



2026/2027 CSAC Grant Application

FY26/27 Request for Proposal Submission Details

- Approved at the Board of Directors meeting on:
- Executive Director:
- Board President:
- Board Treasurer:
- I certify that the information submitted in this application is true and correct to the best of my knowledge:
- Submission Confirmation Email Sent To:
- Submitted By:

Organization Capacity (1–27)

ADD: This section gathers information on your Board of Directors and your agency’s financial practices. A strong, diverse, and engaged Board helps guide strategy, represent the community, and strengthen organizational impact. Equally important, sound financial policies and oversight ensure accountability, sustainability, and transparency in the use of public funds. Your responses help us assess both governance capacity and fiscal health, which are critical to program success.

Organization Information

- 1.a Executive Director:
 - 1.b Executive Director Salary:
 2. Organization Name:
 3. Organization Address:
 4. Reimbursement Contact Name:
 - 5.a Reimbursement Contact Email:
 - 5.b Reimbursement Contact Phone:
 6. Website:
-

Organizational Capacity

7. Brief description of your organization:
 8. Organization Mission Statement:
 9. Organization Vision Statement:
 10. Number of Full Time Employees:
 11. Number of Part Time Employees:
 12. Agency Fiscal Year:
 13. Please briefly explain your policies and procedures on performing background checks on all staff and volunteers interacting with children:
 14. Does the agency have a Board-approved, written, active strategic plan:
 - If so, when was it last updated?
-

Board of Directors Composition and Policies

KEEP: (16) Does the agency have a written Board policy that is shared with all Board members?

MOVE: 17. Does the agency have bylaws? (Yes/No)

- If yes, when were they last updated?

KEEP: 16.b. How many Board members represent Indian River County?

- Please attach a Board listing that includes each director's home city, state, and zip code.

KEEP: 16.c. Please describe the Board's Conflict of Interest policy and how it is implemented.

KEEP: 16.d. Does the agency have a Board Attendance Policy?

ADD: Does your agency serve multiple counties? (Yes/No)

ADD: If yes, does your agency have an Advisory Board for Indian River County?

- Please attach a Board listing that includes each director's home city, state, and zip code.

KEEP: 19. How many times does the Board meet annually?

KEEP: 20. Total number of Board members:

KEEP: 21. Does the Board currently have any vacancies? (Yes/No)

- If yes, how many?

ADD: How does your agency ensure that its Board maintains a diverse range of skills and expertise, while also reflecting the community it serves, to strengthen the organization and maximize impact??

KEEP: 22. Has your agency ever been the subject of a county, state, or federal investigation into its operations? (Yes/No)

KEEP: 23.a. Does your agency hold at least 3 months of operating cash on hand? (Yes/No)

KEEP: 23.b. Total unrestricted cash on hand at the end of your most recent fiscal year:

KEEP: 23.c. Total unrestricted cash on hand (current):

KEEP: 24. Average estimated monthly agency cash expenditures for your last most recent fiscal year (calculated as total annual agency expenditures, less depreciation and other non-cash items, divided by 12):

KEEP: 25. As of the most recent fiscal year end, what is the agency's working capital?

- a. Current assets:
- b. Current liabilities:
- c. Working capital ($a - b =$):

MOVE: 18. Does your agency currently have a written Development Plan?

- If so, when was it written?

KEEP: 26 Briefly describe the agency's current fundraising activities.

- Provide net fundraising revenue from the most recent fiscal year.

KEEP: 27. Is the agency audited or reviewed by a CPA? (Yes/No)

- If No:
 - i. Please attach the most recent 2 full fiscal years of internal financial statements, including Balance Sheet and Profit & Loss Statement for each year, in the Agency Supporting Documents section.
 - ii. Briefly describe the agency's bank reconciliation procedures and oversight of financial reporting.

Program Information

KEEP: 28. Program Information

- Program Name:
- Program Director:

- Program Abstract:

KEEP: 29. Funding Priority and Focus Area:

Program Details

ADD: This section is designed to provide a clear picture of your program and how it addresses the needs of children and families in Indian River County. The questions ask you to define the specific problem or condition your program addresses, describe who is affected, and share data that demonstrates the need. You'll also outline your program's activities, frequency, staffing, and best practices to show how services are delivered effectively and equitably.

In addition, this section asks about accessibility (such as transportation, outreach, and referral systems), program uniqueness compared to similar services, and how you engage parents, caregivers, and schools. If your program has received CSAC funding in prior years, you will also be asked to reflect on your progress toward outcomes and client service numbers.

Overall, the purpose of this section is to demonstrate how your program is responsive to community needs, uses effective strategies, avoids duplication, and is positioned to achieve measurable results.

KEEP: 30. What specific problem or unacceptable condition does your program address?

KEEP: 31. Who is directly affected by this need? (e.g., age group, population, demographic)

KEEP: 32. Where does this population live within Indian River County?

KEEP: 33. Provide local, state, or national trend data (with source) that demonstrates this is a need in our community. Answer as directly as possible.

KEEP: 34. Briefly describe the program activities and explain how they address, and are expected to reduce, the identified problem or unacceptable condition.

KEEP: 35. Describe the frequency of program activities (e.g., hours per day, days per week, length of sessions).

KEEP: 36. Average number of children in attendance:

ADD: 36a. How do you calculate this average for attendance.

KEEP: 37. List the staffing needed for your program, including:

- Position titles
- Required experience/qualifications

- Estimated hours per week each staff member and/or volunteer will dedicate to the program

KEEP: 38. Describe the research-based, best practices your program follows. Provide data or evidence demonstrating that these strategies are effective in achieving the desired outcomes.

KEEP: 39. Explain how the target population is informed about and connected to the program (e.g., outreach methods, referral partners, community awareness efforts).

MOVE and EDIT: 41. How do you ensure that your target population has access to your programs?

KEEP: 40. Does the program provide transportation for clients to access services? (Yes/No)

- If yes, please describe.

KEEP: 42. Does the program currently have a waiting list? (Yes/No)

- **42.a.** If yes, how many clients are currently on the waiting list to enter the program?

KEEP: 43. Do families/clients pay out of pocket for services? (Yes/No)

- If yes, how much is charged per family/client?

EDIT 44. Identify similar programs currently serving the target population. Describe any efforts your agency has made to minimize duplication of services, and explain what differentiates your program.

EDIT 45. How does your program engage and educate parents/guardians in the chosen focus area for this grant?

EDIT: 46. Does the program operate from, or provide services in, a school within the School District of Indian River County? (Yes/No)

- **46.a.** If yes, please explain.
- **ADDED: 46.b.** Do you currently have a signed Memorandum of Understanding (MOU) with the School District? (Yes/No)

EDIT: 47.a. If the program received CSAC funding in **2024–2025**, were all outcome measures met for the year? (Yes/No)

- If no, explain what strategies you will use this year to achieve the outcomes.

EDIT: 47.b. If the program received CSAC funding in **2024–2025**, were the projected numbers of clients served met for the year? (Yes/No)

- If no, explain what strategies you will use this year to achieve the projected numbers served.

ADD: Why is your program a strong investment?

49: Additional Program Locations

(If your program operates at multiple sites, please list all locations where services are provided.)

Location Information

- Location Title:
- Address Line 1:
- Address Line 2:
- City:
- State:
- Zip Code:
- Program Dates:

of Children Served:

EDITED: # of Parents/Caregivers/Educators Served:

EDIT: 49.b. List the agencies your program collaborates with that directly impact your program's outcomes. For each agency, provide:

- The agency name
- A brief description of the services or resources they provide specifically to support this program

(Took away the address portion which was very labor intensive for the agencies, and made the answer program specific)

CSAC Outcomes/Indicators (50–53)

ADD: This section demonstrates the **impact of your program**. Each program must identify **one outcome** that addresses a Focus Area from the CSAC Needs Assessment. Programs will then select **three specific, measurable indicators** that clearly show how progress toward that outcome will be achieved.

The purpose of this section is to ensure programs are **results-driven, data-informed, and aligned with CSAC's funding priorities**, showing a clear connection between daily work and measurable community impact.

Outcome 1

50. Outcome Statement 1-3:

NEW INSTRUCTIONS: Select the outcome from the drop-down list that aligns with the Focus Area chosen for this grant application. Then identify three indicators that explain what you will measure and how your program will impact that outcome.

REMOVE: For this outcome, please report: **(Staff will run this report for you)**

- Current fiscal year-to-date results (10/1/24 – 3/30/25)
- Actual outcome results for the previous fiscal year

Data Indicator:

Indicators should show specific, measurable progress toward the outcome. Use the following format:

Equation:

% (or #) of [clients served/target group] will [change statement: improve, decrease, maintain] in [specific skill, behavior, or condition being measured]

Indicator Measurements (Evidence): Describe what data you will collect to measure the indicator and how you will verify accuracy.

Program Activities (What): Explain how your program activities directly relate to meeting your indicator and helping achieve your outcome.

Frequency (How Often): How often will these activities or measurements take place?

Responsible Parties (Who): Identify who is responsible for collecting the data.

Data Source (Where): Specify where the data will be sourced from.

Time of Measurement (When): Indicate when and how often the data will be collected.

Monitor and Adjust: Explain how the data will be monitored and how you will use the results to make program changes if needed.

Total Clients Served by the Program (53–57)

This section collects client service data to allow comparison across:

- The last **completed year**
- The current year-to-date
- The upcoming year for which you are requesting CSAC funds

Important Instructions:

- The **TOTALS SERVED** in each section must match.
- The figures entered here must also be consistent with those stated in the **Program Funding Request** section.
- The numbers reported for individuals served and group services provided **should not be duplicative** (e.g., if a client receives both individual and group services, count them once as an unduplicated client).

53. Total Number of Clients Served

| | 10/2023-09/2024 | 10/2024-09/2025 | Projected 10/2025-09/2026 | Actual 10/2025-03/2026 | Projected 10/2026-09/2027 | % of 26-27 Projected Total |
|---------------------------|-----------------|-----------------|---------------------------|------------------------|---------------------------|----------------------------|
| # of Unduplicated Clients | | | | | | |
| Total | | | | | | |

CHANGE: 54: Age

Provide Information on the age of the clients that your program is serving.

| | 10/2022-09/2023 | 10/2023-09/2024 | Projected 10/2024-09/2025 | Actual 10/2024-03/2025 | Projected 10/2025-09/2026 | % of 25-26 Projected Total |
|--------------------------------|-----------------|-----------------|---------------------------|------------------------|---------------------------|----------------------------|
| Total # of Children | | | | | | |
| Preschool 0-4 | | | | | | |
| Elementary 5-10 | | | | | | |
| Middle School 11-14 | | | | | | |
| High School 15-18 | | | | | | |
| Total # of Adults | | | | | | |
| CHANGE: Educators | | | | | | |
| CHANGE: Parents/Care | | | | | | |
| CHANGE: Other (explain) | | | | | | |
| CHANGE: Unknown | | | | | | |
| Total | | | | | | |

EDIT 55: Race and Ethnicity (added new categories and edited wording)

| | 10/2022-09/2023 | 10/2023-09/2024 | Projected 10/2024-09/2025 | Actual 10/2024-03/2025 | Projected 10/2025-09/2026 | % of 25-26 Projected Total |
|---|-----------------|-----------------|---------------------------|------------------------|---------------------------|----------------------------|
| Hispanic or Latino | | | | | | |
| Asian | | | | | | |
| White | | | | | | |
| Black or African American | | | | | | |
| American Indian or Alaska Native | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | |
| Multi-Racial | | | | | | |
| Others | | | | | | |
| Unknown | | | | | | |
| Total | | | | | | |

CHANGE 56: Income Level (added an option to use school district data)

Does your program use school district data to track economically disadvantaged students?
YES/NO

If yes, provide how many students are currently classified as Economically Disadvantaged.

If no, complete the chart below:

| | 10/2022-09/2023 | 10/2023-09/2024 | Projected 10/2024-09/2025 | Actual 10/2024-03/2025 | Projected 10/2025-09/2026 | % of 25-26 Projected Total |
|---------------------------|-----------------|-----------------|---------------------------|------------------------|---------------------------|----------------------------|
| 100% of Poverty or below | | | | | | |
| 101% to 150% of Poverty | | | | | | |
| 151% to 200% of Poverty | | | | | | |
| 201% of Poverty and Above | | | | | | |
| Unknown | | | | | | |
| Total | | | | | | |

EDIT 57: Geographic Location (added missing zip codes, other counties, and an explanation for other and unknown) For this chart, fill out as accurately as possible. If you serve the homeless population, please list in others.

| Zip Code / Category | FY 23/24 Actual | FY 24/25 Actual (YTD) | FY 25/26 Projected | % of FY 25/26 Projected Total |
|---------------------|-----------------|-----------------------|--------------------|-------------------------------|
| 32948 | | | | |
| 32957 | | | | |
| 32958 | | | | |
| 32960 | | | | |
| 32961 | | | | |
| 32962 | | | | |
| 32963 | | | | |
| 32964 | | | | |
| 32966 | | | | |
| 32967 | | | | |
| 32968 | | | | |
| 32969 | | | | |
| 32970 | | | | |
| 32976 | | | | |
| 32978 | | | | |
| Other Counties | | | | |
| Other (explain) | | | | |
| Unknown (explain) | | | | |

Program Funding Request

MOVE 61a.: How many years has this program been funded by CSAC?

58. Amount requested from CSAC for FY 2026/2027:

59. Total proposed program budget for FY 2026/2027:

60. Percentage of the amount requested to total program budget: (automated calculation for 58 and 59)

MOVE 68. Is the request more than 25% percent of the overall program budget.

a. If yes, explain.

62. FY 2025/2026 CSAC Funding:

COMBINED 63-64. Projected unduplicated clients served for FY 2026/2027 (this should match the number of projected unduplicated clients from 10/2026-9/2027 from question 53)

KEEP: 64. Total program cost per client: (automated calculation for 58 and 64)

KEEP: 65. Dollar amount of increase/decrease requested (automated calculation for 58 and 62)

a. If there is a change in request, please explain:

KEEP: 66. Percent increase/decrease requested: (automated calculation for 58 and 62)

KEEP: 67. Has the request increased by 5% or more?

a. If yes, explain the reason for the increase.

KEEP: 69. Will these funds be used as a matching grant to leverage other funding? (Yes/No)

a. If yes, please list the funding source(s) and the amount.

KEEP: 70. How will this program maintain funding if CSAC funding is not available?

Program Budget

EDIT: 71. Program Revenue (added additional funding sources, combined philanthropy into one category, clarified some sources)

For this chart, please list only the revenue sources that directly fund *this specific program*. Do not include your agency's overall revenue or other funding streams that are not allocated to this program.

| Revenue Source | FY 24/25 Actual | FY 25/26 Total Budget | FY 26/27 Proposed Budget | Percent Change |
|--|-----------------|-----------------------|--------------------------|----------------|
| IRC CSAC Funding | | | | |
| Grand Harbor Community Outreach, Inc. | | | | |
| Impact 100 | | | | |
| Indian River County Hospital District | | | | |
| Indian River Club's Head, Heart, and Hands Program | | | | |
| Indian River Community Foundation | | | | |
| John's Island Community Service League | | | | |
| John's Island Foundation | | | | |
| Quail Valley Charities | | | | |
| United Way of IRC | | | | |
| United Way of St. Lucie | | | | |
| United way of Martin | | | | |
| IRC County Funds (other than CSAC) | | | | |
| Department of Children and Families | | | | |
| Other FL State Funds | | | | |
| Federal Funds | | | | |
| Other Funders | | | | |
| Grants for Funding Capital Expenditures | | | | |
| Program Fees/Dues | | | | |
| Philanthropy | | | | |
| Investment Income | | | | |

| Revenue Source | FY 24/25 Actual | FY 25/26 Total Budget | FY 26/27 Proposed Budget | Percent Change |
|--|-----------------|-----------------------|--------------------------|----------------|
| Reserve Funds for Operating Use | | | | |
| Net Sales to Public | | | | |
| <i>In-Kind Donations (not included in total)</i> | | | | |

72. Program Expenses

For this chart, please list only the expenses that directly support this specific program. Do not include your agency's overall expenses or costs that are not allocated to this program.

| Expense Category | FY 23/24 Actual | FY 24/25 Total Budgeted | FY 25/26 Proposed Budget | Percent Change (+ or -) |
|--------------------------------------|-----------------|-------------------------|--------------------------|-------------------------|
| Salaries | | | | |
| Employee Benefits | | | | |
| Payroll Taxes | | | | |
| Professional Fees | | | | |
| Audit Expense | | | | |
| Administrative Costs | | | | |
| Advertising | | | | |
| Educational Materials | | | | |
| Equipment: Rental & Maintenance | | | | |
| Food & Nutrition | | | | |
| Insurance | | | | |
| Occupancy | | | | |
| Office Supplies | | | | |
| Postage/Shipping | | | | |
| Printing and Publications | | | | |
| Specific Assistance to Individuals | | | | |
| Subscriptions/Dues/Memberships | | | | |
| Telephone | | | | |
| Travel/Conferences/Training | | | | |
| Travel – Daily Mileage Reimbursement | | | | |
| Utilities | | | | |
| Other | | | | |
| Test | | | | |

| Expense Category | FY 23/24 Actual | FY 24/25 Total Budgeted | FY 25/26 Proposed Budget | Percent Change (+ or -) |
|--------------------------------------|-----------------|-------------------------|--------------------------|-------------------------|
| Total Expense | | | | |
| Equipment Purchases: Capital Expense | | | | |

73. Revenue Over/Under Expenditures

(Chart Automatically Calculated from charts 71 and 72)

74. Proposed Program Budget

EDIT: Use this chart to show how CSAC funding will be allocated within your program. This should reflect the specific expenses for which you will be submitting reimbursement requests if funding is awarded. Please also attach an example of the supporting documents you plan to submit for reimbursement under the grant, along with the expected timelines for submittal, in the *Program Supporting Documents* section.

*If you plan on requesting reimbursement for Books/Educational Materials/Program Supplies, please reach out to Robert Catapano for guidelines, prior to submitting your application.

FY 25/26 Proposed Program Budget

| Expense Category | FY 25/26 Program Budget | FY 25/26 Funder Budget (CSAC Request) | % of Total vs. Funder Request |
|---|-------------------------|---------------------------------------|-------------------------------|
| Salaries | | | |
| Employee Benefits | | | |
| Payroll Taxes | | | |
| Contract Wages (1099) | | | |
| Books/Educational Materials/Program Supplies | | | |
| Occupancy (rent, utilities, building & grounds) | | | |
| Total | | | |