

**Children's Services Advisory Committee**

**Grant Application - CSAC 2025-26 Grant Application**

**Application Status:** Not Started

**TEST AGENCY**

**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**

**Agency Website**

**Brief description of your organization (100 word limit)**

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## TEST AGENCY

### < Organizational Capacity >

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

# of Full Time Employees

# of Part Time Employees

# of Volunteers

Agency Fiscal Year:

2. Please briefly explain your policies and procedures on performing background checks on all staff and volunteers interacting with children?
3. Does the Agency have a Board-approved written, active strategic plan? If yes, when was it last updated?
4. Board of Directors composition and policies:
  - a. Please explain board Attendance policies including the # of times the Board meets annually, # of Board members, and # of vacancies.
  - b. How many board members representing Indian River County? Please attach a Board Listing including each director's home city, state, and zip code.
  - c. Please describe the Board's Conflict of Interest policy and how it is implemented.
5. Agency By-Laws:
  - a. What is the date of most recent bylaws? Please attach current bylaws.
6. Has your Agency EVER had any county, state or federal investigations into its operations? If yes, please explain.
7. Does the agency hold at least 3 months of operating cash on hand?
  - a. Total unrestricted cash on hand at most recent Fiscal Year End:
  - b. Average estimated monthly cash expenditures [(annual expenditures less depreciation and other non-cash items)/12]
8. 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)=
9. Describe briefly the Agency's current fundraising activities.
  - a. Provide net fundraising revenue from most recent fiscal year.
10. Is the Agency audited or reviewed by a CPA?
  - a. If Yes:
    - i. Please attach most recent fiscal year financial statements with attestation report.
    - ii. Please attach any internal control letters of weakness or deficiencies that were provided to the Agency with its most recent attestation engagement.
  - b. If No:
    - i. Please attach most recent 2 full fiscal years internal financial statements including Balance Sheet and Profit & Loss Statement for each year.

- ii. Describe briefly the Agency's bank reconciliation procedures and its oversight of financial reporting
- iii. Please attach bank statement and reconciliation for most recent fiscal year end operation account.

**11.CEO Salary:**

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## PROPOSAL NARRATIVE

### < Proposal Narrative >

#### 12. Program Abstract (100 word limit)

13.

Identify the Funding Priority and focus area your program will address (Please select only one priority and focus area per program):

a. Health and Well-being

- Enhanced Access to Prenatal Care
- Advancements in Positive Behavioral Health
- Promotion of Physical Health
- Identification and Expansion of Program for Students with Special Needs

b. Nurturing Families and Communities

- Decrease in Childhood Adversity
- Reduction of Juvenile Delinquency Incidents

c. Success in School and Life

- Increase in Kindergarten Readiness
- Improvement in Academic Performance
- Boost in Student Attendance
- Expansion of Pathways for College and Career Success

14. What is the unacceptable condition requiring change that is addressed by your program?  
Who has the need? Where do they live?

15. 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.

16. Briefly describe the program activities and how they address, and will reduce, the unacceptable condition.

17. Describe the frequency of the program activities (hours per day, days per week, etc.) and the # of children in attendance on average.

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

19. Describe the research-based best practices that your program follows and provide data or evidence that demonstrates the effectiveness of these strategies in achieving the desired outcomes.

20. Who is your target population and explain how the target population is made aware of the program

21. Does the program provide transportation for children to access services? Y/N

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

23. Does the program currently utilize a waiting list? If yes, how many clients are currently on the wait-list to enter the program?

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

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- 25. Identify similar programs that are currently serving the needs of the targeted population and describe any efforts to minimize duplication. What differentiates your program from other similar programs?**
- 26. Share your research-based strategies for building parent/guardian capacity around your outcome measures.**
- 27. Does the program operate from, or provide services in, a school of the IRC School District? If yes, please explain and provide evidence of the partnership with the School District in the Supporting Documents section.**
- 28. If the program received CSAC funding in 2022-2023, were all outcomes measures met for the year, including numbers served? If not, what will you do differently to achieve expected outcomes?**

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## **Collaborative Agency List**

**Agency Name:.**

**Program Resource Provided:.**

**Program Resource Provided:.**

**Program Resource Provided:.**

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PROGRAM OUTCOMES &  
ACTIVITIES

**CSAC Expected Outcomes**

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

**For this outcome, report  
current fiscal year-to-date  
(10/1/23 - 3/30/24): ACTUAL  
outcome results for the  
previous fiscal year:**

**30. Indicator Measurements  
(Evidence):**

**31. Program Activities**

**(What): Describe how  
the activities in your  
program help you  
achieve this specific  
outcome.**

**Frequency (How Often):**

**32. Responsible Parties**

**(Who is responsible for  
collecting the data?):**

**33. Data Source (Where will  
the data be sourced  
from?):**

**34. Time of Measurement  
(When and how often  
will the data be  
collected?):**

**35. Monitor and Adjust: How  
will the data be  
monitored, and  
adjustments be  
determined based on the  
data?**

**Outcomes 2 and 3 will  
repeat this pattern.**

### 36.Total Clients Served by the Program

	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
# of Unduplicated Clients						
Individual Children						
Individual Adults						
Children in Groups						
Adults in Groups						
Number of Families						
Total						100

### 37. Age

	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						
Young Adults 19-25						
Adult 26-54						
Senior 55+						
Total						100

### 38.Ethnicity

	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
Black / African American						
Asian						

White / Caucasian						
Hispanic / Latino						

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	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
American Indian						
Pacific Islander						
Multi-Racial						
Others						
Unknown						
Total						100

### 39. Income Level

	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						100

### 40. Geographic Location

	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
32948						
32958						
32960						
32962						
32963						
32966						
32967						
32968						
Unknown						
Other						

Total						100
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## PROGRAM FINANCE

41. Total Agency Budget:

42. Amount Requested from CSAC for 2024/25:

43. Total Proposed Program Cost Budgeted for 2024/25:

43. Percent of Program Budget to Total Agency Budget (39/37)=

44. Percent of Request to Total Program Budget (38/39)=

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

45. Current Program Funding from CSAC (2023/24):

46. Dollar increase/(decrease) being requested (38-41)=

a. If applicable, please indicate reason for \$ change in request.

47. Percent increase(decrease) being requested (38/41)=

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

48. Unduplicated Number of Clients to be served:

a. Children to be served:

b. Adults to be served:

c. Of the total children and adults served, how many are served via group setting:

49. Total Program Cost per Client (39/45)=

50. If these funds are being used to match another source, name the source and the \$ amount How would the program maintain services in absence of CSAC funding?

## PROGRAM BUDGET

### 51.Revenue

	FY 23/24 ACTUAL	FY 24/25 TOTAL BUDGETED	FY 25/26 PROPOSED BUDGET	Percentage Change + or -
Children's Services Council(s)	0	0	0	0
United Way-Indian River County				
United Way-St. Lucie County				
United Way-Martin County				
County Funds				
Department of Children & Families				
Other FL State Funds	0	0	0	0
Federal Funds				
Other Funders	0	0	0	0
Grants for Funding Capital Expenditures				
Program Fees				
Contributions-Cash				
Fund Raising Events-Net				
Funds from Other Sources	0	0	0	0
Investment Income				
Legacies & Bequests				
Membership Dues				
Miscellaneous	0	0	0	0
Reserve Funds Used for Operating				
Sales to Public-Net				
In-Kind Donations (Not included in total)				
Total				

**52.Expenses** *(Please provide supporting detail documentation including staffing worksheet and other supporting details as available and applicable)*

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	FY 23/24 ACTUAL	FY 24/25 TOTAL BUDGETED	FY 25/26 PROPOSED BUDGET	Percentage Change + or -
Salaries	0	0	0	0
Employee Benefits				
Payroll Taxes				
Professional Fees	0	0	0	0
Audit Expense				
Administrative Costs	0	0	0	0
Advertising				
Educational Materials	0	0	0	0
Equipment: Rental & Maintenance				
Food & Nutrition	0	0	0	0
Insurance				
Occupancy				
Office Supplies				
Postage/Shipping				
Printing & Publications				
Specific Assistance to Individuals	0	0	0	0
Subscription/Dues/Members hips				
Telephone				
Travel/Conferences/Training				
Travel-Daily Mileage Reimb.				
Utilities				
Other	0	0	0	0
Total				
Equipment Purchases: Capital Expense	0	0	0	0

### 53.Revenue Over/(Under) Expenditures

	FY 23/24 ACTUAL	FY 24/25 TOTAL BUDGETED	FY 25/26 PROPOSED BUDGET	Percentage Change + or -
REVENUES OVER/UNDER EXPENDITURES				

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## CSAC Funder Specific Budget

**53.** *Please attach an example of supporting documents planned to be presented for reimbursement under the grant and timelines expected for submittals.*

**54.** *Please briefly describe how the Agency tracks its grant funds expended including procedures to prevent duplication of expenses among funders.*

### **55. Expenses Requested for CSAC Funding**

Description	FY 24/25 Program Budget	FY 24/25 Funder Budget	% of Total VS. Funder Request
Salaries			
Employee Benefits			
Payroll Taxes			
Contract Wages (1099)			
Books/Educational Material/Program Supplies			
Occupancy (rent, utilities, building & grounds)			
Other Expenses (maximum of 5)	0	0	0
Total			

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