

Children's Services Advisory Committee
Grant Application - CSAC 2022-2023 Grant Application

PROGRAM COVER PAGE

- Organization Name**
- Executive Director Name**
- Organization Address**
- Executive Director Email**
- Executive Director Phone**
- Program Director Name**
- Program Director Email**
- Program Director Phone**
- Name of Program**

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

- Early Childhood Development**
- Quality Remediation and Enrichment Programs**
- Build Parent Capacity**
- Programs that Address Risky Youth Behavior**

Brief Description of the Program (This is the summary used to describe your program and should be as focused and brief as possible.)

AGENCY BUDGET

Revenue

	FY 20/21 ACTUALS	FY 21/22 TOTAL BUDGETED	FY 22/23 PROPOSED BUDGET	Percentage Change + or (-)
Children's Services Council(s)				
CSC - St. Lucie County				
CSAC - Indian River County				
CSC - Martin County				
United Way-Indian River County				
United Way-St. Lucie County				
United Way-Martin County				
County Funds				
Department of Children & Families				
Other FL State Funds				
Federal Funds				
Grants for Funding Capital Expenditures				
Other Funders				
John's Island Community Service League				
Quail Valley				
Indian River County Hospital District				
Grand Harbor				
Indian River Community Foundation				
Other				
Program Fees				
Contributions-Cash				
Fund Raising Events-Net				
Funds from Other Sources				
Investment Income				
Legacies & Bequests				
Membership Dues				
Miscellaneous				
Reserve Funds Used for Operating				
Sales to Public-Net				
In-Kind Donations (Not included in total)				
TOTAL				

AGENCY BUDGET

Expenditures

	FY 20/21 ACTUAL	FY 21/22 TOTAL BUDGETED	FY 22/23 PROPOSED BUDGET	Percentage Change + or (-)
Salaries				
Payroll Taxes				
Employee Benefits				
Professional Fees				
Administrative Costs				
Advertising				
Audit Expense				
Educational Materials				
Books, Specific Assistance				
Equipment: Rental & Maintenance				
Food & Nutrition				
Insurance				
Occupancy				
Office Supplies				
Postage/Shipping				
Printing & Publications				
Specific Assistance to Individuals				
Subscription/Dues/Memberships				
Telephone				
Travel/Conferences/Training				
Travel-Daily Mileage Reimbursement.				
Utilities				
Other				
TOTAL				
Equipment Purchases: Capital Expense				

Revenues Over / (Under) Expenditures

	FY 20/21 ACTUAL	FY 21/22 TOTAL BUDGETED	FY 22/23 PROPOSED BUDGET	Percentage Change + or (-)
REVENUES OVER/UNDER EXPENDITURES				

PROGRAM FUNDING REQUEST

The client figures and amounts entered in this section must be consistent with those used later in the **Narrative**, **Demographics Unduplicated Client Count**, and **Program Budget** Sections of this application. The numbers served should NOT be duplicative of each other and should be a reasonable expectation, given the size and scope of the program.

Amount Requested from CSAC for 2022/23	0.00
Total Proposed <u>Program Budget</u> for 2022/23	0.00
Percent of Total Program Budget	0.00
Current Program Funding from CSAC (2021/22)	0.00
Dollar increase/(decrease) in request	0.00
Percent increase/(decrease) in request	0.00
Unduplicated Number of Children to be served Individually	0
Unduplicated Number of Adults to be served Individually	0
Of the total children and adults served individual, how many are served via group settings	0
Total Program Cost per Client	0.00

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

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

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

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

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

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

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

The Organization's Board of Directors has approved this application on: _____

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

PROPOSAL NARRATIVE

❖ **Organizational Capacity**

Provide the mission statement and vision of your organization.

Mission:

Vision:

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

Agency Fiscal Year: _____

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

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

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

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

Date the Board By-Laws were last updated: _____

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

Total amount of unrestricted cash: _____

Describe briefly the Agency's current fundraising activities.

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

Provide a BRIEF summary of your organization including areas of expertise, accomplishments, and population served as it relates to this program application.

As it relates to the program application specifically, how has the COVID-19 pandemic impacted the scope of your services and what measures have been implemented as a result? Provide a brief summary of the agency's response, the successes you've had and the challenges you may be encountering still.

❖ Program Need Statement

What is the unacceptable condition requiring change that is addressed by your program? Who has the need? Where do they live? Provide local, state, or national trend data, with reference source, that corroborates that this is an area of need in our community, and answer as directly as possible.

❖ 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.

Briefly describe the program activities and how they address, and will reduce, the unacceptable condition (from Program Need Statement). Describe the "best practices" followed and provide evidence that indicates proposed strategies are effective with target population.

Describe the frequency of the program activities. Please include bullet points for the average daily # of children in attendance, hours per day, days per week, and days per month.

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

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

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

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

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

PROGRAM OUTCOMES & ACTIVITES

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
- * Area of change
- * Target population
- * Degree of change
- * Time frame
- * As measured by
- * 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.

IMPORTANT NOTE: Keep in mind when developing Program Outcomes that, if funded, you will be accountable to accomplish the outcomes stated. Also, the Program Outcomes should reflect the information described in the Program Need Statement. The Program Need Statement should flow from the Mission and 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.

If this is a new program for Indian River County and you have data from another county that is specific to this program application, attach a Program Outcomes Report under Support Documents.

Expected Outcome /Change (Focus Area):

- **For this outcome, report current fiscal year results to date (10/01/21 – 03/31/22):**
- **ACTUAL outcome results for the previous fiscal year:**

Indicator Measurements (Evidence):

Program Activities (What):

Frequency (How Often):

Responsible Parties (Who):

Data Source (Where):

Time of Measurement (When):

COLLABORATIVE AGENCY

List Collaborative Agency - Collaboration is expected to better serve the community and fill existing gaps in services.

Agency Name	Program Resources Provided

DEMOGRAPHICS

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. In all sections, the **Totals Served** should match. **The figures from these sections must be in agreement with those stated in the Program Funding Request section.** The data for those served as individuals and by group services should NOT be duplicative.

Unduplicated Clients - Program Specific

	10/2019-09/2020	10/2020-09/2021	10/2021-09/2022 Projected	10/2021-03/2022 Actual	10/2022-09/2023 Projected	% of Total
Individual Children						
Children in Groups						
Individual Adults						
Adults in Groups						
Number of Families						
Total						

Age

	10/2019-09/2020	10/2020-09/2021	10/2021-09/2022 Projected	10/2021-03/2022 Actual	10/2022-09/2023 Projected	% of Total
Total # of Children						
Preschool 0-4						
Elementary 5-10						
Middle School 11-14						
High School 15-18						
Total # of Adults						
Young Adult 19-25						
Adult 26-54						
Senior 55+						
Total						

Ethnicity

	10/2019-09/2020	10/2020-09/2021	10/2021-09/2022 Projected	10/2021-03/2022 Actual	10/2022-09/2023 Projected	% of Total
Black / African American						
White						
Hispanic / Latino						
Asian						
American Indian						
Other						
Unknown						

Total						
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Income

	10/2019-09/2020	10/2020-09/2021	10/2021-09/2022 Projected	10/2021-03/2022 Actual	10/2022-09/2023 Projected	% of Total
100% of poverty or below						
101% to 150% of poverty						
151% to 200% of poverty						
201% of poverty and above						
Unknown						
Total						

Geographic Location

	10/2019-09/2020	10/2020-09/2021	10/2021-09/2022 Projected	10/2021-03/2022 Actual	10/2022-09/2023 Projected	% of Total
Indian River Co.						
32948						
32958						
32960						
32962						
32963						
32966						
32967						
32968						
Unknown						
Martin Co.						
St. Lucie Co.						
Okeechobee Co.						
Total						

PROGRAM BUDGET

Revenue

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Legacies & Bequests				
Membership Dues				
Miscellaneous				
Reserve Funds Used for Operating				
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In-Kind Donations (Not included in total)				
TOTAL				

PROGRAM BUDGET

Expenses

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Salaries				
Subcontractor Wages				
Employee Benefits				
Payroll Taxes				
Professional Fees				
Administrative Costs				
Advertising				
Audit Expense				
Educational Materials				
Equipment: Rental & Maintenance				
Food & Nutrition				
Insurance				
Occupancy				
Office Supplies				
Postage/Shipping				
Printing & Publications				
Specific Assistance to Individuals				
Subscription/Dues/Memberships				
Telephone				
Travel/Conferences/Training				
Travel-Daily Mileage Reimbursement				
Utilities				
Other				
TOTAL				
Equipment Purchases: Capital Expense				

Revenue Over / (Under) Expenditures

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