



## **SPECIAL TRAINING AND DEVELOPMENT FUND (STDF) PACKET**

Thank you for your interest in Children's Services Council's Special Training and Development Fund.

This packet includes the following:

- ♥ STDF Overview
- ♥ STDF Application
- ♥ Appendix A: Best Practice Guidelines
- ♥ Appendix B: Budget and Reporting Guidelines
- ♥ Appendix C: Sample Agreement for Training Funds
- ♥ Appendix D: Request for Reimbursement of Special Training & Development Funds

If you have any questions about information in this packet, please contact:

**Danielle M. Crouch**

Events Planner

Children's Services Council of Palm Beach County  
2300 High Ridge Road  
Boynton Beach, FL 33426

Telephone: (561) 374-7594

Fax: (561) 835-1956

Email: [Danielle.Crouch@cscpb.org](mailto:Danielle.Crouch@cscpb.org)

## SPECIAL TRAINING AND DEVELOPMENT FUND OVERVIEW

The Children's Services Council (CSC) sets aside special funds each year to assist in sponsoring conferences, workshops and other training activities (herein referred to as the "event") for the providers of services to children and families in Palm Beach County. The maximum to be awarded for any single event will be \$2,000. Organizations may be awarded no more than \$4,000 per calendar year.

### Eligibility Criteria

While applications from individual agencies are welcome, collaboration with other provider agencies is encouraged. The following types of organizations may apply for these special funds:

- Not-for-profit organizations;
- Accredited colleges and universities;
- Governmental organizations;
- Professional organizations/coalitions (if the organization or coalition is not a legal entity, CSC will require a primary agency for contracting).

In compliance with 125.901 Florida Statutes, the Palm Beach County School District is not eligible to apply for CSC funds.

### Application Procedure

Applications must be completed in full, signed and submitted with all necessary attachments by the first Friday of the month at least three months prior to the proposed event. For example, in order for an event on April 28 to be considered, all necessary paperwork must be submitted by the first Friday in January. This allows time for review, approval, and promotion of the event using the CSC sponsorship logo. Incomplete applications will be returned to the applicant to provide additional information by the deadline in order to be considered for funding. Should an applicant fail to return all necessary documentation by the first Friday of the month at least 3 months prior to the proposed event, the application will not be reviewed.

A Volunteer Review Committee facilitated by CSC's Senior Professional Development Associate reviews applications bimonthly. The meetings are held on the third Tuesday of the following months: February, April, June, August, October, and December. Upon the completion of the review, the Committee recommends funding decisions to the Council. The Council will make the final decision on all awards. The Council reserves the right to deny any request for funds.

Applications are available from and should be submitted to:

**Danielle M. Crouch**  
Events Planner

Children's Services Council of Palm Beach County  
2300 High Ridge Road  
Boynton Beach, FL 33426

Telephone: (561) 374-7594

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## Application Process

1. The applicant submits the completed application inclusive of attachments to the CSC Senior Professional Development Associate by the first Friday of the month at least three months prior to the proposed event.
2. The application is initially reviewed for basic eligibility criteria by the Senior Professional Development Associate. A *Notice of Receipt* is sent to the applicant confirming receipt of the application and identifies the application's status as complete or incomplete. Applications that are incomplete or do not meet eligibility criteria will be returned to the applicant with a list of missing documentation. These applications have until the first Friday of the month at least three months prior to the proposed event to resubmit their application for consideration.
3. Complete applications will be scheduled for review by a Volunteer Review Committee. The applicant will be notified of the date and time of this bimonthly meeting, and must send a representative knowledgeable of the event/budget to respond to questions or feedback.
4. At the conclusion of the bimonthly meeting, the Volunteer Review Committee will discuss the application and make a recommendation regarding funding. The applicant will be notified in writing of the Volunteer Review Committee's decision within one week. The Council will be notified of funding approval via a description of the event and funding recommendation in the CSC CEO report. The Council reserves the right to deny any request for funds. Notifications are the responsibility of the Senior Professional Development Associate.
5. Following Committee approval, the applicant will receive an *Agreement for Training Funds* (a sample is included in this packet as Appendix C). This Agreement will serve as a contract with the applicant outlining the terms of the Agreement for the amount and use of the funds for the event. It also specifies the applying organization's responsibility for contracting with trainers and facilities. CSC is not liable for contracts or other issues which may arise in relationship to the event.
6. Within 10 days of the event, applicants must submit a completed *Request for Reimbursement of Training Funds* (Appendix D) and all receipts for expenditures. This form also includes information regarding the event and evaluation summaries for the event.
7. The Senior Professional Development Associate will review completed *Request for Reimbursement of Training Funds* (Appendix D) forms and process them for payment.

## Selection Criteria

The intent of the fund is to provide seed money for conferences and training open and publicized to the relevant community of professionals and volunteers. It is not intended to be used to pay for staff to attend conferences or for use by individual agencies to provide training for their own staff. The fund is not intended to cover all of the costs of the event, but should be supplemented with other revenue sources. The funds may be used to cover the cost of speaker honorarium and per diem, supplies, training materials, announcements, postage, printing, facilities and participant scholarships for which receipts can be produced.

In order to be approved, applicants must demonstrate the proposed event will enhance the skills, knowledge and ability of the providers of services to children and family services relative to the sentinel outcomes of the CSC.



## SPECIAL TRAINING & DEVELOPMENT FUND (STDF) APPLICATION

### **Identifying Data**

Agency:

Contact Person (Name and Title):

Address:

Phone Number:

Email:

### **Activity Data Summary**

Project Title:

Date(s) of Activity:

Time of Activity:

Location of Activity:

Target Population:

Number Attending:

Presenters/Consultants:

### **Proposal Information Summary**

Total Project Budget: \$

CSC Requested Amount: \$

Other Funding Sources and Amounts:

Source:

Amount: \$

Source:

Amount: \$

Source:

Amount: \$

Source:

Amount: \$

Registration fee for participants:  Yes or  No

If yes, amount per participant: \$

**Brief Description of Proposed Activity/Event:** (100 words or less)

### **Submission Data:**

Have you applied to the STDF in the past for this activity event?

Yes  No

If yes, when: \_\_\_\_\_

Have you received funding from the STDF in the past for this activity/event?

Yes  No

If yes, when: \_\_\_\_\_

### **DETAILED ACTIVITY/EVENT INFORMATION**

#### **Link to CSC Sentinel Outcomes:**

Identify the CSC Sentinel Outcome(s) the activity will be addressing:

Babies are born healthy.

Children are safe from abuse and neglect .

- Children are ready for kindergarten.
- Children are successful in school by the end of third grade. (Aspirational)

Please explain how your activity addresses the sentinel outcome(s) identified above:

**Learning Objectives:** *please see Appendix A*

At the conclusion of the event, participants will be able to

- 1.
- 2.
- 3.

**Learning Format:** *please see Appendix A*

Please describe the learning format(s) which will be utilized:

What strategies will you implement to support transfer of learning (participants utilizing the new information once they are back in their day-to-day routines)?

**Evaluation Strategy:** *please see Appendix A*

How will you evaluate the effectiveness of your event in achieving the above listed learning objectives?

If you will utilize tools, please attach a sample.

If this is a repeat event, please attach an evaluation summary from previous activities. How will you improve upon past offerings?

**Presenters/Consultants:** please attach curriculum vita(e)

Name:

CV Attached

Name:

CV Attached

Name:

CV Attached

Name:

CV Attached

**Continuing Education Units:**

CEUs	Y/N	Provided by:	Approved @ time of submission
LCSW	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
LMFT	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
CAP	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Partnership/Collaboration:**

Are there other similar training activities in Palm Beach County?

- Yes  No

If yes, please identify the event:

Please provide details regarding you have communicated with them for potential collaboration (if applicable):

**Budget:** *please see Appendix B*

## I. Expenses

<b>EXPENSES</b>	<b>Other sources</b>	<b>CSC</b>
1. Consultation/Honorarium fees	\$	\$
2. Travel	\$	\$
3. Hotel (for presenters)	\$	\$
4. Per Diem (for presenters)	\$	\$
5. Space rental (for event)	\$	\$
6. Refreshments (CSC will not cover)	\$	\$
7. Copying of handout materials	\$	\$
8. Materials purchased	\$	\$
9. Printing (brochures, posters)	\$	\$
10. Postage	\$	\$
11. Supplies, please specify:	\$	\$
12. Other, please specify:	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>

## II. Sources of Funding

1. CSC	\$
2. Registration Fees : <i>expected attendees X \$        each =</i>	\$
3. Sponsoring Organization	\$
4. Other Contributions & Sponsorships: <i>Please separate contributors below</i>	\$
_____ \$	
_____ \$	
_____ \$	
_____ \$	
5. In-Kind (Honorariums)	\$
<b>TOTAL FUNDS TO SUPPORT EVENT</b>	<b>\$</b>
<b>TOTAL COST</b>	<b>\$</b>

\_\_\_\_\_  
Printed Name of Submitter

\_\_\_\_\_  
Signature of Submitter

\_\_\_\_\_  
Date

## APPENDIX A

### BEST PRACTICE GUIDELINES

Event learning objectives, learning format, and evaluation methods must be designed utilizing best practices identified by the American Society for Training and Development. These are outlined below.

#### **Learning Objectives**

Describe the expected learner outcomes in behavioral terms that are attainable, measurable and relevant to current practice.

- ♥ In stating behavioral objectives, use words that describe actions that can be observed and measured. The following terms are good examples: *write, choose, contrast, select, explain, state, recite, identify, construct, compare, solve, list, differentiate, demonstrate, find, etc.*
- ♥ Words that describe something happening in the learner's head are difficult to quantifiably measure. The following terms should be avoided: *know, learn, be familiar with, think, recognize, understand, comprehend, be aware of, have knowledge of, be acquainted with, perceive, have empathy for...*

#### **Learning Format**

List methodologies and learning activities which utilize principles of adult education.

- ♥ Principles of adult education indicate that participants learn better with interactive experiences than with a straight lecture format. Adults need auditory, visual and hands-on learning techniques to better integrate the content that the presenter is delivering. Lecture alone is not acceptable. Examples of some methods that support adult learning include the use of role plays, case studies, games, question and answer periods, pre and post tests, group exercises and interactive discussions.

#### **Evaluation Methods**

Identify methods used to evaluate whether the stated behavioral learning objectives have been met.

- ♥ Evaluation for this purpose is the means to determine that the learner has gained the desired knowledge in the context of this offering (that she/he has met the learning objectives). This is not an evaluation of the methods of instruction, presenters, physical facility, or other criteria generally included on a program evaluation tool. This is directed toward the provider and faculty member determining whether the learner is indeed able to: *Define, state, list, describe, compare, relate, etc.*
- ♥ Examples of methods for evaluation can include pre and post tests, evaluation of case studies, competent performance on a skills assessment, result of individual or group activities, and questions/answers.



## **APPENDIX B**

### **BUDGET AND REPORTING GUIDELINES**

#### **Explanation of Budget Page**

**Lines 1-4** refer to the cost of bringing in a presenter to provide training to the Palm Beach County professional community and volunteers who serve children and families.

**Line 5** will show the cost of the space you are planning to hold the conference or training.

**Line 6** refers to any refreshments that are to be served at your event, but they must be covered by registration fees or sources other than CSC.

**Line 7** provides for copies of handout materials for the participants at the event. **One set of the materials to be copied must be submitted to CSC in advance of copying or printing.**

**Line 8** is for materials purchased to support the event. Often these include workbooks, curricula, or video tapes.

**Line 9** asks for printing costs, and often involves the flyers, posters or other materials used to publicize the event. **CSC must be listed as a co-sponsor of the event and have its logo on materials.**

**Line 10** covers any mailing costs for the advertising of the event. CSC requires postal receipts for the purchase of stamps or mailings.

**Line 11** refers to supplies needed to hold the event. These are to be consumable items such as folders, name tags, markers, flip chart pads, tape, paper, blank tapes, etc. **CSC will not cover any expense for items that would permanently supply your office (i.e. flip chart stands, tape recorders, staplers).**

**Line 12** is for items related to the event that don't fit in a category. Often scholarships for some participants who cannot afford the cost, editing of video tapes, or rental of microphones or other equipment is entered on this line.

If costs for any of the items are being covered by another agency or donor, the amount should be shown in the left column. Under CSC's column on the right, please reflect the amount you are requesting from CSC for that particular line item.

**The Council must approve each event before any advertising or expense is incurred.  
Receipts must be produced for all CSC funded line items.**

## APPENDIX C

### SAMPLE AGREEMENT FOR TRAINING FUNDS

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by and between the Children's Services Council of Palm Beach County, a political subdivision of the State of Florida (hereinafter referred to as "Council") and \_\_\_\_\_, (hereinafter referred to as "Provider").

WITNESSETH: In consideration of the mutual agreements hereafter contained, the parties, intending to be legally bound, hereby agree as follows:

1. The Council agrees to reimburse Provider up to \_\_\_\_\_ for the provision or facilitating of training seminars, workshops or services (the "Training Services") as described in Exhibit "A" attached hereto and made a part hereof.
2. The Provider agrees to comply with all applicable federal, state and local laws.
3. The Provider agrees to comply with the following requirements:
  - a. To maintain records which sufficiently and properly reflect all expenditures of funds provided by the Council under the Agreement.
  - b. To retain all financial records, supporting documents, statistical records and any other documents pertinent to this Agreement for a period of five (5) years following termination of this Agreement or, if an audit has been initiated and audit findings have not been resolved at the end of the five year period, the records shall be retained until resolution of all audit findings.
  - c. To assure that these records shall be available, upon reasonable notice, to inspection, review or audit by the Council and personnel duly authorized by the Council to make such inspection, review of audit during such period.
  - d. To maintain and file with the Council such reports as the Council may reasonably require with respect to the services being provided under the terms of the Agreement.
  - e. To include these aforementioned audit and record-keeping requirements in all approved subcontracts and assignments.
  - f. To acknowledge, to the extent feasible and appropriate, Council funding of the Training Services in publications, bulletins, and public relations activity of Provider related to said Training Services.
4. The Provider agrees to indemnify and hold harmless the Council from liability on account of any injuries, damages, omissions, commissions, actions, causes of actions, claims, suits, judgments and damages accruing, including court costs and attorneys' fees, as a result of services performed or not performed, or any negligent act by the Provider or funding granted or not granted by the Council or any action arising out of the operation of this Agreement. Provider acknowledges that Council is not

responsible to any third party for the payment of any expenses incurred by Provider in connection with the Training Services and Provider agrees that it shall not make any representation to any third party to the contrary.

5. This contract may not be assigned or subcontracted to any other party by the Provider without the prior written approval of the Council.

6. The Provider shall be responsible for providing general liability insurance coverage at a level deemed adequate by the Council, and whatever other insurance coverage's are deemed reasonably necessary by the Council, which insurance shall be maintained at all times during the existence of the Agreement. Upon execution of this Agreement, the Provider shall furnish the Council with written verification of the existence of such insurance coverage.

7. The Provider shall furnish the Council with reports of the effectiveness of the Training Services and include statistics and data on the number of persons served and such other reports and information as the Council may reasonably require. Said reports shall be made in a format provided by the Council.

8. The Provider is performing the services and duties required hereunder as an independent contractor and not as an employee, agent, partner of, or joint venturer with the Council. The Provider shall assume roles and exclusive responsibility for the payment of all expenses incurred in providing the Training Services, including but not limited to payment of wages to all employees for services performed by them under this Agreement. The Provider shall, with respect to said employees, be responsible for withholding federal income taxes, paying federal social security taxes, maintaining unemployment insurance and maintaining workers' compensation coverage in amounts required by applicable federal and state law.

9. The Training Services provided by the Provider hereunder are provided on a non-exclusive basis, and the Council specifically reserves the right to subcontract with others for similar services.

10. Payments for services rendered pursuant to this Agreement shall be made to the Provider on the following basis:

- a. Provider shall submit an invoice to Council for the balance due Provider within 10 business days of the event. The invoice will include receipts and/or such other documentation reflecting all expenditures made by the Provider under this Agreement, in whatever form reasonably required by the Council. Subject to the availability of funds, the Council will provide reimbursement to the Provider within 45 days after receipt of the invoice and accompanying documents.

11. The Provider agrees to return to the Council any overpayments made through inadvertence or miscalculation or because payment is disallowed as not having been properly earned under this Agreement. Such funds shall be refunded in full by Provider to the Council as follows:

- a. within twenty (20) days from the date of written notification by the Council to the Provider of overpayment or disallowance; or
- b. within thirty (30) days following the end of this Agreement.

- c. The Council shall have the right to deduct from any subsequent payment request by the Provider, the amount of any overpayments or disallowed funds.

12. The Council may, for reasonable cause, suspend the payment of funds pending corrective action by the Provider or pending a decision by the Council to terminate this Agreement. The Council may, for reasonable cause, prohibit the Provider from incurring additional obligation of any funds received from the Council, pending corrective action by the Provider or a decision to terminate this Agreement. Said suspension of payment of funds or obligation thereof may apply to all or part of the Provider's operations.

Before suspending payment of funds to a Provider or preventing a Provider from incurring additional obligation of funds received, the Council shall notify the Provider, in writing, of the action to be taken, the reasons for it, and the conditions, if any, under which the suspension will be lifted. Within five (5) days of receipt of the notice of suspension, the Provider may request a hearing before the Council. Suspension shall be effective five (5) days after receipt by the Provider, unless the Council has determined that immediate suspension is necessary and so informs the Provider.

If a hearing is timely requested by the Provider, the suspension will not be effective until a date determined by the Council following the hearing. The hearing will be held within the reasonable time after request therefore to consider any matters relevant to the suspension and will determine, in light of matters presented, if the suspension and any conditions improved on reinstatement are warranted. The decision of the Council shall be final.

13. In the event funds to finance this Agreement become unavailable to the Council, the Council may terminate this Agreement upon no less than five (5) days written notice to the Provider. The Council shall be the final authority as to the availability of funds.

14. The Council may terminate this Agreement for any breach by the Provider. If the Council intends to terminate this Agreement, notice shall be provided in writing to the Provider no less than twenty-four (24) hours prior to the effective date of the termination. The Council's failure to terminate or suspend a Provider for past breaches of this Agreement shall not be construed as a waiver of its right to demand strict compliance with the terms of this Agreement or to terminate for said breaches or similar breaches, and shall not be construed to be a modification of the terms of the Agreement.

15. NOTICES: all notices required hereunder shall be in writing and shall be addressed to the following representative of the parties:

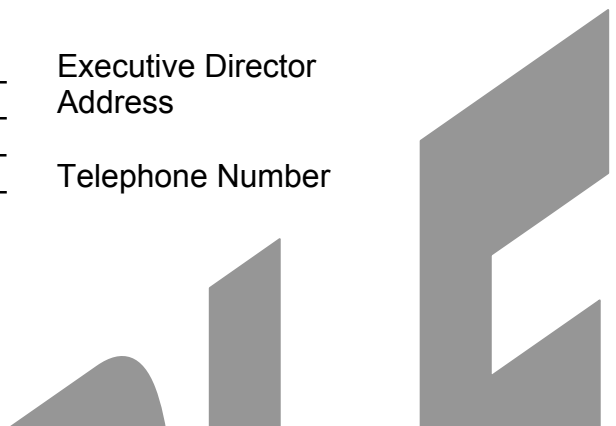
For the Council:  
Gaetana D. Ebbola, Executive Director  
Children's Services Council of Palm Beach County  
2300 High Ridge Road  
Boynton Beach, FL 33426

For the Provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Executive Director  
Address

Telephone Number



16. This Agreement, which includes the attached Exhibit "A" contains all the terms and conditions agreed upon by the parties. No other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto. This Agreement shall not be modified unless in writing and signed by both parties hereto.

IN WITNESS THEREOF, the parties have caused this Agreement to be executed by their undersigned duly authorized officers.

PROVIDER

CHILDREN'S SERVICES COUNCIL  
OF PALM BEACH COUNTY

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Gaetana D. Ebbole, Executive Director

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**APPENDIX D**

**CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY**  
**Request for Reimbursement of Special Training & Development Funds**

*This form is to be completed and submitted with receipts within 10 days following the event.  
It serves as your invoice and will initiate the process for payment.*

**Sponsoring Organization:**

**Title of Event:**

**Event Date(s):**

<b>EXPENSES</b>	<b>CSC Approved Funding</b>	<b>Actual CSC Funds Expended</b>
1. Consultation/Honorarium fees	\$	\$
2. Travel	\$	\$
3. Hotel (for presenters)	\$	\$
4. Per Diem (for presenters)	\$	\$
5. Space rental (for event)	\$	\$
6. Refreshments (CSC will not cover)	\$	\$
7. Copying of handout materials	\$	\$
8. Materials purchased	\$	\$
9. Printing (brochures, posters)	\$	\$
10. Postage	\$	\$
11. Supplies, please specify:	\$	\$
12. Other, please specify:	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>

**Event summary:** *250 words or less*

\_\_\_\_\_

**Evaluation Summary:** *attach compilation of evaluations if tool was utilized*

\_\_\_\_\_

**Prepared by:** \_\_\_\_\_ (Printed Name/Title) \_\_\_\_\_ (Preparer's Signature) \_\_\_\_\_ Date

**Approved for payment:** \_\_\_\_\_ CSC Senior Professional Development Associate \_\_\_\_\_ Date

Return completed forms to:

**Danielle M. Crouch**  
Events Planner

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