



Missouri's Foundation For Child Abuse Prevention

Two large, light grey handprints are positioned in the background, one on the left and one on the right, with the text "Application for Discretionary Funding" centered over them.

Application for Discretionary Funding

**Applications should be mailed to:
Children's Trust Fund, PO Box 1641, Jefferson City, MO 65102-1641**

**Or to CTF's office address at:
CTF, 301 W. High St., HST Room 860, Jefferson City, MO 65101**

Children's Trust Fund Application for Discretionary Funding General Information

Each year the Children's Trust Fund (CTF) allocates a certain portion of its program budget to fund discretionary projects. A maximum of \$5,000.00 per grant award is available. Discretionary funding is designed to be responsive to low cost prevention projects or needs that individual communities or community groups identify during the course of the year. Such projects might include funding start-up costs for voluntary prevention programs such as home visitation, safe crib/home risk assessment, infant massage, resource mothers mentoring programs, curriculum for a community parenting program (including grandparent and father specific programs), prevention educational materials for the public, community awareness and training, etc.

Organizations currently receiving funding from CTF may not apply for discretionary grants to cover costs associated with their existing grant program. Discretionary funding will be denied to any organization attempting to circumvent the competitive bid process or if the funding is available for a project through existing resources or budgets.

CTF will accept applications anytime during the year, up until such time as all available funds are obligated. Each application or request for funding should be completed in its entirety and will be reviewed on an individual basis. Applications will be awarded at the discretion of the Children's Trust Fund. Each applicant will receive written notice as to whether the proposal has been accepted or rejected. Once accepted, each applicant will enter into a discretionary contract agreement with CTF corresponding with the state fiscal year.

All discretionary fees are paid on a cost reimbursement basis after the allowable expense is incurred and after the necessary supporting documentation has been submitted and received by the CTF office. Payment will be consistent with the guidelines accepted by the CTF Board of Directors.

Applications should be mailed to:

**Children's Trust Fund
Discretionary Projects
P.O. Box 1641
Jefferson City, MO 65102-1641**

Or to CTF's physical address:

**301 W. High Street, Room 860
Jefferson City, MO 65101**

For additional information, questions or technical assistance please contact Laura Malzner, CTF Program Coordinator, at (573) 751-5147 or laura.malzner@oa.mo.gov.

Children's Trust Fund Application for Discretionary Funding Cover Sheet

Name of Applicant Organization _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Web Address (if any) _____

Primary Contact and Title _____ E-mail _____

CEO of Organization (if different from primary contact) _____

Federal Tax ID # _____ (If non-profit, please attach documentation to verify status)

Project Name _____ CTF Region _____

County (ies) or area where project will be implemented _____

Estimated # of Persons (Unduplicated) to be served by this project Prevention Type: Primary _____ Secondary _____

_____ Children (17 & Under)

_____ Parents/Expectant Parents

_____ Other (Please Specify) _____

Estimated Cost of Project per individual \$ _____

Estimated Cost of Project per family \$ _____

Target Population(s) (Check all that apply to this project within each category)	
Ethnicity(ies) <input type="checkbox"/> African-American _____ % <input type="checkbox"/> Asian/Pacific Islander _____ % <input type="checkbox"/> Caucasian _____ % <input type="checkbox"/> Eastern European _____ % <input type="checkbox"/> Hispanic/Latino _____ % <input type="checkbox"/> Native American _____ % <input type="checkbox"/> Other _____ %	Geographic Area Served <input type="checkbox"/> Rural _____ % <input type="checkbox"/> Suburban _____ % <input type="checkbox"/> Urban core _____ % Gender <input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Both sexes
Age Group <input type="checkbox"/> Perinatal (ages Pregnancy - 1 month old) _____ % <input type="checkbox"/> Infants/Preschool (ages 1 month - 5 yrs. Or less) _____ % <input type="checkbox"/> Children/Elementary School (ages 5 - 9 yrs.) _____ % <input type="checkbox"/> Pre-Adolescent/Middle School (ages 10 - 14 yrs) _____ % <input type="checkbox"/> Adolescents/High School (ages 15 - 19 yrs) _____ % <input type="checkbox"/> Young Adults (ages 20 - 34 yrs) _____ % <input type="checkbox"/> Adults (ages 35 - 54 yrs) _____ % <input type="checkbox"/> Older Adults (ages 55 - 64 yrs) _____ % <input type="checkbox"/> Seniors (over 65 yrs) _____ %	

Budget: Total Annual Budget of Applicant Organization \$ _____ Total Project Budget \$ _____

Amount Requested from CTF \$ _____ CTF Request is _____ % of Total Project Budget

Authorized Signature and Title of Fiscal Agent: _____ Date: _____

<u>CTF Office Use Only</u>		
Date Approved: _____	Contract #: _____	CTF Executive Director: _____



**Children's Trust Fund
Application For Discretionary Funding
Project Summary**

Title of Project: _____

Total Funding Requested From CTF: _____

Proposed Starting Date and Length of Project: _____

Please list and answer each of the following questions. Total response should not exceed five pages.

- 1) Describe the project and include how it relates to child abuse/neglect prevention.
- 2) Describe the need in your community for this project.
- 3) Describe the capacity and qualifications of the agency/organization to implement the proposed project.
- 4) Describe the population to be served or effected by this project and how they will be identified and recruited. Include the expected number of participants, ages, etc.
- 5) How will the project be implemented?
- 6) What are the expected or desired outcomes of the project and how will the outcomes and the overall effectiveness of the project be evaluated?
- 7) How will funds from the Children's Trust Fund be utilized?
- 8) List additional funding sources and support the agency will apply to this project.
- 9) Describe the impact on this project if CTF funding is denied.
- 10) If applicable, describe how the project will be sustained after CTF funding has ended.
- 11) List all prior grants received from CTF and include the amount of funding.



**Children's Trust Fund
Application for Discretionary Funding
Budget Summary**

In the space below please include an itemized budget for the discretionary project/proposal. Budgets should clearly delineate how CTF funding will be utilized. Be specific with describing each item and the estimated expense. On the additional page please provide a brief justification for the requested budget items.

Budget Line-Item	Amount Requested-CTF	Other Funds/Local Support	TOTAL Cost
Professional Fees:			
Program-Related Expenses:			
Training:			
Travel/Mileage:			
Public Education Materials:			
Consumable Supplies:			
Non-Consumable Supplies:			
Other: (please specify)			
TOTALS			

Description of Budget Categories

Professional Fees: May include salaries/wages of staff dedicated to project-related activities or contractual fees professional services related to the project.

Program-Related Expenses: The amount needed to pay for project related costs to support the proposed project including educational materials, brochures designed for client education, software, meeting supplies, special postage, etc.

Training: Costs associated with staff training (conference/workshop registration).

Travel/Mileage: The amount needed to pay for anticipated travel costs directly related to the proposed project. This may include local mileage (not to exceed the state rate of 47.5 cents per mile) or costs associated with attending training (lodging, meals, etc.).

Public Education Materials: Includes brochures, posters, etc. to advertise and increase awareness of services provided.

Consumable Supplies: The amount needed to pay for consumable supplies to support the proposed project includes stationery, pens, pencils, paper clips, paper supplies, etc. Copying supplies, project-related consumables and regular postage should also be included in this section.

Non-Consumable Supplies: The amount needed to pay for the rental, lease or purchase of equipment to support the project.

Other: Proposed budget items that do not fit into one of the other categories. Please describe.

Budget Justification

(Please provide a brief justification/explanation of the requested budget items. Use additional pages if needed.)

Professional Fees:

Program-Related Expenses:

Training:

Travel/Mileage:

Public Education Materials:

Consumable Supplies:

Non-Consumable Supplies:

Other: