Indian River County
Purchasing Division
1800 27th Street
Vero Beach, FL 32960
(772) 226 - 1575
purchasing@ircgov.com

March 23, 2018

RE: Request for Proposal #2018050
       Children Services Advisory Committee

Attention: Applicant

At their meeting on March 20, 2018, the Board of County Commissioners approved the above referenced proposal for advertisement. This Request for Proposal is for the new contract period beginning October 1, 2018 through September 30, 2019 which allows for Not-for-Profit, For-Profit, Government agencies and individuals to apply for funding of programs for Indian River County children.

There is a mandatory Applicant's Orientation Conference scheduled for April 5, 2018, 12:00 pm at the County Administration Complex, Building B, Room B1-501, located at 1800 27th Street, Vero Beach, Florida. ***All prospective applicants are required to attend.***

This year, applications will be received electronically to reduce production cost and time. Detailed information on this process, from enrollment with the online platform through submittal of your application will be provided at the Mandatory Applicant's Orientation Conference.

One electronic submittal via www.BidExpress.com by ***2:00 PM on May 1, 2018*** is required per program.

If you have any questions, call Brad Bernauer, Human Services Program Manager, 772-226-1467.

Yours truly,

Jennifer Hyde
 Purchasing Manager

INDIAN RIVER COUNTY
PURCHASING DIVISION
1800 27TH STREET
VERO BEACH FL 32960-3365
(772) 226-1416

REQUEST FOR PROPOSAL

PROJECT NAME: Children's Services Advisory Committee Grant Funds for Children's Programs

RFP NUMBER: 2018050

REFER ALL QUESTIONS TO:
PURCHASING MANAGER
TELEPHONE: (772) 226-1416
E-MAIL: purchasing@ircgov.com

RFP OPENING DATE: MAY 1, 2018
RFP OPENING TIME: 2:00 P.M.

All proposals must be fully completed and submitted online via BidExpress.com prior to the bid opening date and time shown above.

2018-19
CHILDREN'S SERVICES ADVISORY COMMITTEE

REQUEST FOR PROPOSAL (RFP)
#2018050

RFP is to allow Not-for-Profit, For-Profit, Government Agencies and Individuals to apply for funding to provide programs for Indian River County children.

Forms required to submit the applications are available via BidExpress.com and the full application package may be requested from purchasing@ircgov.com

Mandatory Applicants Orientation Conference
April 5, 2018 at 12:00 p.m.
Indian River County Administration Complex
1800 27th Street, Vero Beach, Florida
Building B; Room B1-501

DEADLINE FOR SUBMITTING RFP 2018050
Tuesday, May 1, 2018, 2:00 p.m.

REQUEST FOR PROPOSALS

Notice is hereby given that the Indian River County Board of County Commissioners is calling for and requesting proposals for the following:

RFP # 2018050
Children's' Services

to allow Not-for-Profit, For-Profit, Government Agencies and Individuals to apply for funding to provide programs for Indian River County children.

There is a mandatory Applicant's Orientation Conference scheduled for April 5, 2018, 12:00 pm at the County Administration Complex, Building B, Room B1-501, located at 1800 27th Street, Vero Beach, Florida. ***All prospective applicants are required to attend.***

Deadline for receipt of proposals has been set for ***2:00 PM on May 1, 2018***.

The Board of County Commissioners reserves the right to accept or reject any and all proposals in whole or in part and to waive all informalities.

PURCHASING MANAGER
INDIAN RIVER COUNTY

<u>Publish: March</u>

For Publication in the ***Indian River Press Journal on Friday, March 23, 2018***

Please furnish Tear Sheet, Affidavit of Publication, and Invoice to:
Indian River County
Purchasing Division
1800 27th Street, Vero Beach, FL 32960

INDIAN RIVER COUNTY, FLORIDA
REQUEST FOR PROPOSAL

To allow Not for Profit, For Profit, Government Agencies and Individuals to apply for funding, to provide programs for Indian River County Children.

RFP NUMBER: 2018050

DEADLINE TO SUBMIT: **2:00 p.m. May 1, 2018**

PROPOSALS MUST BE SUBMITTED PRIOR TO ABOVE DEADLINE THROUGH
WWW.BIDEXPRESS.COM

MANDATORY ORIENTATION MEETING:
        April 5, 2018, 12:00 p.m.
        Indian River County Administration Complex
        1800 27th Street, Vero Beach, Florida
        Building B; Room B1-501

REQUESTS FOR INFORMATION:
Requests for information regarding this RFP should be directed to:

        Brad Bernauer, Human Services Director
        Indian River County Human Services
        1800 27th Street
        Vero Beach, FL 32960

        Phone (772) 226-1422
        Fax (772) 770-5100
        Email addresses: Bradley.Bernauer@flhealth.gov

INTRODUCTION & BACKGROUND

The Children's Services Advisory Committee of Indian River County was formed by Indian River County Ordinance 99.01, Chapter 103, as an advisory board to the Indian River County Board of Commissioners.

Section 103.20. Purpose.

The purpose of the Children's Services Advisory Committee is to promote healthy children in a healthy community. The term "healthy" encompasses socioeconomic, physical, environmental, educational and behavioral health.

Section 103.21. Objective.

1) The objective of the Children's Services Advisory Committee is to provide a unified system of planning and delivery, within which children's needs can be identified, targeted, evaluated and addressed by the Children's Services Advisory Committee.

2) Definition of a child. Any person who has not attained the age of eighteen (18) years, also minor.

The Children's Services Advisory Committee recommends funding for programs to the Board of County Commissioners. The final decision for funding will be made by the Indian River County Board of County Commissioners.

The Children's Services Advisory Committee is seeking programs that provide services to the children and families of Indian River County; and are documented as needed in the 2014/15 Indian River County Community Needs Assessment. Applications are accepted from: governmental agencies, for-profit, and not-for-profit organizations; and from individuals.

MISSION STATEMENT

The mission of the Children's Services Advisory Committee is to facilitate and coordinate the planning and development of an effective and collaborative health and human services delivery system to meet the needs of the children and families of Indian River County.

The Children's Services Advisory Committee strongly supports cultural diversity and encourages its funded programs to demonstrate the inclusion of all children and families in program development and implementation.

VISION STATEMENT

The efforts of the Children's Services Advisory Committee will insure the development of a shared vision for the health and human services delivery system in Indian River County enabling funding sources and providers to define and perform their roles in a dynamically changing environment.

OVER-ARCHING OUTCOMES

Improve the capacity of children in Indian River County to succeed to adulthood in a safe, healthy and productive manner.

Support caregivers – a child's most important resource – to be and do what is needed to shepherd children to adulthood in a safe, healthy and productive manner.

FUNDING FOCUS AREAS OF NEED 2018-2019

Introduction:
The 2014 IRC Children's Needs Assessment has provided valuable information to help guide the Child Services Advisory Committee (CSAC). Parts of this data was reevaluated in 2018. The following outlines what will be considered for all grant requests.

Larger Picture
The community must start taking a long-term view focusing 15-25 years out. We have a cycle of poverty in IRC that has been increasing and needs to be broken.

Interventions should start as early as possible in a child's life in order to have the greatest impact.

IRC agencies should use best practices.
    a. Evidence based with measurable outcomes over time
    b. Cost effective/efficient
    c. Skilled executive, program, and board leadership
    d. Strong fiscal management
    e. Opportunity for broad impact (replicable, scalable, lever gable)

Focus should be on the pockets of poverty. Given that IRC poverty is in geographically disbursed pockets and that we have unique transportation problems, we must always keep in mind that services need to be available where and when people need and can access them. We must utilize the best mediums to clearly communicate what, when and where these services are available.

Collaboration in the community is essential and can help optimize human and financial resources, expose and eliminate overlap.

The considerations highlighted above have precedence over the actual CSAC Focus Areas listed below.

2018-19 CSAC Focus Areas (ranked in order by the Advisory Team at the completion of the Needs Assessment process and updated for clarity.)

Mental health affects every Focus Area. We have decided not to make mental health a separate Focus Area, but to evaluate mental health interventions relevant to each Focus Area.

    1. Early Childhood Development
This encompasses birth to age 5. For the younger children, this would mean improving the interactions they have beginning at birth with their caregivers and with focus on physical, social emotional and cognitive development. It would include improving the quality at childcare, PreK and Voluntary PreK providers as well as improving financial accessibility by leveraging available federal and state funds.

Why: Research shows that the period 0-5 is the most important time for brain development. Physical, social emotional and cognitive skills can be significantly impacted during this time.

2. <u>Build Parent Capacity</u>

This encompasses improving parenting skills at every age of a child's life and providing support mechanisms for parents, including the pre-natal period. A priority would be new parents in particular first time and single parents and those in the poverty pockets.

Why: A parent is a child's first and most important teacher. We need to equip parents to be the good parents that they all want to be.

3. <u>After school and summer recreational activities and academic enrichment programs</u>

They need to be free/affordable and accessible (transportation) to parents and children. They should include a literacy/tutoring component. We hold agencies to a high standard of what constitutes academic enrichment. Mentoring programs are included. There is a large gap of programs for children 12+.

Why: Children need to develop positive out of school outlets that keep them engaged in school, promote their health and provide connections (to sports/hobbies, a person or group, etc). There is a wealth of data supporting extended day and extended year.

4. <u>Middle and High School programs that address risky behavior</u>

Programs that help adolescents and teens develop the tools to become productive, healthy and law-abiding citizens and address risky behavior (alcohol, tobacco, vaping, drugs, delinquency, teen pregnancy, STDs, bullying, etc.)

Why: There is a lot of at risk behavior and we need to ensure that it is addressed early and repeatedly.

TIMETABLE

1. RFP applications will be emailed to all interested parties. It is imperative that all interested parties provide the Executive Director with current and accurate email addresses: Bradley.Bernauer@flhealth.gov.

2. Applicants Orientation Conference. **April 5, 2018, 12:00 p.m.** The Orientation Conference will be held in the Indian River County Administration Complex, 1800 27th Street, Vero Beach, FL., Building B, Room B1-501. All prospective applicants are required to attend.

3. Proposals Due on **May 1, 2018, 2:00 p.m. ONLINE VIA BidExpress.com**.

4. An official authorized to bind the applicant to the proposed activity must sign the proposals. Applicant's audit should be included in the RFP (if available).

5. Copies Required. One electronic submittal through www.BidExpress.com is required per program.

6. Grant Review Sub-Committee's Recommendations for Funding are approved, or disapproved, by the Children's Services Advisory Committee in June 2018; and presented to the Board of County Commissioners at the Budget Hearings, June 2018.

7. Contract Dates are from October 1, 2018 through September 30, 2019.

DISQUALIFICATION
Any one, or combination of, the two items listed below, will disqualify an applicant from further consideration as a qualified applicant.
1. Failure to include proof of ability to obtain all required liability insurance having Indian River County as an additional insured, contained in the contract attached to the proposal.
2. Failure to submit all portions of the proposal by stated deadline.

PROCEDURES AND REQUIREMENTS
- All applicants are required to attend the Applicants' Orientation Conference on **April 5, 2018, 12:00 p.m.,** Indian River County Administration Complex, 1800 27th Street, Vero Beach, Florida; Building B, Room B1-501. The purpose of the meeting is to go over the application, general requirements, and for staff to respond to any questions. After this meeting all questions and answers shall be reduced to writing, and mailed to all attendees.

- All agencies, or individuals, receiving a grant will be required to mention the Children's Services Advisory Committee and Indian River County as a funder, or partial funder of the program, in all printed material and press releases.

- All agencies, or individuals, receiving a $100,000 grant or more, will be required to provide Indian River County with a financial audit within 120 days after the end of the agency's fiscal year.

The following items will NOT be reimbursed by the Indian River County Board of County Commissioners, or by the Children's Services Advisory Committee:
- Any expense not outlined in the agency's funding application.
- Capital expenses of any amount.
- Cell phone charges.
- Costs incurred by applicants in responding to the RFP.

- Expenses other than those related to the curriculum or staffing of the program.
- Expenses incurred prior to the first date of the grant.
- Travel expenses not related to the delivery of the program.
- Travel outside of Indian River County
- Sick or vacation day payments for employees.
- Salary payments to relatives working for agencies receiving grant funds, per the Indian River County's policy on nepotism.

All materials and supporting documentation submitted in response to the RFP become public documents and the property of the Indian River Board of County Commissioners.

EVALUATION CRITERIA
The proposals will be reviewed and evaluated by the Grant Review Sub-Committee, which consists of members of the Children's Services Advisory Committee and other citizens of Indian River County.

STANDARDS FOR EVALUATION
1. The program addresses, directly or indirectly, one or more of the Children's Services Advisory Committee's Focus Areas.
2. The program incorporates a system to bring the target population in need of services to the program.
3. The program has a substantial impact, directly or indirectly, on the achievement of one or more of the Children's Services Advisory Committee's Focus Areas, and incorporates measurable outcomes to demonstrate such impact.
4. The focus of the program is early intervention; the prevention of a problem before it occurs, rather than the treatment and rehabilitation of an individual after the problem occurs.
5. The amount of funding requested is a wise investment of community funds. The amount spent is reasonable relative to the number of persons served and the results achieved.
6. The agency offering the program has the organizational capacity to deliver the program successfully (management, financial stability, board effectiveness, community support, etc.)
7. This program is part of a coordinated collaborative approach designed to achieve one of the Children's Services Advisory Committee's Focus Areas.

Upon the Indian River County Board of Commissioners decision, contracts with applicant will be finalized as soon as possible. Program monitoring, written quarterly reports, and mid-year presentations to the Grant Review Sub-Committee will be developed with grant recipients after contract finalization.

THE CHILDREN'S SERVICES ADVISORY COMMITTEE AND THE BOARD OF COUNTY COMMISSIONERS RESERVE THE RIGHT TO REJECT ANY OR ALL PROPOSALS, TO WAIVE ANY NON-SUBSTANTIVE DEFICIENCY OR IRREGULARITY, AND TO AWARD A CONTRACT IN WHAT THE CHILDREN'S SERVICES ADVISORY COMMITTEE AND BOARD OF COUNTY COMMISSIONERS BELIEVE TO BE IN THE BEST INTEREST OF INDIAN RIVER COUNTY CHILDREN.

SPECIAL CONTRACT TERMS AND CONDITIONS

Contract Procedures
- For Profit Applicants must provide a copy of most recent Federal Tax Return with application.

Period of Performance
- Grant contract will run from October 1, 2018 through September 30, 2019.

Invoicing and Payment

- All payments are based on reimbursement.
- All requests for payment should be submitted to Indian River County Human Services Department, Attention: Brad Bernauer, 1800 27th Street, Vero Beach, Florida 32960.
- Request for payment must be submitted in a timely manner (monthly, whenever possible).
- <u>Reimbursements will be limited to 25% of the contracted dollar amount during each calendar quarter unless preapproval is granted,</u> (Oct-Dec, Jan-March, Apr-June, July-Sept).
- Each reimbursement request must have a Cover Sheet detailing all expenses. For <u>each</u> expense listed, a backup invoice and any other pertinent data must be attached. If the agency requests reimbursement for salaries, other related documentation (i.e., copies of payroll checks, payroll tax checks, invoices, checks for benefits) must be included.
- Travel inside the county will be reimbursed according to Florida Statute 112.061.
- Payment may be delayed for three reasons;
  o Improper filing of request.
  o Not filing quarterly reports with the Department of Human Services within 30 days after the end of each quarter.
  o Not filing the agency's audit, as required by IRC, in a timely manner*.*

SWORN STATEMENT UNDER SECTION 105.08, INDIAN RIVER COUNTY CODE, ON DISCLOSURE OF RELATIONSHIPS

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS. THIS FORM MUST BE SUBMITTED either: **1. electronically signed and notarized in compliance with F.S. 688.50, or 2. As a color pdf of the manually signed and notarized statement**

1.   This sworn statement MUST be submitted with Bid, Proposal or Contract No. _____

 for _____

2.   This sworn statement is submitted by: _____
                                                        (Name of entity submitting Statement)

        whose business address is:

        _____

        _____

3.   My name is _____
                                        (Please print name of individual signing)

and my relationship to the entity named above is _____

4.   I understand that an "affiliate" as defined in Section 105.08, Indian River County Code, means:

        The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the entity.

5.   I understand that the relationship with a County Commissioner or County employee that must be disclosed as follows:

        Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, or grandchild.

6.   Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the

entity, have any relationships as defined in section 105.08, Indian River County Code, with any County Commissioner or County employee.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity have the following relationships with a County Commissioner or County employee:

Name of Affiliate or entity	Name of County Commissioner or employee	Relationship

_____
(Signature)

_____
(Date)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by ___ _____, who is personally known to me or who has produced _____ _____ as identification.

NOTARY PUBLIC

SIGN: _____

PRINT: _____
Notary Public, State at large
My Commission Expires:

(Seal)

SUPPORTING DOCUMENTS CHECKLIST
RFP   2018050

One copy of each of the following must be provided for your AGENCY. Only the budget and application documents will need to be completed for each PROGRAM.

_____ List of Current Officers and Directors

_____ Latest Financial Audit Report & Management Letter that conforms with the AICPA Audit Guide

_____ Most recent IRS Form 990, (Including all schedules)

_____ Most recent Internal Financial Statement (i.e.: Balance Sheet and Operating Budget

_____ Staff Organizational Chart

_____ Most Recent Annual Report (if available)

_____ 501(C)(3) IRS Exemption Letter

_____ Articles of Incorporation

_____ Agency's Bylaws

_____ Agency's written policy regarding Affirmative Action

_____ Taxonomy Definition for each program

_____ Evidence of Liability and Workers Compensation Insurance

_____ Sworn Statement Under Section 105.08, Indian River County Code on Disclosure of Relationships

Instructions for the 2018/19 Core Funding Application

GENERAL INSTRUCTIONS

Please follow the instructions for completion of the Core Application for Funding.

The application this year will be completed and submitted primarily online via BidExpress.com. You will be able to download, complete and upload for submittal an Excel spreadsheet file named 2018/19 Budget Forms that contains the required fiscal forms.

Be advised that the funders support this core application, **however each funder may have different individual priorities and require different portions to be completed for that funder**. **Each funder may have specific penalties if required items are not included.** Please carefully review the instructions for the funders to whom you are applying. **Each funder requires an individualized application for each program**. The use of core items in the narrative and fiscal sections should simplify application for the same program to several funders.

<u>CORE APPLICATION</u>

Program Header - Cover Page.
  ➢ Complete the indicated information for the requesting Organization.
  ➢ Complete requested information for the Program to be funded. **See specific Funder requirements for Program Funding Period.**
  ➢ State the **Priority Need Area** to be addressed in accordance with **specific Funder requirements.**
  ➢ **Brief Description of the program** should be as focused and brief as possible. **This is the summary used to describe your program.**
  ➢ Complete financial and statistical data summary.

Summary Report
  ➢ **These numbers should not be duplicative of each other and should be a reasonable expectation, given the size and scope of the program.**
  ➢ **The client figures and amounts** used on this page **must be consistent** with those used later in the <u>Narrative</u>, <u>Unduplicated Client Count</u>, and <u>Fiscal</u> Sections of this application:
    ▪ Summary of budget totals and request.
    ▪ The estimated number of children to be served via individual services.
    ▪ The estimated number of adults to be served via individual services.
    ▪ The estimated number to be served via services in a group setting.

Summary Report Funding Detail
  ➢ **If the request has increased 5% or more, briefly explain why.**
    The electronic signing of the application by either the Chief Board Officer and the Chief Professional Officer for the Organization <u>is required</u>.

Proposal Narrative

Section A. **Organization Capability**

Complete the narrative items as indicated in the directions for each block within the stated page length for Section A. Although the boxes will expand as you type, address that item as concisely as possible and stay within the one page limit requirement.

A1   refers to the overall Organization.

A2   should reflect your organization and the areas of concern relating to the program in this application.

Section B. **Program Need Statements**

B1   When completing these sections, answer the questions as directly as possible. You are describing the specific unacceptable condition that is addressed by your program. Provide an accurate description of your target population. Provide data and references that this is a substantiated condition or situation in our community. **See specific Funder requirements.**

B2   When completing this section, make sure that you have carefully reviewed and surveyed existing programs in the county. Collaboration is expected to better serve the community and fill existing gaps in services. Please identify other programs serving this priority need and explain how your program will provide for additional services or serve additional clients. Unnecessary duplication of services is to be avoided. **See specific BCC Funder requirements.**

Section C - **Program Description**

Be as specific and understandable as possible and focus on the indicated subject for each area. The end result of this section is to have a comprehensive understanding of what your program will accomplish in the community and how you intend to achieve your results.

C1   The priority needs posted on the cover page is linked to this section. Do not enter anything.

C2   Program activities and services description.

➢ Explain the activities, services, and general results to be provided by this program.
➢ Address the process and intended outcomes of the program. The reader should have a good understanding of client involvement from start/referral to finish/program exit.
➢ The expected outcomes and changes for the client and the community should be clearly stated. (Detailed Measurable Outcomes will be covered in **Section D**.)
➢ The client's choices, participation, and influence on service provision should be evident, as well as any cycle of activities that are program requirements.
➢ Follow up after exit from the program should be done to determine any long-term effect from activity involvement and impact from the program over time. This follow up should also be incorporated into program improvement efforts (Section G-Timetable).
➢ **See specific Funder requirements.**

C3   Specifically address how the unacceptable condition from **Section B1** will be reduced by the efforts of the program and involvement of the client. Describe

how your program follows a recognized "Best Practices" approach (see definition on page 9), and show how the proposed strategies or program components are effective with the targeted population.

C4   Briefly describe the staffing requirements of the program. What skills and abilities are needed by the staff to make this program successful? Do you have specific people in mind for program staff? Information here should conform to that in the **Position Listing on the Budget Narrative Worksheet**.

C5   Describe how you propose to make the target population aware of the availability of this program.   How will you incorporate other community resources in this process? How will you promote the program? Do you have community/program partners with signed agreements that will help in this area?

C6   What will you do to make the program accessible to the population that you want to involve? What will attract the target population to your program? What will keep them coming back?

Section D – **Program Outcomes and Activities Matrix**
Outcome: In general, a program should have 3-4 program outcomes. The Outcome indicates the measurable impact or change the program will have on the clients its serves. The outcome should detail the results of the services provided, not the services provided. Outcomes utilize action words such as maintain, increase, decrease, reduce, improve, raise and lower. Please incorporate the following into the outcome description:

* Direction of change   * Time frame   * Area of change
* As measured by   * Target population * Degree of change
* Baseline: the number you will be measuring against

Example Outcome:
To decrease *(direction of change)* number of unexcused absences *(area of change)* of enrolled boys and girls *(target population)* by 75% *(degree of change)* in one year *(time frame)* as reported by the 2015-16 School Board attendance records *(as measured by).* *Baseline*: 2015-16 School Board attendance records for enrolled boys and girls.

Activities Matrix: The matrix is designed to identify specific activities the program will provide to achieve the stated outcomes. The matrix identifies: 1) the specific activity; 2) how often the service/activity is provided; 3) who, by position, is responsible to deliver the service/activity; and 4) expected change in client from providing service/activity. In addition, the matrix is designed to capture the evaluation of services provided: 5) indicator or measurement of change; 6) source of measurement; and 7) how frequently it is measured.

A separate PROGRAM OUTCOMES AND ACTIVITIES MATRIX needs to be completed for each outcome. Use a separate row for each activity and group activities under their related outcomes. See examples provided at the end of these instructions.

IMPORTANT NOTE: Keep in mind when developing PROGRAM OUTCOMES that, if funded, these will be what you are accountable to accomplish. Also, the PROGRAM

OUTCOMES should reflect the information described in the PROGRAM NEED STATEMENT (B.1.) All PROGRAM NEED STATEMENTS should flow from the MISSION & VISION. MEASURABLE OUTCOMES should be based on and measure program needs. Activities are the tasks you do to influence the outcome and impact the unacceptable condition in your PROGRAM NEED STATEMENT.

Program Outcomes and Activity Matrix EXAMPLES

_ _

PROGRAM OUTCOME AND ACTIVITIES

Outcome: Increase academic performance as measured by pre and post tests from **Skills Bank** software and/or grade point averages for 75% of participants attending at least one month in the program. Baseline: Skills Bank – Pre-test upon entering program; grade point average - first grading period

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**
Complete academic training exercises on Skills Banks Software	Five days a week for 1 hour per day	Tutors	Increase academic skills	Scores on Skills Bank	Skills Bank software	Bi-monthly
Provide assistance in completing homework assignments	Five days a week for 1 hour per day	Tutors	Increase in academic performance Increase in confidence to complete school work	School grades Completed homework assignments	Report Cards	9 week progress reports Daily log

PROGRAM OUTCOME AND ACTIVITIES

Outcome: <u>Maintain the reduction in risk factors (by at least one) for a period of one year, for 90% of the families who have successfully completed the program as measured by the risk assessment tool. Baseline for 04-05 was 100%.</u>

<div align="center">

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

</div>

1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**
Provide in-home family visitations to provide family support (parenting skills) and referrals	1 hour once a week for 12 weeks	Home visitor worker	Increase parenting skills Family to receive proper services from outside agencies	Family observation	Family files	Monthly
Provide family counseling	2 hours once a week for 12 weeks	Social worker	Increase in family coping skills Resolve family issues	Progress in counseling Participation in counseling	Family files	Monthly

PROGRAM OUTCOME AND ACTIVITIES

Outcome: <u>85% of enrolled youth in the program for at least three months will not become involved with juvenile justice system as measured by reports obtained by DJJ every 6 months. Baseline: status of youth upon entering program</u>

<u>Program Design & Task Management</u>
(Columns 1-4)

<u>Evaluation Design & Data Collection</u>
(Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**
Provide after school tutoring	4 times a week for 1hour each session	Program Tutors	Increase in school grades and attendance	Better grades school attendance	Report cards	Every 9 week grade report
Provide anger management sessions	1 time every other week for 1.5 hours	Guest speaker – Counselor from xyz program	Increase ability to cope during stressful or confrontational situations	Completion of pre/post test indicating increase in skills Staff observation	Client files	Weekly (observation) Completed test (every other week)
Provide structured after school recreational activities including music, recreation, and computers	5 times a week for 2 hours	Recreation specialist Music Specialist Program director	Maintain active participation in program that provides a safe alternative	Consistent participation of youth in program for all 5 days	Sign-in sheets	Weekly review of attendance roster

Section E - **Collaboration Listing**

Your program is a part of the larger community, including home, neighborhood, and school, in which your clients live and function. Incorporate working with other organizations into your plan and make the best use of your combined resources. Plan these working relationships into your program with a clear understanding of what each program will bring into the process for the benefit of the clients being served. Your program resources are to benefit your community partners and the clients that they serve.

Section F - **Unduplicated Clients**

Location Section - Provide counts for last fiscal year, current fiscal year, and projected fiscal year for the program. The **Location** table requests information for the total number of unduplicated clients across the locations served by your program. The three sets of columns allow for entry of figures for the Last Fiscal Year (2015-16), the Current Fiscal Year (2016-17), and the Projections for the Fiscal Year for which you are applying (2017-18). This data allows for comparison between what was accomplished in the last complete year, what has occurred so far in the current year, and what you expect to achieve in the coming year for which you are requesting funds. **See specific Funder requirements.** While your program may not serve more than one county, this table allows for data entry by programs that cover multiple locations. Please be as accurate as possible with these figures, as the funders may require documentation.

Age Group Section - Provide counts for last fiscal year, current fiscal year, and projected fiscal year for the program.

The Age Group Section is similar to the prior section and allows for entry of unduplicated client data by individuals and by group for the same referenced timeframes. This data entry allows the funder to see the population that you serve broken into both age groupings and by individual or group based services. The data for those served as individuals and by group services should not be duplicative.

The **Totals Served** in both sections should match. **The figures from these sections must be in agreement with those used on the Cover Page and in the other Narrative sections.**

Section G. **FUNDER SPECIFIC SHEETS**

REMEMBER TO CHECK INDIVIDUAL FUNDER INSTRUCTIONS FOR ANY FURTHER REQUIREMENTS OR ADDITIONAL FORMS NECESSARY.

This is the end of the program narrative section of the application.

DEFINITIONS OR KEY TERMS USED

1. **Activities:** Describes the tasks that will be accomplished in the program to achieve the results stated in the outcomes. Activities utilize action words such as complete, establish, create, provide, operate, and develop. The activities should reflect the services described in the Program Description.

2. **Attachments:** Documentation generated outside your organization (e.g. audit, collaborative letters, and support letters).

3. **Best Practice:** Programs (or Program Components) that have been proven by high quality research test to be effective in reducing known risk factors and enhancing protective factors to ensure successful achievement of goals. Replicated with integrity will provide same results in community. (see also Focus Areas for further definition)

4. **Client:** An individual receiving direct face-to-face services from a program.

5. **Collaboration:** Two or more organizations working together toward a common goal. There must be evidence of collaboration with other organizations and programs in a way that promotes quality service delivery. Evidence should include completion of written cooperative Contracts containing shared measurable outcomes/objectives and detailed responsibilities.

6. **Needs Area:** A human problem or condition, which has been identified as a major community concern. For example, a needs area is "Child Abuse and Neglect". A service or strategy designed to prevent the problem of "Child Abuse and Neglect" is the provision of crisis counseling.

7. **New Program:** An application submitted by an organization for new types of services which are not now being provided in the community or are not being provided by the organization and which are identified in a needs area.

8. **Outcomes:** Describes what you want to achieve with the target population. Indicates the *results* of the services you provide, not the services you provide. Outcomes utilize action words such as maintain, increase, decrease, reduce, improve, raise, and lower.

9. **Priority Needs:** Those areas of need, as identified by the Funder, as a priority to be supported by the Funder through the use of its funds or through technical assistance.

REMEMBER TO CHECK INDIVIDUAL FUNDER INSTRUCTIONS FOR ANY FURTHER REQUIREMENTS OR ADDITIONAL FORMS

Other Resources:

Grant Writing Tools for Non-Profit Organizations: www.npguides.com

Non Profit Gateway: www.nonprofit.gov

Free Florida and Federal Grants web site: www.freefedgrants.com

Community Foundation Locator: www.communityfoundationlocator.org/search/index.cfm

Grants for Non-Profit Organizations: www.freegovmoney.net

Daily Funding Updates, both Federal and Foundation:
http://www.fundsnetservices.com/Donors/notices07.htm

County Profiles: http://web.uflib.ufl.edu/fefdl/

Foundation Center: http://fdncenter.org/pnd/rfp/

PROGRAM COVER PAGE

Organization Name: _____

Executive Director: _____ E-mail: _____

Address: _____ Telephone:_____

_____ Fax:_____

Program Director:_____ E-mail: _____

Address: _____Telephone: _____

_____ Fax: _____

Program Title:

Priority Need Area Addressed:

Brief Description of the Program:

SUMMARY REPORT

Amount Requested from Funder for 2018/19:	$
Total Proposed Program Budget for 2018/19:	$
Percent of Total Program Budget:	$
Current Program Funding (2017/18):	$
Dollar increase/(decrease) in request:	$
Percent increase/(decrease) in request **:	$
Unduplicated Number of Children to be served Individually:	$
Unduplicated Number of Adults to be served Individually:	$
Unduplicated Number to be served via Group settings:	$
Total Program Cost per Client:	$

**If request increased 5% or more, briefly explain why:

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: _____

                                                             date

_____   _____

Name of President/Chair of the Board   Signature
or Executive Director/CPO

PROPOSAL NARRATIVE

Please respond to each question in the allotted space for each section.

A.   ORGANIZATION CAPABILITY

1. Provide the mission statement and vision of your organization.

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

B.   PROGRAM NEED STATEMENT

1. <u>What</u> is the unacceptable condition requiring change?

2. <u>Who</u> has the need?

3. <u>Where</u> do they live? <u>Provide</u> local, state, or national trend data, with reference source, that corroborates that this is an area of need.

4. Identify <u>similar programs</u> that are currently serving the needs of your targeted population; Explain how these existing programs are <u>under-serving</u> the targeted population of your program.

C. PROGRAM DESCRIPTION

1. List Priority Needs area addressed.

2. Briefly describe program activities including location of services

3. Briefly describe how your program addresses the stated need/problem. Describe how your program follows a recognized "best practice" (see definition on page 10 of the Instructions) and provide evidence that indicates proposed strategies are effective with target population.

4. List staffing needed for your program, including required experience and estimated hours per week in program for each staff member and/or volunteers (this section should conform to the information in the Position Listing on the Budget Narrative Worksheet).

5. How will the target population be made aware of the program?

6. How will the program be accessible to target population (i.e., location, transportation, hours of operation)?

D. PROGRAM OUTCOMES AND ACTIVITIES MATRIX.   3 - 4 program outcomes only.   One matrix table per outcome.

Outcomes: In general, a program should have 3-4 program outcomes**. The Outcome indicates the measurable impact or change the program will have on the clients it serves**. The outcome should detail the results of the services provided, not the services provided. Outcomes utilize action words such as maintain, increase, decrease, reduce, improve, raise and lower. Please incorporate the following into the outcome description:

* Direction of change   * Time frame
* Area of change   * As measured by
* Target population   * Baseline: the number you will be measuring against
* Degree of change

Example Outcome:
To decrease *(direction of change)* number of unexcused absences *(area of change)* of enrolled boys and girls *(target population)* by 75% *(degree of change)* in one year *(time frame)* as reported by the 2017/18 School Board attendance records *(as measured by). Baseline*: 2017/18 School Board attendance records for enrolled boys and girls.

Activities Matrix: The matrix is designed to identify specific activities the program will provide to achieve the stated outcomes. The matrix identifies: 1) the specific activity; 2) how often the service/activity is provided; 3) who, by position, is responsible to deliver the service/activity; and 4) expected change in client from providing service/activity**. In addition, the matrix is designed to capture the evaluation of services provided:** 5) indicator or measurement of change; 6) source of measurement; and 7) how frequently it is measured.

A separate PROGRAM OUTCOMES AND ACTIVITIES MATRIX needs to be completed for each outcome. Use a separate row for each activity and group activities under their related outcomes. To add more rows, if needed, simply locate the cursor at the last cell in the last row and press the "TAB" button on the keyboard. See examples provided in the instructions.

IMPORTANT NOTE: Keep in mind when developing PROGRAM OUTCOMES that, if funded, these will be what you are accountable to accomplish. Also, the PROGRAM OUTCOMES should reflect the information described in the PROGRAM NEED STATEMENT (B.1.).

All PROGRAM NEED STATEMENTS should flow from the MISSION & VISION. MEASURABLE OUTCOMES should be based on and measure program needs. Activities are the tasks you do to influence the outcome and impact the unacceptable condition in your PROGRAM NEED STATEMENT. (B.1.).

Outcome # 1:

Program Design & Task Management   **Evaluation Design & Data Collection**
(Columns 1-4)   (Columns 5-7)

1 Program Activities (what)	2 Frequency (how often)	3 Responsible Parties (who)	4 Expected Outcomes/change (why)	5 Indicator Measurements (evidence)	6 Data Source (where)	7 Time of Measurement (when)

Outcome # 2:

Program Design & Task Management

(Columns 1-4)

Evaluation Design & Data Collection

(Columns 5-7)

1 Program Activities (what)	2 Frequency (how often)	3 Responsible Parties (who)	4 Expected Outcomes/change (why)	5 Indicator Measurements (evidence)	6 Data Source (where)	7 Time of Measurement (when)

Outcome # 3:

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1 Program Activities (what)	2 Frequency (how often)	3 Responsible Parties (who)	4 Expected Outcomes/change (why)	5 Indicator Measurements (evidence)	6 Data Source (where)	7 Time of Measurement (when)

Outcome # 4:

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1 Program Activities (what)	2 Frequency (how often)	3 Responsible Parties (who)	4 Expected Outcomes/change (why)	5 Indicator Measurements (evidence)	6 Data Source (where)	7 Time of Measurement (when)

E.   COLLABORATION

1. List your program's collaborative partners and the resources that they are providing to the program <u>beyond</u> referrals and support.   (See individual funder requirements for inclusion of collaborative agreement letters.)

   <mark>(NOTE: COLLABORATIVE AGREEMENT LETTERS ARE <u>NOT</u> REQUIRED BY ANY OF THE UNITED WAYS USING THIS CORE APPLICATION.)</mark>

Collaborative Agency	*Resources provided to the program*

F.   UNDUPLICATED CLIENTS

Location	Last FY Actual 2016/17	Current FY Budget 2017/2018	Current FY Budget 2017/2018
Fellsmere			
Sebastian			
Gifford/Wabasso			
Central Vero			
South County/Highlands/ Oslo			
Unknown			

Number of Unduplicated Clients by Age						
	Last FY Actual 2016/17		Current FY Budget 2017/2018		Current FY Budget 2017/2018	
Location	Individuals	Group	Individuals	Group	Individuals	Group
0 to 4 (Preschool)						
5 to 10 (elementary)						
11 to 14 (Middle)						
15 to 18 (High School)						
Total Children						
19 to 59 (adults)						
60+ (seniors)						
Total Adults						
Total Served						

11

G.   FUNDER SPECIFIC REQUIREMENTS – refer to Funder Specific Request For Proposal instructions.

H.   BUDGET FORMS – The budget forms are in a separate Excel file named "CSAC 2018-2019 Budget Forms". Refer to instructions for opening and completing this file.

In the Excel file you will find the following worksheet tabs:
1. Budget Narrative Worksheet – Part One
2. Budget Narrative Worksheet – Part Two
3. Total Agency Budget
4. Total Program Budget
5. Total Funder Specific Budget
6. Explanation for Variances

2018/19 BUDGET APPLICATION INSTRUCTIONS

The budget forms for the 2018/19 application are in a separate MS Excel file named **"CSAC 2018-19 Budget Forms".**

*Name Instructions***: Edit the Header** on "Total Agency" tab by inputting Agency Name in Cell C7 and the Program Name in Cell C8. This will populate all other tabs automatically.

ENTER ALL NUMBERS IN WHOLE DOLLARS ONLY!

BUDGET NARRATIVE WORKSHEET – PART ONE
NOTE: <mark>DO THIS WORKSHEET FIRST!</mark>   Work entered here will automatically transfer to other worksheets.

Column Descriptions:
The purpose of the Budget Narrative Worksheets is to provide detail to justify the amount requested and posted in each line item of the budget for your program. From this worksheet, your figures will be linked to the Total Agency Budget – Column C and Total Program Budget – Column C and the Total Funder Specific Budget.

CAUTION: Do not enter any figures or formulas where a cell is colored in dark blue. The dark blue print indicates that formulas and/or links are in place.

Column A: This column should show the **Proposed Total Program Budget**. This column is linked to Total Program Budget Form – Column C.

Column B: This column should show the **Proposed Total Funder Specific Budget**. This column is linked to Total Funder Specific Budget Form.

Column C: This column should show the **Proposed Total Agency Budget**. This column will be linked to Total Agency Budget Form –Column C.

BUDGET NARRATIVE WORKSHEET - PART ONE

Part One contains the "Revenues Section" – Lines 1 through 22 and "Salaries and Fringe Benefits" – Lines 24 through 26.

Sources of revenue (Lines 1 – 22) must be entered manually in the columns as indicated above.

Totals for Salaries (Line 24) will be automatically transferred from the Salaries Detail Section which begins on Worksheet Line 41. Include all positions on page two of Part One applicable to the program, with the remaining positions summarized in the Remaining Positions line at bottom of table.

Totals for Fringe Benefit costs (Lines 25 – 26) will be automatically transferred into the appropriate line items for the Employee Benefits and Payroll Taxes.

BUDGET NARRATIVE WORKSHEET – PART TWO   (2nd worksheet tab)

NOTE: DO THIS WORKSHEET AFTER COMPLETING PART ONE.   As with Part One, work entered here will automatically transfer to other worksheets.

Part Two contains the "General Expenditures Section" – Lines 27 through 47.

The format provides for entering information about different expenses within a given line item as noted below. Note that the details included in this narrative apply to the Program Budget only.

Column 1:   A narrative description – a brief explanation of the item(s) and its use.

Column 2:   A calculation narrative for each expense within line item.

Column 3:   Manually enter the total program expense for each item listed.

Column 4:   Manually enter the total funder specific expense for each item listed.

Column 5:   Manually enter a total for the Agency for this line item.

NOTE: The line item totals for the program (Column 3), the funder specific expenses (Column 4) and for the agency (Column 5) will automatically link to other budget worksheets.

EXAMPLE for Line Item 41 Travel, Conferences & Training:

Column 1: a) state conference auto travel; b) state conference registration;
               c) state conference hotel & per diem
Column 2: a) Orlando conference @ 250 miles @ 48.5 cents/mile; b) 2 @ $250;
               c) 2 rooms x 2 nights x $150/room
Column 3: a) $122; b) $500; c) $600
Column 4: *Whatever portion of Column 3 you want the specific funder to pay for*
Column 5: *Whatever the total Travel, Conferences & Training is for the AGENCY*

TOTAL *AGENCY* BUDGET (3rd worksheet tab) and
TOTAL *PROGRAM* BUDGET (4th worksheet tab)

Column Descriptions:

The five columns of the Total *Agency* Budget and the Total *Program* Budget are to provide historical, current, and proposed budget information regarding the program.

Column A: This column should show the **actual** amounts received and expended for the **last full fiscal year** that has passed. (These are usually audited figures.)

Column B: This column should show the **budgeted** amounts for the **current fiscal year** (complete year, no partial periods)   Do **not** leave any cells blank, rather enter a zero (0) if you have not budgeted certain revenues or expenses.

Column C: Unless you skipped the Budget Narrative Worksheet, this column will automatically show the **budgeted** projections for **next fiscal year**—the year for which this application is being submitted.

Column D: This column will automatically calculate the percentage increase from the current fiscal year budget (Column B) to the next fiscal year budget (Column D).

TOTAL *FUNDER SPECIFIC* BUDGET (5th worksheet tab)

The Agency Name, Program Name and Funder information at top of this budget form, along with all other data in the form will automatically be transferred from the other worksheets.

VARIANCES EXPLANATION (6th worksheet tab)

The Funders are concerned with the rising costs of service provision. Dwindling state resources are resulting in increasing requests to local funding sources. The Funders are requesting more explanation and justification for program request increases. Completion of the Total Program and Funder Specific Budget sheets will automatically generate information on increases from the prior year. **Any increase of 15% or more will require an explanation** to be entered for that line item on the Variances Explanation worksheet. **All line items with such a percentage will automatically have those line item labels listed on the Variances Explanation worksheet**.

CHART OF ACCOUNTS

NOTE: *This application is intended for use by multiple funders. Not all line items apply to all funders. Check individual funder specifications for exceptions.*

Revenue Descriptions:

Note: If funds are received from a source not listed, enter the amount in line 17 "Other" and provide an explanation in the narrative.

1-3 <u>Children's Services Councils</u>: Amounts received from the named Children's Services Councils.

4-6 <u>United Ways</u>: Amounts received from the named United Ways.

7 <u>County Funds</u>: Amounts received from local county governments. Please list the source counties in the budget narrative.

8 <u>Department of Children and Families</u>: Amounts received from the Department of Children and Families.

9 <u>Other State of Florida Grant Funds</u>: Amounts received from State agencies other than DCF.

10 <u>Other Federal Grant Funds</u>: Amounts received from Federal agencies.

11 <u>Grants for funding Capital Expenditures</u>: Amounts for capital expenditures and not for program expenses.

12 <u>Contributions-Cash</u>: Amounts received from cash contributions.

13 <u>Legacies and Bequests</u>: An unrestricted planned gift or endowment available for operating expenses.

14 <u>Membership Dues</u>: Amounts received for memberships in the organization.

15 <u>Program Fees</u>: Fees received from customers for services provided by the program.

16 <u>Fund Raising Events-Net</u>: **Net** proceeds from special fund raising events conducted by the program. Show details of each event in the budget narrative to include for each event: Gross Revenues
Expenses
Net Proceeds

17 <u>Funds from Other Sources</u>: Amounts provided not includable in other lines above. If this line exceeds 10% of Total Revenues, specify sources in the Variances Explanation tab for this line item

18 <u>Sales to Public-Net</u>: Net proceeds from sales of publications, supplies, and other items to the public. Show details of each type of sale in the budget narrative to include for each type of sale: Gross Revenues
Expenses
Net Proceeds

19 <u>Investment Income</u>: Interest, dividends, rentals, endowment earnings, and Royalties on any type of investment. All investment income, regardless of type and origin, should be reported here.

20 <u>Miscellaneous</u>: Funds not pertaining to any other revenue accounts listed (e.g., Cost of Goods Sold).

21 <u>Reserve Funds Used for Operating</u>: Funds taken from the reserve fund balance to provide for a balanced budget/offset a deficit budget.

22 <u>In-kind Donations</u>: Value of services provided by the operating agency/program to support program operation. These should be included for those in-kind services and donations that relate to expenditures included as an offset and permissible under audit and Form 990 presentations. Do not include value for volunteers.

23 <u>TOTAL</u>: Add lines 1 through 22 for total agency and program revenue.

Expenditure Descriptions:

24 <u>Salaries</u>: All *program* salaries including full-time, part-time, and temporary staff.

25 <u>Employee Benefits</u>: Include employer's share of retirement benefits and life/health insurance benefits. Indicate percentage used to calculate retirement benefits.

26 <u>Payroll Taxes</u>: Include employer's share of Social Security taxes (7.65%), Workers Compensation, and Florida Unemployment taxes. FICA should not be calculated for contract employees.

27 <u>Administrative Costs</u>: The costs associated with the administration of the program but not directly associated with client service. Administrative salaries should be included in this line item. Administrative costs should not duplicate any other costs. The calculation of this cost should be detailed in the budget narrative. Administrative costs are limited in dollar amount or percentage of total budget by some funders. Check individual funder specifications for limitations.

28 <u>Advertising</u>: Costs related to advertising for positions and/or volunteers. This advertising line item is not for fund-raising advertising.

29 <u>Audit Expense</u>: Costs related to the expense of the annual independent audit. Only the share of the costs that apply to the funded program should be budgeted.

30 <u>Books/Educational Materials</u>: Materials used in the program as an educational tool for the clients (i.e., books, reading materials, games, puzzles, videos, etc.).

31 <u>Equipment Rental & Maintenance</u>: The cost of renting and maintaining equipment including copiers, computers, typewriters, etc.

32 <u>Food & Nutrition</u>: Meals and nourishing snacks provided to clients during program operation.

33 <u>Insurance</u>: General liability, property, business auto, inland marine, crime bond, and directors and officers liability insurance.

34 <u>Occupancy (Building & Grounds)</u>: All costs related to the program's place of residence. Includes rent (building and land), mortgage, contracted janitorial and maintenance services, real estate property taxes, and occupancy related licenses and permits. The details of this budget line item should be provided in the budget narrative.

35 <u>Office Supplies</u>: All supplies and materials used by the program to include office, program, and housekeeping supplies.

36 <u>Postage/Shipping</u>: Postage, parcel post, commercial trucking, and other delivery services.

37 <u>Printing & Publications</u>: Includes cost of brochures, videos, and other informational materials. Does not include the cost of renting a copy machine.

38 <u>Specific Assistance to Individuals</u>: Expenses for specific materials, appliances, rental and utility subsidies, and any other assistance rendered to clients.

39 <u>Subscriptions, Dues, Memberships</u>: Costs for the purchase of professional periodicals necessary for maintaining information related to the program. Cost of individual or organization dues relevant to the functions of the program. This line item should include payments to national parent organizations. The details of this budget line should be provided in the budget narrative to identify periodicals and memberships and their individual costs.

40 <u>Telephone</u>: Expenses for all telephone services.

41 <u>Travel/Conferences/Training</u>: Travel related costs including conferences and seminar registrations, hotels, meals, airfare, per diem, and lodging. Meals are reimbursed at the funders rate per 24-hour day: breakfast, $x; lunch, $x; and dinner, $x. The details of this budget line item should be provided in the budget narrative.

42 <u>Travel-Daily</u>: Mileage costs associated with the daily operation of the program. Mileage is reimbursed at the rate per mile set by the funder.

43 <u>Utilities</u>: Costs for power, water, sewer, gas, and waste removal (not housekeeping).

44 <u>Other/Miscellaneous</u>: Specific program related costs not reportable on any other line item (i.e., background checks, volunteer testing, etc.).

45 <u>Professional Fees</u>: Fees and charges of professional practitioners, technical consultants, or semi-professional technicians, who are not employees of the program and are engaged as independent contractors for specified services on a fee or other individual contractual basis. This line item would include attorney or consultant fees. Contracted janitorial, maintenance, and repair services related to buildings and grounds should be included in line 33 "Occupancy".

47 <u>Equipment Purchases</u>: Equipment purchased as a necessary item for the operation of a program, either by the capital expenditure funding on line 11 or by Agency resources. Equipment is defined as tangible property having a useful life of one year or more and, typically, an acquisition cost of $500 or more.

DEFINITIONS OR KEY TERMS USED

1. **Activities:** Describes the tasks that will be accomplished in the program to achieve the results stated in the outcomes. Activities utilize action words such as complete, establish, create, provide, operate, and develop. The activities should reflect the services described in the Program Description.

2. **Attachments:** Documentation generated outside your organization (e.g. audit, collaborative letters, and support letters).

3. **Best Practice:** Programs (or Program Components) that have been proven by high quality research test to be effective in reducing known risk factors and enhancing protective factors to ensure successful achievement of goals. Replicated with integrity will provide same results in community. (see also Focus Areas for further definition)

4. **Client:** An individual receiving direct face-to-face services from a program.

5. **Collaboration:** Two or more organizations working together toward a common goal. There must be evidence of collaboration with other organizations and programs in a way that promotes quality service delivery. Evidence should include completion of written cooperative Contracts containing shared measurable outcomes/objectives and detailed responsibilities.

6. **Needs Area:** A human problem or condition, which has been identified as a major community concern. For example, a needs area is "Child Abuse and Neglect". A service or strategy designed to prevent the problem of "Child Abuse and Neglect" is the provision of crisis counseling.

7. **New Program:** An application submitted by an organization for new types of services which are not now being provided in the community or are not being provided by the organization and which are identified in a needs area.

8. **Outcomes:** Describes what you want to achieve with the target population. Indicates the *results* of the services you provide, not the services you provide. Outcomes utilize action words such as maintain, increase, decrease, reduce, improve, raise, and lower.

9. **Priority Needs:** Those areas of need, as identified by the Funder, as a priority to be supported by the Funder through the use of its funds or through technical assistance.

REMEMBER TO CHECK INDIVIDUAL FUNDER INSTRUCTIONS FOR ANY FURTHER REQUIREMENTS OR ADDITIONAL FORMS

2018-19 CORE GRANT APPLICATION
TOTAL *AGENCY* BUDGET

If Agency is the same as Progam, check box and do not complete this page.

If Agency is submitting more than one program, check box and prepare only one time.

	AGENCY NAME:				
	PROGRAM NAME:				
		FY 16-17 FYE_____	FY 17-18 FYE_____	FY 18-19 FYE_____	% INCREASE CURRENT VS. NEXT FY BUDGET
	REVENUES	A ACTUAL	B TOTAL PROJECTED ACTUAL	C PROPOSED BUDGETED	D (col. C-col. B)/col. B
1	Children Services Advisory Committee-Indian River			0	
2	Children's Services Council-St. Lucie			0	
3	Children's Services Council-Martin			0	
4	United Way-St. Lucie County			0	
5	United Way-Martin County			0	
6	United Way-Indian River County			0	
7	Other Counties Funding (other than above)			0	
8	Department of Children & Families			0	
9	Other State of Florida Grant Funds			0	
10	Other Federal Grant Funds			0	
11	Grants for funding Capital Expenditures			0	
12	Contributions-Cash			0	
13	Legacies & Bequests			0	
14	Membership Dues			0	
15	Program Fees			0	
16	Fund Raising Events-Net			0	
17	Funds from Other Sources (Specify if > 10% of total)			0	
18	Sales to Public-Net			0	
19	Investment Income			0	
20	Miscellaneous			0	
21	Reserve Funds Used for Operating			0	
22	In-Kind Donations (must be from audit or 990 and			0	
	support expenditures as included below)			0	
23	TOTAL	0	0	0	
	EXPENDITURES				
24	Salaries			0	
25	Employment Benefits			0	
26	Payroll Taxes			0	
27	Administrative Costs			0	
28	Advertising			0	
29	Audit Expense			0	
30	Books/Educational Materials			0	
31	Equipment:Rental & Maintenance			0	
32	Food & Nutrition			0	
33	Insurance			0	
34	Occupancy (Building & Grounds)			0	
35	Office Supplies			0	
36	Postage/Shipping			0	
37	Printing & Publications			0	
38	Specific Assistance to Individuals			0	
39	Subscription/Dues/Memberships			0	
40	Telephone			0	
41	Travel/Conferences/Training			0	
42	Travel-Daily			0	
43	Utilities			0	
44	Other/Miscellaneous			0	
45	Professional Fees (Legal, Consulting)			0	
46	TOTAL OPERATING EXPENDITURES	0	0	0	
47	Equipment Purchases:Capital Expense			0	
48	TOTAL	0	0	0	
49	REVENUES OVER/(UNDER) EXPENDITURES	0	0	0	

Agency Name Here

Program Name Here

2018-19 CORE GRANT APPLICATION
TOTAL *PROGRAM* BUDGET

		FY 16-17 FYE_____	FY 17-18 FYE_____	FY 18-19 FYE_____	% INCREASE CURRENT VS. NEXT FY BUDGET
	REVENUES	**A** **ACTUAL**	**B** **TOTAL** **PROJECTED ACTUAL**	**C** **PROPOSED** **BUDGETED**	**D** (col. C-col. B)/col. B
1	**Children Services Advisory Committee-Indian River**			0	
2	**Children's Services Council-St. Lucie**			0	
3	**Children's Services Council-Martin**			0	
4	**United Way-St. Lucie County**			0	
5	**United Way-Martin County**			0	
6	**United Way-Indian River County**			0	
7	**Other Counties Funding (other than above)**			0	
8	**Department of Children & Families**			0	
9	**Other State of Florida Grant Funds**			0	
10	**Other Federal Grant Funds**			0	
11	**Grants for funding Capital Expenditures**			0	
12	**Contributions-Cash**			0	
13	**Legacies & Bequests**			0	
14	**Membership Dues**			0	
15	**Program Fees**			0	
16	**Fund Raising Events-Net**			0	
17	**Funds from Other Sources (Specify if > 10% of total)**			0	
18	**Sales to Public-Net**			0	
19	**Investment Income**			0	
20	**Miscellaneous**			0	
21	**Reserve Funds Used for Operating**			0	
22	**In-Kind Donations (must be from audit or 990 and**			0	
	support expenditures as included below)				
23	**TOTAL**	**0**	**0**	**0**	
	EXPENDITURES				
24	**Salaries**			0	
25	**Employment Benefits**			0	
26	**Payroll Taxes**			0	
27	**Administrative Costs**			0	
28	**Advertising**			0	
29	**Audit Expense**			0	
30	**Books/Educational Materials**			0	
31	**Equipment:Rental & Maintenance**			0	
32	**Food & Nutrition**			0	
33	**Insurance**			0	
34	**Occupancy (Building & Grounds)**			0	
35	**Office Supplies**			0	
36	**Postage/Shipping**			0	
37	**Printing & Publications**			0	
38	**Specific Assistance to Individuals**			0	
39	**Subscription/Dues/Memberships**			0	
40	**Telephone**			0	
41	**Travel/Conferences/Training**			0	
42	**Travel-Daily**			0	
43	**Utilities**			0	
44	**Other/Miscellaneous**			0	
45	**Professional Fees (Legal, Consulting)**			0	
46	**TOTAL OPERATING EXPENDITURES**	**0**	**0**	**0**	
47	**Equipment Purchases:Capital Expense**			0	
48	**TOTAL EXPENDITURES**	**0**	**0**	**0**	
49	**REVENUES OVER/(UNDER) EXPENDITURES**	**0**	**0**	**0**	

2018-19 CORE GRANT APPLICATION
FUNDER SPECIFIC BUDGET
PROGRAM EXPENSES

		A	B	C
AGENCY NAME:		**Agency Name Here**		
PROGRAM NAME:		**Program Name Here**		
		A	**B**	**C**
		FY 18-19 TOTAL PROGRAM BUDGET	**FY 18-19 FUNDER SPECIFIC BUDGET**	**% OF TOTAL VS. FUNDER REQUEST (col. B/col. A)**
	EXPENDITURES			
24	Salaries	0	0	#DIV/0!
25	Employment Benefits	0	0	#DIV/0!
26	Payroll Taxes	0	0	#DIV/0!
27	Administrative Costs	0	0	#DIV/0!
28	Advertising	0	0	#DIV/0!
29	Audit Expense	0	0	#DIV/0!
30	Books/Educational Materials	0	0	#DIV/0!
31	Equipment:Rental & Maintenance	0	0	#DIV/0!
32	Food & Nutrition	0	0	#DIV/0!
33	Insurance	0	0	#DIV/0!
34	Occupancy (Building & Grounds)	0	0	#DIV/0!
35	Office Supplies	0	0	#DIV/0!
36	Postage/Shipping	0	0	#DIV/0!
37	Printing & Publications	0	0	#DIV/0!
38	Specific Assistance to Individuals	0	0	#DIV/0!
39	Subscription/Dues/Memberships	0	0	#DIV/0!
40	Telephone	0	0	#DIV/0!
41	Travel/Conferences/Training	0	0	#DIV/0!
42	Travel-Daily	0	0	#DIV/0!
43	Utilities	0	0	#DIV/0!
44	Other/Miscellaneous	0	0	#DIV/0!
45	Professional Fees (Legal, Consulting)	0	0	#DIV/0!
46	TOTAL OPERATING EXPENDITURES	0	0	#DIV/0!
47	Equipment Purchases:Capital Expense	0	0	#DIV/0!
48	TOTAL EXPENDITURES	0	0	#DIV/0!

2018-19 CORE GRANT APPLICATION
BUDGET NARRATIVE WORKSHEET - PART ONE
Revenues: Line 1 - 20 & Salaries/Fringes: Lines 21 - 26

IMPORTANT: The Budget Narrative should provide details to justify the amount requested in each line item of the budget for your program. From this worksheet, your figures will be linked to the Total Agency Budget, Total Program Budget and Funder Specific Budget.

AGENCY:	**Agency Name Here**
PROGRAM NAME:	**Program Name Here**

CAUTION : Do not enter any figures where a cell is colored in dark blue - Formulas and/or links are in place.

		A	B	C
	REVENUES	***Proposed Program Budget***	***Funder Specific Budget***	***Total Agency Budget***
1	**Children Services Advisory Committee-Indian River**			
2	**Children's Services Council-St. Lucie**			
3	**Children's Services Council-Martin**			
4	**United Way-St. Lucie County**			
5	**United Way-Martin County**			
6	**United Way-Indian River County**			
7	**Other Counties Funding (other than above)**			
8	**Department of Children & Families**			
9	**Other State of Florida Grant Funds**			
10	**Other Federal Grant Funds**			
11	**Grants for funding Capital Expenditures**			
12	**Contributions-Cash**			
13	**Legacies & Bequests**			
14	**Membership Dues**			
15	**Program Fees**			
16	**Fund Raising Events-Net**			
17	**Funds from Other Sources (Specify if > 10% of total)**			
18	**Sales to Public-Net**			
19	**Investment Income**			
20	**Miscellaneous**			
21	**Reserve Funds Used for Operating**			
22	**In-Kind Donations (must be from audit or 990 and support expenditures as included below)**			
23	**TOTAL REVENUES**	0	0	0

		A *Proposed Program Budget*	B *Funder Specific Budget*	C *Total Agency Budget*
	EXPENDITURES			
24	**Salaries** - (must complete chart on next page)	0	0	0
26	**FICA** - Total salaries x 0.0765			
25	**Retirement** - Annual pension for qualified staff			
25	**Life/Health** - Medical/Dental/Short-term Disab.			
26	**Workers Compensation** - # employees x rate			
26	**Florida Unemployment** - # projected employees x $7,000 x RT-6 rate			

Type the Organization and Program Name

SALARIES POSITION LISTING Position Title / Total Hrs/wk	I Gross Annual Salary (Agency)	II Portion of Salary on Proposed Program	III Funder Specific Budget	IV % of Gross Annual Salary Requested(C/A)
Example: Executive Director / 40 hrs	70,000.00	10,000.00	5,000.00	7.14%
				#DIV/0!
				#DIV/0!
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				#DIV/0!
				#DIV/0!
				#DIV/0!
				#DIV/0!
Remaining positions throughout the agency				
Total Salaries	0	0	0	#DIV/0!

2018-19 CORE GRANT APPLICATION
BUDGET NARRATIVE WORKSHEET -   PART TWO
General Expenditures: Lines 27- 47

IMPORTANT: The Budget Narrative should provide details to justify the amount requested in each line item of the budget for your program. From this worksheet, your figures will be linked to the Total Agency Budget and Total Program Budget.

AGENCY NAME: **Agency Name Here**
PROGRAM NAME: **Program Name Here**

CAUTION: Do not enter any figures where a cell is colored in dark blue--Formulas & links are in place.

27 EXPENDITURE LINE ITEM: ADMINISTRATIVE COSTS

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

28 EXPENDITURE LINE ITEM: ADVERTISING

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

29 EXPENDITURE LINE ITEM: AUDIT

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
	Line Item TOTAL		0	0	

30 EXPENDITURE LINE ITEM: BOOKS/EDUCATIONAL MATERIALS

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

31 EXPENDITURE LINE ITEM: EQUIPMENT:RENTAL & MAINTENANCE

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
Line Item TOTAL			0	0	

32 EXPENDITURE LINE ITEM: FOOD & NUTRITION

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
Line Item TOTAL			0	0	

33 EXPENDITURE LINE ITEM: INSURANCE

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
Line Item TOTAL			0	0	

34 EXPENDITURE LINE ITEM: OCCUPANCY (BUILDINGS & GROUNDS)

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
Line Item TOTAL			0	0	

35 EXPENDITURE LINE ITEM: OFFICE SUPPLIES

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
Line Item TOTAL			0	0	

36 EXPENDITURE LINE ITEM: POSTAGE/SHIPPING

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

37 EXPENDITURE LINE ITEM: PRINTING & PUBLICATIONS

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

38 EXPENDITURE LINE ITEM: SPECIFIC ASSISTANCE TO INDIVIDUALS

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

39 EXPENDITURE LINE ITEM: SUBSCRIPTION/DUES/MEMBERSHIPS

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

40 EXPENDITURE LINE ITEM: TELEPHONE

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

41 EXPENDITURE LINE ITEM: TRAVEL/CONFERENCES/TRAINING

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
Line Item TOTAL			0	0	

42 EXPENDITURE LINE ITEM: TRAVEL-DAILY

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
Line Item TOTAL			0	0	

43 EXPENDITURE LINE ITEM: UTILITIES

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
Line Item TOTAL			0	0	

44 EXPENDITURE LINE ITEM: OTHER/MISCELLANEOUS

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
Line Item TOTAL			0	0	

45 EXPENDITURE LINE ITEM: PROFESSIONAL FEES (LEGAL, CONSULTING)

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
Line Item TOTAL			0	0	

47 EXPENDITURE LINE ITEM: EQUIPMENT PURCHASES: CAPITAL EXPENSES

	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
g					
h					
	Line Item TOTAL		0	0	

2018-19 CORE GRANT APPLICATION
EXPLANATION FOR VARIANCES OF 15% OR MORE
TOTAL PROGRAM BUDGET

AGENCY NAME: **Agency Name Here**
PROGRAM NAME: **Program Name Here**

LINE ITEM	EXPLANATION FOR VARIANCE
Children Services Advisory Committee-Indian River	
Children's Services Council-St. Lucie	
Children's Services Council-Martin	
United Way-St. Lucie County	
United Way-Martin County	
United Way-Indian River County	
Other Counties Funding (other than above)	
Department of Children & Families	
Other State of Florida Grant Funds	
Other Federal Grant Funds	
Grants for funding Capital Expenditures	
Contributions-Cash	
Legacies & Bequests	
Membership Dues	
Program Fees	
Fund Raising Events-Net	
Funds from Other Sources (Specify if > 10% of total)	
Sales to Public-Net	
Investment Income	
Miscellaneous	
Reserve Funds Used for Operating	
In-Kind Donations (must be from audit or 990 and	
Salaries	
Employment Benefits	
Payroll Taxes	
Administrative Costs	
Advertising	
Audit Expense	
Books/Educational Materials	
Equipment:Rental & Maintenance	
Food & Nutrition	
Insurance	
Occupancy (Building & Grounds)	
Office Supplies	
Postage/Shipping	
Printing & Publications	
Specific Assistance to Individuals	
Subscription/Dues/Memberships	
Telephone	
Travel/Conferences/Training	
Travel-Daily	
Utilities	
Other/Miscellaneous	
Professional Fees (Legal, Consulting)	
Equipment Purchases:Capital Expense	
-	

2018-19 CORE GRANT APPLICATION
EXPLANATION FOR VARIANCES OF 15% OR MORE
FUNDER SPECIFIC BUDGET

AGENCY/PROGRAM NAME:

LINE ITEM	EXPLANATION FOR VARIANCE
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