



**REQUEST FOR FUNDING PROPOSAL**  
**FY 2016**  
**January 1, 2016—December 31, 2016**  
**Lincoln County Resource Board**

June 30, 2015

Dear Service Providers:

In November 2006, the Lincoln County citizens passed Proposition 1, *Putting Kids First*, which created a Children's Services Fund for children and youth 19 years of age or less in Lincoln County. The Lincoln County Resource Board (LCRB) has been entrusted to oversee this fund. This fund is created under Missouri state statutes 67.1775 and 210.861 and the Lincoln County Commission Order 2003-05-27. Missouri Revised Statute 210.861 specifically defines what types of services can be funded. The services are as follows:

- (1) Up to 30 days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth; respite care services; and services to unwed mothers;
- (2) Outpatient chemical dependency and psychiatric treatment programs; counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hotlines; and prevention programs, which promote healthy lifestyle among children and youth and strengthen families;
- (3) Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

In addition, the Lincoln County Commission Order 2003-05-27 dictates that in order for the LCRB to enter into contract for services with a provider, the provider must

- A) Be incorporated or authorized to do business in the State of Missouri as a not-for-profit corporation or a government entity;
- B) Receive at least 25 percent of its funds from sources other than the *Putting Kids First* Children's Services Fund;
- C) Be certified or licensed by the State of Missouri to provide the services that utilize these funds, provided that such certification or licensure exists;
- D) Require all employees and volunteers of the agency to maintain the confidentiality of any information that would identify individuals served by that agency;
- E) Require that within the limits of the contracted services, services be provided regardless of an individual's race, religion, national origin, gender, or age; and
- F) Require that employees and volunteers of the agency who provide direct services be screened as required by state statute.

Sincerely,

Cheri Winchester  
Executive Director of the LCRB



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**Please make note: This application is to be used only by agencies that have not previously received regular funding grants from the Lincoln County Resource Board.**

Indicate service area(s) for which you are requesting funding (✓). Agencies may submit requests for funding for multiple areas of service, but they must submit independent applications for each category. Please submit **eight (8) copies** of this application **and email one copy** to [director@lincolncountykids.org](mailto:director@lincolncountykids.org).

<b>AREAS OF SERVICE</b>			
	Temporary Shelter Services		Crisis Intervention Services
	Respite Care Services		School-based Prevention Services
	Services to Unwed & Teen Parents		Transitional Living Programs
	Outpatient Substance Abuse Treatment Services		Home & Community-Based Intervention Services
	Outpatient Psychiatric Services		Individual, Group & Family Counseling Services

**DEADLINE: Application deadline for 2016 funding is Friday, August 21, 2015, 2:00 p.m. Application copies should be mailed or delivered to: Lincoln County Resource Board, 101 West College Street, Suite 1B, Troy, MO 63379 (Phone number at delivery site: 636-528-2490).**

**For assistance with this application or for further information, please contact:**

**Cheri Winchester, Executive Director**  
[director@lincolncountykids.org](mailto:director@lincolncountykids.org)  
**Phone: 636-528-2490**

### Special Instructions

Please provide all applications in typed format using Arial font size 12. Print copies in black ink on white paper only, no colored paper or artwork throughout the application. You may include (and are encouraged to do so) your organization’s logo, website address and any other marketing information, but only on the cover page.

- Please include the following supplemental information.
- **Only one (1) copy of the supplemental information is required per application.**

SUPPLEMENTAL INFORMATION	✓ if included or explain why document is not included
Proof of 501c3 status	
Most recent agency independent audit	
Agency Strategic Plan	
Copy of most recent 990 tax return	
Agency statement of confidentiality	
Agency policy of non-discrimination in hiring practices	
Agency policy statement for screening of staff for past child abuse and neglect	
Copies of agency accreditation(s)	
Certificate of corporate good standing	
Mission statement	
Most recent strategic plan	
Memoranda of understanding (if applicable)	
Brief Agency History (1-2 pages)	
References: Please include contact names and phone numbers. References may include funders for whom you have worked and/or partnering agencies such as schools, juvenile justice office, Children’s Division, etc.	
Roster of Current Board of Directors	
Agency Assurance * see Appendix A	
Board of Director’s Resolution *see Appendix B	
Brochures and marketing materials (optional)	

<b>Agency Profile</b>	
Agency Name:	
Agency Address:	
Street	
City, State, Zip Code	
Agency Phone Number:	
Agency Fax Number:	
Agency Web Site:	
Primary Contact:	
Name	
Title	
Email Address:	
Contact Phone Number & Ext.	
Contact Cell Phone Number:	
Additional Contact Numbers:	

## PROPOSAL NARRATIVE

### PART I: AGENCY OVERVIEW (5 points)

- Provide a historical summary of your agency's work as it pertains to the services for which you are requesting funding.

### PART II: PROGRAM NEED AND PROGRAM DELIVERY (40 points)

#### Demonstration of Human Need

- Provide a detailed description of the problem/unmet need you propose to address that exists within the community or within the targeted population you propose to serve.
- Describe the target population (with projected age ranges) to be served and quantify the problem using local statistical data.
- Describe the lack of community resources necessary to address the problem.

#### Methods

- Describe your programmatic response to the problem. How do you propose to decrease the problem?
- Is your program using an evidence-based practice? If yes, name the best practice. Demonstrate how this practice is effective with your target population. Describe the therapeutic methods or curricula that will be used in providing these services.
  - Cite research sources and/or your past history with the problem and your success to defend your approach.
- What is your approach for (or how often do you) updating curricula, materials (i.e., consumer brochures, videos, etc., as relevant) to ensure timely or evolving needs are addressed?
- Does this program have a waitlist and, if yes, what is the current waitlist number? What is the average length of stay on your waitlist? What assistance is provided to children and youth waiting for services?
- What is the average length of stay per client in the program?
- Describe how your agency will collaborate and integrate services with other providers.
- Include hiring, training and any development time before the actual service will be provided.

## **PART III: PROJECT OUTCOMES AND PROJECT MANAGEMENT (25 points)**

### **Project Outcomes**

- Include a minimum of three clinical goals with anticipated outcomes. Clinical outcomes must be measurable and time specific.
- Describe what you hope to accomplish along with timelines and project benchmarks.
- Include copies of any evaluation tools that you will be using and provide a description of why you are using these tools compared to other tools.

### **Project Management**

- How will the project be managed?
- Who will be designated as key project staff? (Feel free to use either job titles and/or staff member names.)
- What is your staff turnover in this program? Indicate what, if any, potential threats to program continuity exist.
- Who will be responsible for the overall management of the proposed project? (Feel free to use either job titles and/or staff member names. Please do not include full resumes or job descriptions. Rather, briefly describe relevant professional backgrounds and qualifications within the body of the proposal narrative.)

## **PART IV: BUDGET INFORMATION/OUTPUTS (30 points)**

### **LCRB 2016 Funding Parameters**

The board will follow the guidelines below in making 2016 funding decisions:

1. Indirect administrative costs will be capped at 18%.
2. Expenses such as rent, utilities, staff training and/or professional liability may only be included as indirect administrative costs. The only exception is programs that actually shelter children in a facility as part of direct care (face-to-face contact), and then you may include rent and utilities.
3. “Bundled” costs will not be accepted. Providers will be required to separate the different services offered within the program into appropriate unit costs. For instance, individual counseling services would have a different unit cost than case management services.
4. The Lincoln County Resource Board will look at salary efficiencies and the cost of doing business in regards to setting appropriate unit costs and in awarding funding for 2016.

## **Agency-Wide Financial Form, Salary Analysis Form and Project Budget Sheets**

The 2016 LCRB funding application includes a three-part Excel financial section that includes:

1. An **Agency-Wide Financial** Excel form for your overall 2016 agency budget, your 2015 and 2014 actual audited financial information and the budget for the program service for which you are applying.
2. A **Salary Analysis** form to list all direct staff assigned to requested projects. Direct clinical supervisors may be included in the analysis. Allocate all salary dollars and billable hours to the specific units of service and identify the specific project number and unit number. The sum of the salary dollars for a project unit of service must match the specific total in the project budget. The Efficiency Standard Percentage by staff indicates percent of billable time vs. total time the staff is budgeted for the agency.
3. Following the Salary Analysis form is a **unit of service project section** that must be completed. Each project budget sheet will support four different units of service calculations per project. All project totals are automatically carried forward to the Agency-Wide Data report to provide visibility to the impact of LCRB dollars on your total agency.

### **Please note:**

- Each unit of service awarded will require specific tracking and reporting throughout the contract period. We suggest expanding into separate units of service only if it provides operational value or a significant cost difference.
- The unit of service cost requested on the form is the cost per unit. The total dollars requested for the entire project is filled in at the top of the project budget worksheet "LCRB Requested Funds."

For each project budget, select the appropriate service area and provide the required information.

**UNDER MONTHS OF SERVICE, PLEASE CHECK "12 Months" unless your program specifically will run for less than the full contract period.**

Description of additional awards of income or reductions in income can be included in summary form in the budget justification section. Indicate whether funds are restricted or unrestricted. The blue fields designate input areas. Hover-over comments are imbedded throughout the worksheets and appear as small red triangles in the corner of the description. Each comment further describes the information requested or the calculation used.

Upon completion, a printed copy of the workbook should be included with your application and an electronic copy of this workbook should be emailed to [director@lincolncountykids.org](mailto:director@lincolncountykids.org). Since an agency may be submitting for multiple projects, please re-name your completed worksheet with your agency name and project in the following format: 2016-Agency Name.xls.

### **Direct Budgeted Project Expenses**

Direct project expenses are expenses directly related to serving the client and **do not** include indirect or administrative costs. Expenses within this category include clinical staff salaries, immediate supervisor salaries, clinical staff fringe benefits, immediate supervisor fringe benefits, direct client service areas, phone/cell phones/internet, consumable supplies, printing, non-consumable supplies, mileage and client-support living expenses.

Direct Clinical Staff Salaries: Include the total number of full-time equivalents (FTEs) that will provide direct service to children, youth and their families. Provide job titles, major responsibilities and salaries. We are not looking for names of staff members. For example, Caseworker I, \$40,000, provides individual and family therapy.

Immediate Supervisors' Salaries: Include the salaries of immediate supervisors. It should be pro-rated based on the percentage of their time spent supervising their clinical staff. Specify what percentage you are using.

Staff Fringe Benefits: Include the cost of providing the following fringe benefits for the staff included as direct Clinical Staff and Immediate Supervisors' prorated share: FICA, unemployment insurance, workmen's compensation, health insurance and retirement.

Direct Client Service Areas: For areas in your facility where clients are served face-to-face, you may include a percentage of your rent or leasing cost, based on the percentage of total square footage.

Utilities: Utilities may only be listed under direct costs for face-to-face client contact. As with the direct client service areas, include the same percentage of your monthly utility and maintenance bills, based upon percentage of total square footage. List the utilities that are included (electric, gas, water and sewer and trash removal).

Telephone/Cell Phone/Internet: The cost of land lines, cell phones and Internet costs may be included. The percentage of cost should be based on the percentage of usage of these devices for this program of service. You may include a percentage of your telephone costs. Justify who and why certain staff members need cell phones and describe your policy for reimbursement of cell phone costs if staff will be utilizing personal cell phones.

Consumable Supplies: Include the cost of office supplies used in providing services to youth and their families. *Office supplies not being used in the providing of services to youth and their families should be included under "Indirect Costs".*

Non-consumable Supplies: As staff is added, additional equipment may need to be purchased, such as office furniture, computers and software and copy machines. Include a list of items along with costs.

Printing: Include all printing costs incurred in providing services to youth and their families. *Printing costs for marketing of this program should be included under "Indirect Costs."*

Mileage: Include the cost of reimbursing employee mileage. You may include the cost of travel should staff need to drive to various locations away from the office to provide the service. Utilize the state-approved mileage reimbursement rate for the current year. ***Mileage costs must be included in the unit cost. No additional or separate payments for mileage costs will be paid by the LCRB. The cost of transporting clients cannot be included in your LCRB request per state statute, but can be funded through other revenue sources.***

### **Indirect Budgeted Project Expenses**

These are expenses related to the administrative and/or overhead costs associated with the LCRB-funded program. Expenses related to this section include administration salaries, administration



fringe benefits, building insurance, D & O insurance, building repairs, rent, utilities, other office supplies, other printing, postage, cleaning supplies, staff training, professional liability insurance and advertising. **Indirect expenses may not exceed 18%.**

Administration Salaries: List and total the number of indirect staff who will be providing indirect services to this program. Please detail the expenses. For example: If your CEO allots .05 percent time to the LCRB program, your explanation would indicate .05 FTE at their listed salary. Provide information about how the administrative positions support the program.

Administrative Fringe Benefits: Include the cost of providing the following fringe benefits: FICA, unemployment insurance, workmen's compensation, health insurance and retirement.

Accounting and Fiscal Management: If you didn't include fiscal management in your administrative costs or if you use an outside source for payroll and other accounting services, you can include a percentage of this cost. Base the percentage on the total amount of your proposed funding to your overall budget.

Rent: For areas in your facility where clients are not served face-to-face, you may include a percentage of your rent or leasing cost, based on the percentage of total square footage.

Utilities: List the total of other utilities and at what percentage they are expensed to the program (may include pest control, snow removal, outdoor maintenance).

Other Office Supplies: List the total of other office supplies and at what percentage they are expensed to the program.

Other Printing: List the total of other printing costs and at what percentage they are expensed to the program.

Postage: List total postage expenses and at what percentage they are expensed to the program.

Cleaning Supplies: List total cleaning supplies and at what percentage they are expensed to the program.

Staff Training: Include the cost of staff trainings and travel to the trainings for direct clinical staff. If you include training costs, then you may not bill for training time, since the listed training costs would be calculated in the overall rate. Licensing costs may be included here as well.

Professional Liability Insurance: Include the cost of providing professional liability for direct clinical staff and immediate supervisors.

Advertising: List total advertising expense and at what percentage they are expensed to the program.

Accreditation Expenses: Reimbursement for expenses related to agency accreditation costs may be requested. Indicate what accreditation organization is affiliated with your organization, total amount of accreditation expense and at what percentage your agency is requesting and how often accreditation occurs.

**APPENDIX A**

**2016 Agency Assurance**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligations to comply with any of the conditions of the *Lincoln County Resource Board* specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of funds, expenditures and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures used to determine unit cost for allowable purposes, and that documentation will be readily available to verify their accuracy and validity.

I, the undersigned certify the following to be true:

- That the agency maintains a Confidentiality Policy that ensures the privacy of the clients we serve, those who volunteer their time and energy to the agency and to all agency staff members;
- That the agency is an equal opportunity employer and does not discriminate in its hiring, firing, or promotion policies or practices on the basis of race, religion, color, sex, marital status, familial status, national origin, age, disability or sexual orientation;
- That the agency complies with the law governing the Articles of Incorporation under all Missouri Nonprofit Corporation statutes.

Agency President/CEO Printed Name \_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Agency Board Chair Printed Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Appendix B**

**Lincoln County Resource Board  
2016 Application for Funds  
Board of Directors Resolution**

At the Board meeting on \_\_\_\_\_, the Board of Directors of  
\_\_\_\_\_ approved submitting this application form for the  
purposes of:

\_\_\_\_\_  
Project Name Requested Amount

\_\_\_\_\_  
Project Name Requested Amount

\_\_\_\_\_  
Project Name Requested Amount

Note: Exact dollars requested are not required. Amounts requested should be submitted as not-to-exceed figures.

The authorized individual(s) to enter into contractual arrangements with the *Lincoln County Resource Board* is (are):

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

We, the undersigned, hereby certify that the statements made in this application are correct to the best of our knowledge and belief, and we are authorized to sign this application on behalf of the applicant, and we shall comply with the *LCRB* guidelines, monitoring procedures, and formal contract provisions if our request for funding is approved.

Respectfully submitted,

\_\_\_\_\_  
By Address

\_\_\_\_\_, Board of Directors  
Title

\_\_\_\_\_  
Date Phone