Haase at [lhaase@cscmc.org](mailto:lhaase@cscmc.org) prior to submitting the application.***

All organizations submitting a proposal for funding to the Children's Services Council of Martin County must have approval from their Board of Directors. In addition, the Board President and/or Chairperson must have read and approved the submission of this proposal.

**Organization:** (Please state the full legal name to which a contract should be issued, if funding is approved.)

**Program Name:** (Please state the exact program name to which a contract should be issued, if funding is approved.)

**President/Chairperson of the Board**

**Executive Director/CEO**

**Executive Director/CEO Email**

**Executive Director/CEO Phone Number**

**APPROVAL DATE BY THE APPLICANT'S BOARD OF DIRECTORS FOR SUBMISSION OF THE APPLICATION: (Date)**

### **CSCMC Staff Assistance**

***For general application assistance, please contact:***

Laura Haase at [lhaase@cscmc.org](mailto:lhaase@cscmc.org)

***For budget questions, please contact:***

Jody Bailey at [jbailey@cscmc.org](mailto:jbailey@cscmc.org)

***For any technical assistance with the application, please contact:***

Jennifer Ahern at [jahern@cscmc.org](mailto:jahern@cscmc.org)

## **Application Information**

Program Contact Person and Title

Program Contact Email

Program Contact Phone Number

Administrative Office

Administrative Phone Number

Administrative Fax Number

Organization's Web Site Address

Program Information Phone Number

## **Funding Request**

What is total funding amount requested from CSCMC?

Is this program currently funded by CSCMC? Yes or No

If this program is CURRENTLY funded by CSCMC, what is the amount? (if applicable):

What is the total Program Budget (CSCMC funds + other funds) for the proposed contract term?

If this program is currently funded by CSCMC, are there any significant changes being proposed to the program model, participants served, program locations, staffing, or curriculum? If so, please explain. (750 words)

If your agency is **NOT** currently funded by the Children's Services Council of Martin County, please provide an agency overview including history, years of operation, general service mission, primary services provided, and target population. (500 words)

## **Participants To Be Served**

Please list estimated number of:

- Primary Youth to be served with CSCMC funds:
- Primary Adults to be served with CSCMC funds:
- Group Youth to be served with CSCMC funds:
- Group Adults to be served with CSCMC funds

## **Program Overview**

What is the primary goal of this program? (250 words)

## **Program Description**

Provide a concise description of this proposed program and how it will be delivered. Explain how this program increases awareness and/or changes behavior. (1,000 words)

### **Research-Based Practices:**

Is this program locally developed or is it a research-based program that has been implemented and successfully replicated elsewhere? If so, can it be replicated with fidelity in Martin County? Briefly outline the research that supports this program. (500 words)

### **Program Dosage:**

Indicate how long and with what frequency and intensity this program's services will be delivered. (250 words)

*For Example: The participants will attend the program weekdays from 4:00-6:30 PM for 14 weeks.*

### **Target Population:**

Describe the target population to be served by this proposed program. Define the eligibility requirements for participants and describe the intake, screening, and enrollment process. (350 words)

### **Staff Recruitment, Training and Retention:**

What is the staffing needed for this program? Explain what efforts will be made to recruit, train, and retain qualified, experienced staff within this program. Indicate how this program will build the professional capacity of your staff. Please include staff-to-participant ratio. (750 words)

## **Program Service Components**

Below, list the specific program service components that will be offered by this program, a description of each service, and the number of participants who will receive each service. Participants may receive more than one service.

Please List:

- Program Service Component Name
- Number of Participants to be Served
- Description of Service Component (150 words)

Please List Program Location(s)

Identify the location(s) where services will be delivered. If locations vary, indicate the most common locations where services will be delivered, and list them below:

## **Collaboration**

### **Existing Programs:**

Identify similar programs in Martin County that are currently serving the needs of this program's target population and explain how this proposed program will augment or complement those similar programs. (500 words)

## **Collaboration List**

**Note:** Please list only those collaborative partners or subcontractor agencies that provide services without which the proposed program could not successfully operate. Agencies that solely provide referrals to your program or receive referrals from your program do not need to be listed.

Subcontract Agreements for the provision of any portion of services funded by CSCMC that are delivered by a third party must be listed below. Subcontractor Agreements and Certificate(s) of Insurance related to those Subcontractors should NOT be submitted with this application. If the applicant receives notification of funding approval, Subcontract Agreements will be required to be submitted no later than with the applicant's return of a signed CSCMC contract.

All Collaborative Agreements and Subcontract Agreements must be updated annually and must include the dates of the proposed CSCMC contract term dates.

List all Collaborative Partners or Subcontractors and describe the resources and/or services provided to the program. (350 words)

## **Performance Measurements**

CSCMC will discuss and negotiate Performance Measurements with the Applicant after the Application for Funding is submitted. Final approval of all Performance Measurements are to be completed by a date specified by CSCMC and will be made part of the Contract, contingent upon funding approval by the Council.

List the performance measurements that are in place with CSCMC if this program is currently funded, or that you recommend if not currently funded by CSCMC. List a minimum of four measurements. Attach copies of all Measurement Instruments (e.g. pre-test, post-test, screening or assessment tools, etc.) for each Performance Measurement listed.

Performance Measurements and Data Management: Explain the steps you will take to ensure that every child/family completes the performance measurements as required. Describe the internal controls utilized to ensure that data integrity is maintained and that test results are accurate and reported in accordance with the outcome schedule. (250 words)

## **Funding**

### **Funding Diversification:**

Describe the organization's plan to diversify this program's funding base. (250 words)

## **Supporting Documents**

The Following Documents Should NOT be submitted with this application. If the applicant receives notification of funding approval, the provider will be required to submit the requested documents no later than with the applicant's return of a signed CSCMC contract.

Current Certificate(s) of Insurance indicating that the provider maintains all insurance coverages required by CSCMC per the CSCMC Program and Funding Policies Document, located at [www.cscmc.org](http://www.cscmc.org).

### **All organizations applying for funding must submit (upload to the online application):**

- Most recent IRS Form 990 including all schedules
- Most recent Audited Financial Statement (including management letters, and responses to the management letter, if applicable).
- Board Member List (include member's name, affiliated organization, and e-mail address)

**If you are NOT currently being funded by CSCMC, please include the following documents: (If you are currently being funded by CSCMC, you may skip this section.)**

- Articles of Incorporation
- Documentation of the organization's 'ACTIVE' not-for-profit status ([www.sunbiz.org](http://www.sunbiz.org))
- Documentation verifying registration with the State of Florida Department of Agriculture and Consumer Services

## **Approval Verification**

Has this application been approved by the Board of Directors?

Yes or No

Has the President/Chairperson read and approved the application and grant request?

Yes or No

***Electronic Signature will be required.***