

**PROGRAM COVER PAGE**

**Organization Name**

**Executive Director Name**

**Executive Director Address**

**Executive Director Email**

**Executive Director Phone**

**Agency Fax**

**Program Director Name**

**Program Director Address**

**Program Director Email**

**Program Director Phone**

**Program Title**

**Identify the Focus Area(s) of Need your program will address:**

- Early Childhood Development**
- Build Parent Capacity**
- Quality After School and Summer Enrichment Programs**
- Middle and High School Programs that Address Risky Behavior**

**Brief Description of the Program**

# AGENCY BUDGET

## Revenue

	<b>FY 18/19 AUDITED ACTUALS</b>	<b>FY 19/20 PROJECTED ACTUALS</b>	<b>FY 20/21 PROPOSED BUDGET</b>	<b>Percentage Change + or (-)</b>
Children's Services Council(s)				
CSC - St. Lucie County				
CSAC - Indian River County				
CSC - Martin County				
United Way-Indian River County				
United Way-St. Lucie County				
United Way-Martin County				
County Funds				
Department of Children & Families				
Other FL State Funds				
Federal Funds				
Grants for Funding Capital Expenditures				
Other Funders				
John's Island Community Service League				
Quail Valley				
Indian River County Hospital District				
Grand Harbor				
Indian River Community Foundation				
Other Charitable Organizations				
Program Fees				
Contributions-Cash				
Fund Raising Events-Net				
Funds from Other Sources				
Investment Income				
Legacies & Bequests				
Membership Dues				
Miscellaneous				
Reserve Funds Used for Operating				
Sales to Public-Net				
In-Kind Donations (Not included in total)				
<b>TOTAL</b>				

# AGENCY BUDGET

## Expenditures

	FY 18/19 AUDITED ACTUALS	FY 19/20 PROJECTED ACTUALS	FY 20/21 PROPOSED BUDGET	Percentage Change + or (-)
Salaries				
Payroll Taxes				
Employee Benefits				
Professional Fees				
Administrative Costs				
Advertising				
Audit Expense				
Educational Materials				
Books, Specific Assistance				
Equipment: Rental & Maintenance				
Food & Nutrition				
Insurance				
Miscellaneous				
Occupancy				
Office Supplies				
Postage/Shipping				
Printing & Publications				
Specific Assistance to Individuals				
Subscription/Dues/Memberships				
Telephone				
Travel/Conferences/Training				
Travel-Daily Mileage Reimbursement.				
Utilities				
Other				
TOTAL				
Equipment Purchases: Capital Expense				

## Revenues Over / (Under) Expenditures

	FY 18/19 AUDITED ACTUALS	FY 19/20 PROJECTED ACTUALS	FY 20/21 PROPOSED BUDGET	Percentage Change + or (-)
REVENUES OVER/UNDER EXPENDITURES				

## PROGRAM FUNDING REQUEST

Amount Requested from CSAC for 2020/21	0.00
Total Proposed Program Budget for 2020/21	0.00
Percent of Total Program Budget	0.00
Current Program Funding from CSAC (2019/20)	0.00
Dollar increase/(decrease) in request	0.00
Percent increase/(decrease) in request	0.00
Unduplicated Number of Children to be served Individually	0
Unduplicated Number of Adults to be served Individually	0
Unduplicated Number to be served via Group settings	0
Total Program Cost per Client	0.00

**Please indicate reason for \$ change in request. Check all that apply.**

- |                                                               |                                                               |
|---------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Increased number of clients          | <input type="checkbox"/> Increased operating expenses         |
| <input type="checkbox"/> Decreased funding from other sources | <input type="checkbox"/> Expansion of services                |
| <input type="checkbox"/> Addition of staff                    | <input type="checkbox"/> Decreased number of clients          |
| <input type="checkbox"/> Decreased operating expenses         | <input type="checkbox"/> Increased funding from other sources |
| <input type="checkbox"/> Decreased services                   | <input type="checkbox"/> Decreased staff                      |
| <input type="checkbox"/> New Program                          | <input type="checkbox"/> Other                                |

**If request increased by 5% or more over previous year's allocation, provide a detailed explanation as to why.**

**If the funding request is more than 25% of the Program Budget, provide a detailed explanation as to why.**

**How would the program maintain services in absence of CSAC funding?**

**Does the program charge clients any fees for program services? If yes, please explain.**

**If these funds are being used to match another source, name the source and the \$ amount.**

**The Organization's Board of Directors has approved this application on: \_\_\_\_\_**

**Electronic Signature of President/Chair of the Board or Executive Director/CPO. (Entering the names of the Executive Director and Board Chair is confirmation that both parties have reviewed this application and approve its submission.)**

## PROPOSAL NARATIVE

### ❖ Organizational Capacity

Provide the mission statement and vision of your organization.

Mission:

Vision:

# of Full Time Employees	0
# of Part Time Employees	0
# of Volunteers	0

Please briefly explain your policies and procedures on performing background checks on all staff and volunteers interacting with children?

Does the Agency have a Board-approved written, active, strategic plan? If yes, when was it last updated?

Does the Agency have a Board Attendance Policy? If yes, please explain the requirements, including the # of times the Board meets annually and the # of Board members.

Does the Board have any current vacancies? If yes, please list.

Date the Board By-Laws were last updated \_\_\_\_\_

Is there a Foundation and/or Endowment associated with the agency? If yes, please explain.

Total amount of unrestricted cash \_\_\_\_\_

Describe briefly the Agency's current fundraising activities.

Has your Agency EVER had any county, state or federal investigations into its operations? If yes, please explain.

Provide a BRIEF summary of your organization including areas of expertise, accomplishments, and population served.

## ❖ Program Need Statement

**What is the unacceptable condition requiring change? Who has the need? Where do they live? Provide local, state, or national trend data, with reference source, that corroborates that this is an area of need.**

## ❖ Program Description

**Briefly describe the program activities including location of services, days and hours of operation.**

**Briefly describe how your program addresses the stated need/problem. Describe how your program follows a recognized “best practice” and provide evidence that indicates proposed strategies are effective with target population.**

**List staffing needed for your program, including required experience and estimated hours per week in program for each staff member and/or volunteers.**

**Explain how the target population is made aware of the program.**

**Explain how clients access program services? (i.e., location, transportation, hours of operation, etc.)**

**Does the program currently utilize a waiting list? If yes, how many clients are currently on the waitlist to enter the program?**

**Identify similar programs that are currently serving the needs of your target population and describe any efforts to minimize duplication. What differentiates your program from other similar programs?**

## **PROGRAM OUTCOMES & ACTIVITIES**

### **CSAC Expected Outcomes**

**Program Activities (What):**

**Frequency (How Often):**

**Responsible Parties (Who):**

**Expected Outcome /Change (Focus Area):**

- **For this outcome, report current fiscal year results to date (10/01/19 – 03/30/20):**
  
- **ACTUAL outcome results for the previous fiscal year:**

**Indicator Measurements (Evidence):**

**Data Source (Where):**

**Time of Measurement (When):**

**COLLABORATIVE AGENCY**

**List Collaborative Agency**

<b>Agency Name</b>	<b>Program Resources Provided</b>



## DEMOGRAPHICS

### Unduplicated Clients - Program Specific

	<b>FY 18/19</b>	<b>% of Total</b>	<b>FY 19/20 Projected</b>	<b>% of Total</b>	<b>FY 20/21 Projected</b>	<b>% of Total</b>
Total Unduplicated Clients						
Total						

### Ethnicity

	<b>FY 18/19</b>	<b>% of Total</b>	<b>FY 19/20 Projected</b>	<b>% of Total</b>	<b>FY 20/21 Projected</b>	<b>% of Total</b>
Black / African American						
White						
Hispanic / Latino						
Asian						
American Indian						
Other						
Unknown						
Total						

### Age

	<b>FY 18/19</b>	<b>% of Total</b>	<b>FY 19/20 Projected</b>	<b>% of Total</b>	<b>FY 20/21 Projected</b>	<b>% of Total</b>
Total # of Children						
Preschool 0-4						
Elementary 5-10						
Middle School 11-14						
High School 15-18						
Total # of Adults						
Young Adult 19-25						
Adult 26-54						
Senior 55+						
Total						

## DEMOGRAPHICS

### Income

	<b>FY 18/19</b>	<b>% of Total</b>	<b>FY 19/20 Projected</b>	<b>% of Total</b>	<b>FY 20/21 Projected</b>	<b>% of Total</b>
100% of poverty or below						
101% to 150% of poverty						
151% to 200% of poverty						
201% of poverty and above						
Unknown						
Total						

### Geographic Location

	<b>FY 18/19</b>	<b>% of Total</b>	<b>FY 19/20 Projected</b>	<b>% of Total</b>	<b>FY 20/21 Projected</b>	<b>% of Total</b>
Indian River Co.						
Fellsmere						
Sebastian						
Gifford/Wabasso						
Central Vero						
So. County -						
Unknown						
Martin Co.						
St. Lucie Co.						
Okeechobee Co.						
Total						

# PROGRAM BUDGET

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United Way-St. Lucie County				
United Way-Martin County				
County Funds				
Department of Children & Families				
Other FL State Funds				
FL Grant Funds				
Federal Funds				
Other Funders				
John's Island Community Service League				
Grants for Funding Capital Expenditures				
Program Fees				
Contributions-Cash				
Fund Raising Events-Net				
Funds from Other Sources				
Investment Income				
Legacies & Bequests				
Membership Dues				
Miscellaneous				
Reserve Funds Used for Operating				
Sales to Public-Net				
In-Kind Donations (Not included in total)				
Total				

## PROGRAM BUDGET

### Expenses

	FY 18/19 AUDITED ACTUALS	FY 19/20 PROJECTED ACTUALS	FY 20/21 PROPOSED BUDGET	Percentage Change + or (-)
Salaries				
Subcontractor Wages				
Employee Benefits				
Payroll Taxes				
Professional Fees				
Administrative Costs				
Advertising				
Audit Expense				
Educational Materials				
Equipment: Rental & Maintenance				
Food & Nutrition				
Insurance				
Occupancy				
Office Supplies				
Postage/Shipping				
Printing & Publications				
Specific Assistance to Individuals				
Subscription/Dues/Memberships				
Telephone				
Travel/Conferences/Training				
Travel-Daily Mileage Reimbursement				
Utilities				
Other				
Total				
Equipment Purchases: Capital Expense				

### Revenue Over/(Under) Expenditures

	FY 18/19 AUDITED ACTUALS	FY 19/20 PROJECTED ACTUALS	FY 20/21 PROPOSED BUDGET	Percentage Change + or (-)
REVENUES OVER/UNDER EXPENDITURES				