

**Children's Services Advisory Committee**  
**Grant Application - CSAC 2024-2025 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  
Website

Brief description of your organization (100-word limit):

Name of Program

Identify the Funding Priority your program will address:

- Health and Well-being
  - Enhanced Access to Prenatal Care
  - Advancements in Positive Behavioral Health
  - Promotion of Physical Health
  - Expansion and Identification of Programs for Students with Special Needs
- Nurturing Families and Communities
  - Decrease in Childhood Aversity
  - Reduction of Juvenile Delinquency Incidents
- Success in School and Life
  - Increase of Kindergarten Readiness
  - Improvement in Academics
  - Boost in Student Attendance
  - Expansion of Pathways for College and Career success

**ORGANIZATIONAL CAPACITY**

- Provide the mission statement and vision of your organization.
  - # 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: \_\_\_\_\_
- Total unrestricted cash on hand: \_\_\_\_\_
- Describe briefly the Agency's current fundraising activities.
- How would the program maintain services in absence of CSAC funding?
- 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.

**PROPOSAL NARRATIVE**

- Program Abstract (100-word limit):
- 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.
- 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.
- Does the program provide transportation for children to access services? Y/N
- 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?
- Does the program charge clients any fees for program services? If yes, please explain.
- 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?
- Share your research-based strategies for building parent/guardian capacity around your outcome measures.
- Does the program operate from, or provide services in, a school of the IRC School District? If yes, provide evidence of the partnership with the School District in the Supporting Documents section.
- List below all collaborative agencies relevant to the delivery of the program and upload evidence to support the collaboration in the Supporting Documents section.

**COLLABORATIVE AGENCY**

Agency Name	Program Resources Provided

**DEMOGRAPHICS**

	10/2021-09/2022	10/2022-09/2023	10/2023-09/2024 Projected	10/2023-03/2024 Actual	10/2024-09/2025 Projected	% of Total
<ul style="list-style-type: none"> <li>• Unduplicated Clients</li> <li>• Age</li> <li>• Ethnicity</li> <li>• Income</li> <li>• Geographic Location</li> </ul>						

**PROGRAM OUTCOMES & ACTIVITES**

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?

- Expected Outcome /Change (Funding Priority Area of Focus):
  - For this outcome, report current fiscal year results to date (10/01/23 – 12/31/23):
  - 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):

**PROGRAM FUNDING REQUEST**

- Amount Requested from CSAC for 2024/2025 0.00
- Total Proposed Program Budget for 2024/2025 0.00
- Percent of Total Program Budget 0.00%
- Current Program Funding from CSAC (2023/2024) 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

- If applicable, please indicate reason for \$ change in request.
- 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.
- If these funds are being used to match another source, name the source and the \$ amount.

**PROGRAM BUDGET**

REVENUE/EXPENSES	FY 22/23 ACTUAL	FY 23/24 TOTAL BUDGETED	FY 24/25 PROPOSED BUDGET	% Change + or (-)
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**CSAC BUDGET REQUEST**

EXPENSES	FY 24/25 PROGRAM BUDGET	FY 24/25 FUNDER BUDGET	% OF TOTAL VS. FUNDER REQUEST
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