



January 21, 2014

**To: Missouri Children's Trust Fund
Community Based Child Abuse Prevention Program Applicants**

The Missouri Children's Trust Fund (CTF) Board of Directors is pleased to announce the availability of Community Based Child Abuse Prevention Program (CBCAP) grant funds for Fiscal Year 2015, July 1, 2014 through June 30, 2015.

The CBCAP was established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996, Reauthorized in 2010. The purpose of the CBCAP program is to support state efforts to create and operate statewide networks of community-based, family-centered, prevention-focused family resource and support programs, which strengthen families and reduce the incidence of child abuse and neglect.

In Missouri, CTF is the designated lead agency to implement the CBCAP Program. Approximately \$200,000 is available to fund grants to two community-based coalitions in Missouri to implement a CBCAP Program using the model outlined in this application.

Please read the entire packet before preparing a proposal. A proposal will be deemed unacceptable if it is not prepared according to the enclosed instructions, or the material submitted is insufficient to permit an adequate review. The deadline for submitting applications is **Tuesday, April 15, 2014**. Any materials/applications received after the deadline, missing or apart from the application will not be considered.

A pre-bid informational meeting is scheduled for Tuesday, February 11, 2014 from 10 am – 1 pm. The meeting will be held in the Truman State Office Building, Room 500, 301 W. High Street, Jefferson City, MO 65101.

Should you have any questions or need further assistance please contact CTF's program coordinator, Laura Malzner, at 573-751-6511 or at laura.malzner@oa.mo.gov.

We appreciate your interest in the CTF CBCAP application process and commend you for the work you are doing to make a difference in the lives of children and families.

Sincerely,

Kirk Schreiber
Executive Director
Enclosures

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Children's Trust Fund

Missouri's Foundation for Child Abuse Prevention

COMMUNITY BASED CHILD ABUSE PREVENTION PROGRAM FUNDS (CBCAP)

GRANT APPLICATION PACKET

July 1, 2014 through June 30, 2015

Packet Contents

- ◆ Grant Application / **Exhibit A**
- ◆ Notice of Current Availability of CBCAP Funds/ **Exhibit B**

Application Deadline: Applications for CTF grants under this funding cycle **must be received by Tuesday, April 15, 2014, 5:00 P.M.** at the Children's Trust Fund office located at Truman State Office Building, Room 860, 301 W. High Street, PO Box 1641, Jefferson City, MO 65102-1641.

CHILDREN'S TRUST FUND

GRANT APPLICATION

COMMUNITY BASED CHILD ABUSE PREVENTION

PROGRAM

(CBCAP)

FISCAL YEAR 2015

(JULY 1, 2014 THROUGH JUNE 30, 2015)

EXHIBIT A

Application Deadline: Applications for CBCAP grants under this funding cycle **must be received** by CTF by Tuesday, April 15, 2014, 5:00 p.m.

Truman State Office Building, Room 860
301 W. High Street, PO Box 1641
Jefferson City, MO 65102-1641
Ph: 573-751-5147

Children's Trust Fund

Grant Application for Funding

Community Based Child Abuse Prevention Program

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**CTF - COMMUNITY BASED CHILD ABUSE PREVENTION PROGRAM
PROJECT GRANT APPLICATION
COVER SHEET**

Name of Applicant Agency	
Name of Coalition	
Address	
City, State, Zip Code	
Telephone Number	
Website Address	
Federal Tax ID#	

Tax Status of Applicant Agency: <input type="checkbox"/> Exempt under sec 501(c)3 of the IRS Code <input type="checkbox"/> Exempt governmental Unit <input type="checkbox"/> Other (specify) _____	NOTE: Incorporated or governmental tax exempt agencies applying as the sponsoring agency for an unincorporated association or coalition must attach a memorandum of understanding indicating its willingness to be responsible for the fiscal and programmatic requirements.
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Primary Contact:	Email:
Exec Director/CEO:	Email:
Fiscal Officer:	Email:

Project Name:
Check the CTF Region(s) to be served: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
County(ies) where project will be implemented:

Estimated # of Persons (Unduplicated) to be served by this project: <input type="text"/> Children (17 & under) <input type="text"/> Parents/Expectant Parents <input type="text"/> Other (Specify) <input type="text"/>	Estimated Cost of Project per individual: \$ <input type="text"/> Estimated Cost of Project per family: \$ <input type="text"/>
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Brief Summary of Target Population:

Total Annual Budget of Applicant Agency: <input type="text"/> Overall Agency Administrative Cost %: <input type="text"/>	Total Prevention Project Budget: <input type="text"/> Dollar Amount requested from CTF: <input type="text"/> CTF Request is <input type="text"/> % of Total Project Budget
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**Children's Trust Fund
Community Based Child Abuse Prevention Program (CBCAP)
Collaboration and Community Readiness
(20 points maximum)**

(Reference: Exhibit B, Section III, pages 3 - 4)

Community Readiness for Collaboration – Working together.

Please address each question listed below. Responses should be limited to no more than 5 single-spaced typed pages for this section.

1. Who are the entities and/or persons that will take the lead in implementing this CBCAP project?
2. Identify one or more instances in the past 5 years where the community leaders involved in formulating this grant proposal, have come together to work on community issues.
3. How do the core members of the collaborative plan to build relationships and partnerships with other community members to prevent child abuse through this grant?
4. What added value do member organizations expect to create through coming together and collaborating with other people and organizations that they cannot achieve by acting alone?
5. What resources does each of the potential members bring to an inter-organizational collaborative?

Children's Trust Fund
Community Based Child Abuse Prevention Program (CBCAP)
Community Needs and Assets
(20 points maximum)

(Reference: Exhibit B, Section III, pages 4-5)

Understanding Community Needs And Assets - Identifying community needs and any existing resources that address those needs.

Please address each question listed below. Responses should be limited to no more than 3 single-spaced typed pages for this section.

1. What assessment process is being used to identify needs and gaps in services in the community you are proposing to serve? If a formal needs assessment has been completed, please include a copy in your proposal.
2. What are the risks in your community that threaten the families' well being and place them at risk for child abuse and neglect?
3. Specify the high-risk populations that the collaborative will direct its efforts.
4. What are the community assets, capabilities and resources that the collaborative will seek to involve in its governance board and provider network?
5. What evidence-based and evidence-informed child abuse prevention programs are available in your community? Specify which of these programs you intend to include in the collaborative network? If evidence-based programs are not available, specify evidence programs you intend to work with the provider network to develop? (See evidence-based and evidence informed child abuse prevention programs in exhibit B, Section III, page 13).

Children's Trust Fund
Community Based Child Abuse Prevention Program (CBCAP)
Capacity Building
(40 points maximum)

(Reference: Exhibit B, Section III, pages 5 – 13)

Capacity Building - Preparing to build a provider network and use a lead agency model.

Please address each question listed below. Responses should be limited to no more than 10 single-spaced typed pages for this section.

1. What agency/organization is going to serve as the institutional base for the collaborative and be responsible for the fiscal and human resource functions?
2. What will be the process for developing the governance infrastructure for the collaborative?
3. Describe how a provider network will be put together? What agencies, organizations and individuals from your community will you involve?
4. How will the lead agency model of collaboration be developed in your community?
5. What process will be used to recruit and select a collaborative facilitator (staff leader)? What skills and experience shall this person have? Have potential candidates been identified?
6. What criteria will be used to enroll/select families for the project?
7. How will the Strengthening Families Protective Factors be promoted/integrated into the collaborative project? For information on Strengthening Families visit www.cssp.org or www.strengtheningfamilies.org.
8. Family engagement and parent leadership are critical components of a CBCAP project. How will family engagement and participation be promoted? What opportunities for parent leadership development will be offered?
9. Considering the resources that potential provider network members will bring to the proposed collaborative, what types of expenses will flex pool funds likely be used for when services are implemented?
10. Home Visiting services are integral in serving families at risk for child abuse and/or neglect. Please identify potential home visiting partners already operating in the community. How will home visiting services be integrated into the CBCAP project?
11. Please explain how assessment and other outcome and performance data will be collected. Who will be responsible?

Children's Trust Fund
Community Based Child Abuse Prevention Program (CBCAP)
Transition Plan to Operations
(20 points maximum)

(Reference: Exhibit B, Section III, page 14)

Transition Plan to Operations - Moving from capacity building to serving families?

Please address each question listed below. Responses should be limited to no more than 3 single-spaced typed pages for this section.

1. Considering that the first six months will be devoted to capacity building, how many families do you propose to serve in Year 1?
2. How will the collaborative planning process guide the transition from the planning stage to the implementation of the 'Lead Agency/Family Support team model' of delivering services to families? *
3. Provide a timetable for start-up of operations in serving families.

*Participants in the collaborative planning process should include representatives of community-based human service organizations and/or other community leaders (civic and business) and parents/families representing the targeted population.

CBCAP – BUDGET DETAIL

Complete Budget Worksheets to develop budget.

Budget Category	CTF Request	Local Match Share	Total Project Costs
Personnel – Salary			
Personnel – Fringe Benefits			
Travel			
Capacity Building			
Training			
Assessment/Care Plan Costs			
Services			
Operating Costs (Phone, Office Supplies, Office Space, Equipment)			
Volunteer Time			
Other (specify):			
TOTALS			

CTF requires a 20% Local Match (at least 10% cash and in-kind) of the total funds requested from CTF.

Example: \$100,000 CTF Request

x .20

\$ 20,000 Local Match Requirement

Total Project Costs would equal \$120,000.

Budget Category: PERSONNEL (Salary & Fringe Benefits Costs)

CTF will consider the salary of one staff member to serve as the CBCAP Collaboration Coordinator and a part-time Administrative Assistant and up to 28% of the annual salary costs to help support fringe benefits costs for these positions.

To determine the salary and fringe benefits cost, complete the following calculations & complete table:

Coordinator Salary: Monthly Salary \$_____ x 12 months = \$_____ Annual Salary

Administrative Assistant: Monthly Salary \$_____ x 12 months = \$_____ Annual Salary

Fringe Benefits Costs: Annual Salary Costs \$_____ x _____% = _____ Total FB Costs

Description	Annual Cost	Request from CTF	Local Share
Coordinator Salary	\$	\$	\$
Administrative Asst Salary	\$	\$	\$
Fringe Benefits Costs	\$	\$	\$
TOTALS	\$	\$	\$

Budget Category: TRAVEL
CTF will consider mileage costs within the project service areas and for travel to attend mandated quarterly reviews. Lodging costs for one night and meal costs are allowable for attendance at the quarterly reviews (Coordinator plus other invitees). The state mileage rate of 37 cents per mile is the maximum that may be requested.

To determine the travel costs, complete the following calculations & complete table:

Local (in-service) Mileage: Miles per month within service area _____ x 12 months x .37/mile = \$_____

Quarterly Review Mileage (roundtrip mileage to Jefferson City):

Total miles to & from Jefferson City _____ x 4 meetings x .37/mile = \$_____

Lodging: Number of attendees _____ x \$_____ cost per night x 4 meetings = \$_____

Meals: Number of attendees _____ x \$_____ estimate meal costs x 4 meetings = \$_____

Description	Annual Cost	Request from CTF	Local Share
Local In-Service Mileage	\$	\$	\$
Quarterly Review Mileage	\$	\$	\$
Lodging	\$	\$	\$
Meals	\$	\$	\$
TOTALS	\$	\$	\$

*The amount of mileage allowance shall not exceed 37 cents per mile. Travel must be by the most direct route. Actual transportation expenses and the amount of meal charges shall not exceed the actual costs and must be reasonable. Lodging expenses will be reasonable. Local rules and regulations will apply if they are more restrictive than those mentioned above and as allowed by state purchasing guidelines (<http://content.oa.mo.gov/accounting/state-employees/travel-portal-information/state-meals-diem>) . Travel expenses will not be reimbursed until after the travel has occurred.

Budget Category: CAPACITY BUILDING
CTF will consider costs necessary to support building and maintaining the Provider Network.

Estimate the costs for the following items.

Description	Annual Cost	Request from CTF	Local Share
Room Rentals	\$	\$	\$
Food/Refreshments	\$	\$	\$
Office Supplies/Copy costs	\$	\$	\$
Other/Misc: Must Specify in the space below	\$	\$	\$
TOTALS	\$	\$	\$

Other Costs:

Budget Category: TRAINING
<p>Funds are restricted to training that relates directly to the proposed CBCAP project and may include areas such as Parents as Teachers, Strengthening Families, Circle of Parents, Stewards of Children, etc. Other training may be requested and will be considered on a case-by-case basis. Approval from CTF will be required prior to registering.</p>

Estimate the costs for the following items.

Description	Annual Cost	Request from CTF	Local Share
Registration Costs	\$	\$	\$
Associated Travel Costs (mileage, airfare, parking)	\$	\$	\$
Meal Costs	\$	\$	\$
Lodging Costs	\$	\$	\$
TOTALS	\$	\$	\$

*The amount of mileage allowance shall not exceed 37 cents per mile. Travel must be by the most direct route. Actual transportation expenses and the amount of meal charges shall not exceed the actual costs and must be reasonable. Lodging expenses will be reasonable. Local rules and regulations will apply if they are more restrictive than those mentioned above and as allowed by state purchasing guidelines (<http://content.oa.mo.gov/accounting/state-employees/travel-portal-information/state-meals-diem>) . Travel expenses will not be reimbursed until after the travel has occurred.

Budget Category: ASSESSMENT/CARE PLANNING/RE-ASSESSMENT	
CTF will pay the costs associated with assessment/care planning/re-assessment. Examples of eligible costs include forms, software, training manuals or other tools that are directly related to assessment, including the Parental Stress Index (PSI), the Child Abuse Prevention Inventory (CAPI), the Adult Adolescent Parenting Inventory (AAPi), Dunst Family Resource Scale and the Dunst Family Support Scale.	

Estimate the costs for requested items :

EXAMPLE: PSI Manual x 2 copies x \$60 = \$120

Item x Amount x cost = Total Item Cost (include as many lines as needed):

Complete Table with Totals for each item:

Description	Annual Cost	Request from CTF	Local Share
Parental Stress Index	\$	\$	\$
Child Abuse Potential Inventory	\$	\$	\$
Adult Adolescent Parenting Inventory	\$	\$	\$
Dunst Scales	\$	\$	\$
TOTALS	\$	\$	\$

For PSI information: <http://www4.parinc.com/Products/Product.aspx?ProductID=PSI-SF>

For CAPI information: <http://www4.parinc.com/Products/Product.aspx?ProductID=CAP>

For AAPi information: <https://www.assessingparenting.com/assessment/aapi>

For Dunst Family Resource & Support Scales information: <http://www.wbpress.com/>

Budget Category: SERVICES
CTF will provide limited funds for services to compliment the services already being provided by the provider network. The following is an average per family cost for budget projection purposes. Some families may require more or less depending upon their needs.

Estimate the costs for requested items :

EXAMPLE: Pack-n-Plays 20 units x \$80/unit = \$1,600

Item Amount x Cost/Item = Total Costs (include as many lines as needed):

Complete Table with Totals for each item:

Description	Annual Cost	Request from CTF	Local Share
Pack-n-Plays, including bedding	\$	\$	\$
Home Visiting Services	\$	\$	\$
Flex Pool Fund	\$	\$	\$
Other: Must specify	\$	\$	\$
TOTALS	\$	\$	\$

Budget Category: OPERATIONAL COSTS
CTF will consider operational costs directly related to the CBCAP project, such as basic office supplies and cell phone/phone expenses, others as requested.

Estimate the costs for requested items :

EXAMPLE: Coordinator Cell Phone Costs: \$40 x 12 months = \$480 Annually

Item Monthly Cost x 12 Months = Total Costs (include as many lines as needed):

Complete Table with Totals for each item:

Description	Annual Cost	Request from CTF	Local Share
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTALS	\$	\$	\$

Budget Category: VOLUNTEER SERVICES

CTF will allow up to 10% of the local match requirement to be in the form of in-kind services or donations. This includes uncompensated (through CBCAP) time dedicated to the CBCAP project by Provider Network members, Governing Board members, parents and other volunteers.

To determine the value of in-kind volunteer services, an average value per hour must be determined. In the past, agencies have determined the per hour value by using the valuation set by their local United Way. CTF reserves the right to negotiate in-kind services valuation to ensure that it is reasonable. In the space below, please provide the basis for the valuation of in-kind services that are projected (if any):

Please provide the value estimate for all sources of in-kind personnel services:

Description	Annual Cost	Request from CTF	Local Share
Governing Board	\$	n/a	\$
Provider Network	\$	n/a	\$
Parent Advisory Council	\$	n/a	\$
Other Volunteers	\$	n/a	\$
TOTALS	\$	n/a	\$

Children's Trust Fund Community Based Child Abuse Prevention Program (CBCAP)

Certified Assurances

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Children's Trust Fund special conditions specified in the grant award and contract.

I, the undersigned, certify that I have reviewed and understand all information contained in Exhibit A and Exhibit B, and understand that both Exhibit A and Exhibit B will be considered a part of any contractual agreement resulting from this application.

I the undersigned, certify that in addition to the conditions mentioned before, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges are accurate.

Print or Type Name: _____
Authorized Official Title

Signature: _____
Authorized Official Date Title

Signature: _____
Program Director Date Title

CHILDREN'S TRUST FUND

NOTICE OF CURRENT AVAILABILITY OF COMMUNITY BASED CHILD ABUSE PREVENTION PROGRAM FUNDS (CBCAP)

FISCAL YEAR 2015
(JULY 1, 2014 THROUGH JUNE 30, 2015)

EXHIBIT B

Application Deadline: Applications for CBCAP grants under this funding cycle **must be received** by CTF by TUESDAY, April 15, 2014, 5:00 p.m.

Truman State Office Building,
Room 860, 301 W. High Street, PO Box 1641,
Jefferson City, MO 65102-1641

The Missouri Children's Trust Fund Grant Application Funding for the Community-Based Child Abuse Prevention Program

The Missouri Children's Trust Fund requests applications from qualified organizations for the development and program implementation of the Community-Based Child Abuse Prevention Program (CBCAP).

I. Introduction/Background Information

The Children's Trust Fund (CTF) was established in 1983 by the Missouri General Assembly to insure efforts to prevent and alleviate the leading causes of child abuse and neglect. CTF, dedicated solely to support child abuse/neglect prevention projects throughout the state, is authorized to enter into contracts with public or private agencies, schools or qualified individuals to establish community-based educational, service and family support programs focused on the prevention and/or alleviation of child abuse and neglect.

CTF is administered by a Board of Directors comprised of twelve public members and four members of the legislature. The board establishes all administrative policies and awards all funding.

CTF is located within the State of Missouri, Office of Administration. No general revenue funds are appropriated to CTF. Funding is obtained from sales of the special CTF license plate, dedicated fees on marriage licenses and vital records, voluntary contributions designated on Missouri state income tax returns, other voluntary contributions, interest income from the Trust Fund, and federal grants.

CTF is continuing to use as a guide its current strategic plan, which includes a strategy for integration of prevention around federal, state and local projects as identified in its vision and mission statement below.

Vision: The Missouri Children's Trust Fund envisions children and families in a safe, nurturing and healthy environment, free from abuse and neglect.

Mission: The Missouri Children's Trust Fund works to prevent child abuse and neglect through grant distribution, education, awareness and partnerships.

II. CBCAP Purpose & Funding

The Community-Based Child Abuse Prevention Program (CBCAP) was established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996, Reauthorized 2010. The purpose of the CBCAP program is to support state efforts to create and operate statewide networks of community-based, family-centered, prevention-focused family resource and support programs, which strengthen families and reduce the incidence of child abuse and neglect.

In Missouri, the Children's Trust Fund is the designated lead agency to implement the CBCAP Program. By combining federal funds from the Administration on Children and Families (CBCAP) with CTF funding, CTF has supported 14 local Missouri communities in developing, implementing and evaluating integrated service delivery systems for families and children.

The intent of the CBCAP project in Missouri is to help communities develop a collaborative and integrated system/model for delivering health, family support and social services to children and families in order to improve outcomes, reduce costs and ultimately reduce the risks of child abuse and neglect. CBCAP sites work to develop more efficient and coordinated ways of working with families to reduce duplication of services and maximize the resources of public and private providers. The focus on collaboration among community agencies is essential to the success of this project and should not be viewed as “business as usual.” True collaboration provides an opportunity for beneficial system change to improve the actual well being of children and families and ultimately prevent child abuse and neglect. As part of the funding requirements, each site is required to participate in collaborative strategic planning and an evaluation process reviewed by CTF quarterly.

CTF has tracked the outcomes and processes of CBCAP sites in fourteen Missouri communities and has learned many lessons about the operation of collaboratives for family services. New CBCAP sites are expected to incorporate into their planning and implementation the lessons learned about successful collaboration among community agencies. Basic principles that are integral for potential CBCAP collaborative services include:

- A. A primary focus on the prevention of child abuse and neglect.
- B. Must be community-based, with joint planning and oversight by a board of representatives from community-based agencies/organizations and other civic and community leaders, as well as client families.
- C. Mobilization and integration of local services and resources to better meet the intertwined economic, social, educational and physical/behavioral health, and other support needs of families and children at risk of child abuse and neglect.
- D. Promotion of known protective factors.
- E. Assessments of families that are strength-based and service plans that focus on building family strengths, help families overcome problems, enables families to become self-sufficient, and provides opportunities for family/parent participation and growth.
- F. Strategies that are outcome-based and represent evidence-based and evidence-informed child abuse prevention programs and practices.
- G. Voluntary participation of human/social service organizations and professionals in the collaborative and commitment to following principles:
 - Staff and families work together in relationships based on equality and respect.
 - Staff enhances families’ capacity to support the growth and development of family members – adults, youth and children.
 - Families are resources to their members, other families, programs and communities.
 - Programs affirm and strengthen families’ cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.
 - Programs are embedded in their communities and contribute to the community-building process.
 - Programs advocate with families for services and systems that are fair, responsive and accountable to the families served.

- Practitioners work with families to mobilize formal and informal resources to support family development.
- Programs are flexible and continually responsive to emerging family and community issues.

III. Key Elements of a Missouri CBCAP Collaboration Application

Relying on lessons learned through three generations of CBCAP programs, CTF has identified the following key elements that applicants must address in their CBCAP application.

A. Community Readiness for Collaboration

All successful applicants must demonstrate the degree to which they are ready for collaborative services in their community. Below are some areas of community readiness for collaboration that are to be addressed in Exhibit A, Section 2.

It is critical that the community's key child abuse and neglect prevention stakeholders share a willingness and readiness to cooperate. A collaborative's ultimate success or failure will be significantly influenced by relationships that exist within the community. Applicants must discuss the current status of provider relationships in their community and how they might enhance or inhibit collaborative work. Where barriers or potential issues are identified, applicants should outline strategies for improvement.

1. Leadership - Leadership is one of the indisputable components of successful collaborations. Generally, collaborative leaders need a vision of what inter-organizational/professional collaboration can accomplish in preventing child abuse; sensitivity and the ability to develop relationships with diverse stakeholders; and the knowledge and skill in facilitating collaborative processes.
 - a) Describe how the community leaders, involved in this application, have mobilized and inspired commitment and action by catalyzing, convening and facilitating others to create vision and solve community problems.
 - b) Describe how the community leaders, involved in this application, have taken responsibility for building broad-based involvement of appropriate community interest groups.
 - c) Describe how the community leaders, involved in this application, have demonstrated the capacity to build trust, judgment and political skills to deal with multiple constituencies, as well as skills in conflict resolution, consensus building and coalition building.
2. History of Working Together - A collaborative is more likely to succeed in communities that have a history of working together cooperatively rather than competitively (Mattessich & Monsey, 1992).
 - a) Identify one or more instances in the past that the community leaders involved in the formation of this proposed collaborative have come together to work on community issues.
 - b) Describe how these core leaders worked together and the outcome of their joint efforts.

- c) Describe behaviors that illustrate that these members trust each other and work well as a team (e.g., acknowledge others' skills and abilities, seek others' input, delegate appropriately, share information, give and receive feedback, maintain confidentiality, etc).

Describe how the core members of this collaborative plan to continue to build working relationships with other community organizations and professionals through the proposed collaborative.

3. Connectedness - Connectedness refers to the linkage between individuals, groups and organizations. Collaboratives that effectively involve individuals, groups and organizations have informal and formal communication mechanisms networking structures at all levels of connectedness.
 - a) Describe the established linkages that already exist among the organizations, agencies and businesses that will be participants in the collaborative.
 - b) Describe how the people in the collaborative know each other and how they communicate with one another — both formally and informally.
 - c) Discuss what added-value member organizations or individuals expect to produce as members of a collaborative that they cannot create alone.
 - d) Describe the resources that each potential member brings to the collaborative.

B. Understanding of Community Assets and Needs

The Children's Trust Fund is interested in funding proposals that outline a process (Exhibit A, Section 3) for updating the community's need assessment(s) and filling gaps in the need assessment dimensions as discussed below.

Applicants shall describe past community needs assessment efforts and summarize the results of these assessments. The summaries of assessment findings should include:

1. Population Risk Factors

- Discuss the risks that threaten the families' well-being and place them at risk for child abuse and neglect; and
- Specify high risk populations that the collaborative will direct its efforts.

CTF recommends that applicants include the following "at-risk" populations:

- Expectant and young parent(s) 21 years of age or younger with education less than high school or GED;
- Parents mentally or physically challenged with young children;
- Parents with severe psychological disorders, trauma histories or substance abuse problems with young children;
- Families with young children that were prematurely born or have physical or developmental disabilities; and/or

- Parents with high child abuse potential measures by the Child Abuse Potential Inventory (CAPI) (CAPI score greater than 200).

2. Community Assets and Needs

- Inventory the community assets, capability, and resources that may serve as the building blocks for expanding the community's child abuse prevention capabilities;
- identify evidence-based and evidence-informed child abuse prevention programs that are available in your community?
- Identify community service deficits that significantly diminish families' access to needed services;
- Outline a process for periodically updating the community's need assessment(s) and/or filling gaps in the above defined need assessment dimensions.

C. Capacity Building – Inter-Organizational Planning

The first six months of this grant will include funding for capacity building and joint community planning. The successful bidders must outline specific ways they will build capacity and perform community based planning in Exhibit A, Section 4.

The complex nature of community-based collaboratives demands that special attention be given to inter-organizational planning and capacity building. Since up-front capacity building is foundational to a community-based collaborative's ultimate success, the initial six months of the CBCAP collaborative grants will fund joint planning and capacity building.

Joint planning is a fundamental component in the development and sustainability of the community-based family resource and support collaboratives. A broad array of community-based human services agencies and families should actively participate in a planning process to develop a shared vision and mission, set mutual goals and objectives, negotiate mutual roles, and share resources to achieve joint goals, but maintain their separate identities. In the capacity development phase, this joint planning should have the following objectives:

- a) to develop and establish a governance infrastructure, including a governing board, for the collaborative;
- b) to recruit and hire a full-time collaborative coordinator that will function as a leader/broker/facilitator in fostering cooperative relationships among community-based organizations and professionals and facilitating inter-organizational/professional bartering that makes collaboration possible;
- c) to assess community service needs, the community's service capacity and identify service gaps;
- d) to build the collaborative's essential and recommended network of participating service providers;
- e) to develop the collaboration model of how the disparate member organizations and professionals will relate and organize to work together to improve family well-being and prevent child abuse and neglect;
- f) to specify how families will be involved and participate in the CBCAP collaborative;

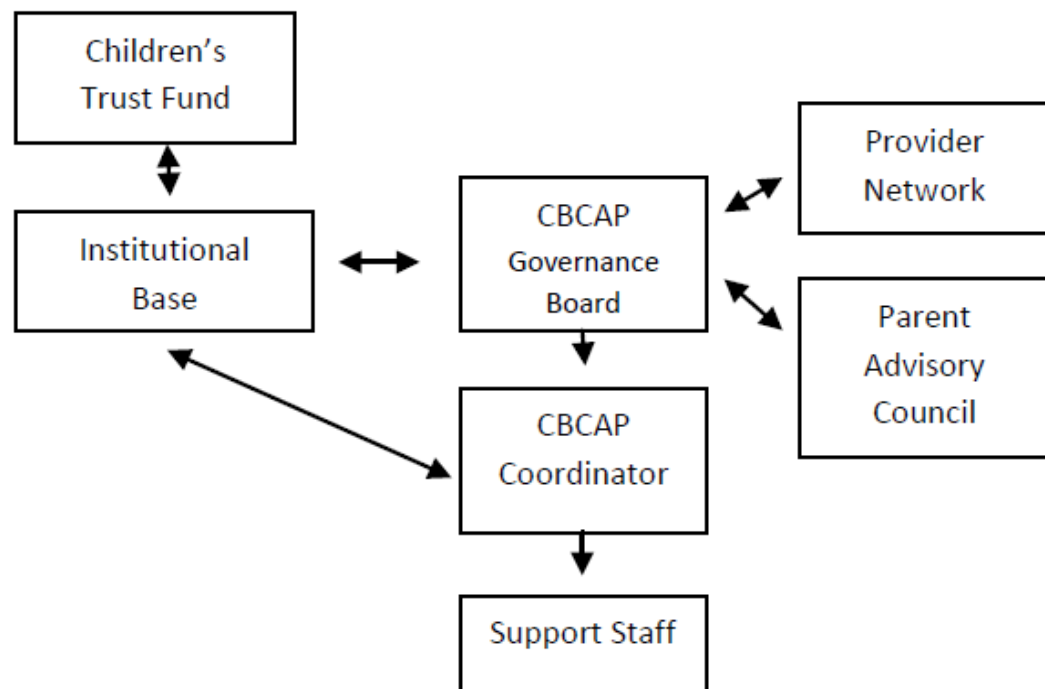
g) to develop policies and procedures to guide the use and distribution of flex-pool funds; and

h) to design evaluation methods to measure and document the collaborative's operating performance and family outcomes.

CTF is funding proposals that specify an organizational base for the collaborative and a process for the development of the governance infrastructure for the collaborative. Please describe your organizational and governance infrastructure in Exhibit A, Section 4.

1. CBCAP Organizational and Governance Infrastructure - In the critical early stages of the CBCAP collaborative building process, a collaborative's participants must establish an organizational and governance infrastructure for the collaborative. Although a collaborative could create a new independent 501(c)(3) organization to serve as its organizational base, previous CBCAP collaboratives have used an existing organization that has demonstrated its ability to cooperate with other community entities to serve as the collaborative's organizational base. The following organization chart and accompanying narrative describes the general organizational structure and governance infrastructure of the existing CBCAP collaboratives.

CBCAP Organizational & Governance Infrastructure Roles and Responsibilities



- a) Funding source – Missouri Children’s Trust Fund (CTF)
- b) To receive CTF funding support for the development and operation of a community-based collaborative, the community entities interested in collaborating must establish an institutional base (an existing community based organization) that will serve as fiscal agent as well as be responsible for facilitating joint planning and collaborative development efforts. As fiscal agent, this organization will be contractually accountable to CTF for CBCAP’s capacity building performance and the deliverables specified in the CBCAP grantee’s proposal. Also, this provider organization will be responsible for financial management - bookkeeping and accounting, preparing financial statements, reviewing and approving and paying invoices as well as complying with all other conditions of the CBCAP grant. This local organization will also carry out the human resource function for the collaborative and will be responsible for personnel policies and procedures and the application of these policies and procedures through the employer-employee relationship.

During the first 6 months of the CBCAP collaborative project, the institutional-base for the CBCAP will receive core funding for a full-time collaborative coordinator to assist community-based members build the capacity of the CBCAP collaborative. The collaborative coordinator must provide skillful leadership in mobilizing core provider organizations and other community-based organizations/professionals commitment and participation in the collaborative and assisting them with developing the collaborative’s governance infrastructure, lead agency collaboration model, strategies for family involvement, flex-pool fund policies and procedures, and evaluation metrics.

- c) The institutional-base for the CBCAP will receive funding for a full-time collaborative coordinator and part-time administrative support to continue the work of building and maintaining member commitment and participation in the CBCAP collaborative.
- d) The Governing Board is responsible for overseeing the CBCAP collaborative’s capacity development and implementation of the collaboration efforts. The governing board shall be comprised of representatives of the population targeted to be served, representatives of participating provider organizations, and at-large community members (civic and business leaders). The governing board’s specific responsibilities include: a) overseeing the strategic and operational planning processes, b) approving operating policies and procedures, c) monitoring the implementation of current plans, d) ensuring that the CBCAP has an effective coordinator, e) setting the expectations for the CBCAP-funded staff and monitoring and evaluating the coordinator’s performance, f) maintaining relationships with the CBCAP’s key community stakeholders, and g) ensuring that continuing education is supplied for the board and the staff.
- e) The provider network is responsible for providing input and feedback to the CBCAP Governance Board. The provider network will be composed of representatives of the community’s human service provider organizations that agree to participate in the collaborative. At a minimum, the following community-based service organizations must be represented in the provider network: local health department, Parents as Teachers, local schools, local mental health center(s), Head Start, and the local office of the Children’s Division. In addition to these core human service organizations, other community-based organizations with the capability to provide other core services such as crisis intervention/stabilization, parenting education, health/nutrition education, medical home, life skills

development, and Family Support Services (see detailed list of recommended services on page 13). During the capacity development phase of the project, the members of the provider network must be very active in designing the CBCAP collaborative's model and coordination processes and protocols. As the CBCAP transitions from capacity building to implementation, providers may be involved in the following listing of roles and responsibilities:

- 1) Involvement in ongoing improvement of coordination processes and protocols;
 - 2) Responsible for sharing pertinent information about families with other providers as well as obtaining information from providers to aid them in coordinating services for mutually served families;
 - 3) Responsible for working together to develop integrated care plans;
 - 4) Accepting referrals of CBCAP family members and delivering services specified in integrated care plans;
 - 5) Inter-organizational learning;
 - 6) Holding collaborating peers accountable for following through with their commitments to the CBCAP and coordination of mutually rendered care;
 - 7) Quality Assurance – the regular auditing of care plan and service delivery documentation to ensure that coordination processes and protocols are being carried out in conformance with specification, service delivery is being documented, and service quality standards are being met.
- f) As indicated above, the composition of the CBCAP shall include representatives of the population of families to be served by the collaborative. The establishment of a parent/family advisory council is required by CTF as an approach to ensure that all CBCAP families have the opportunity to provide input and are represented on the governing board.

Applicants must specify the composition of the CBCAP governing board. Also, applicants shall propose an organization structure for the collaborative as well as describe how it plans to develop the governance capacity of the collaborative.

CTF is interested in funding proposals that demonstrate that leaders involved in developing the proposed collaborative have a vision of what collaboration can accomplish, sensitivity and the ability to develop relationships with diverse stakeholders, as well as knowledge and skill in designing and implementing collaborative structures and processes that facilitate the development of trust and collaboration. Describe the staff leader capabilities you are seeking in Exhibit A, Section 4.

2. Leadership – CTF's experience with CBCAP community leadership suggests that leading a collaborative demands a distinctive set of capabilities. The most effective CBCAP sites had board and staff leadership with the following characteristics:

- a) A systems perspective of how the community's fragmented collection of specialized human service organizations, programs and professionals could be linked and work together to create and achieve a shared vision of preventing child abuse and neglect in their community. The leader must be skilled at communicating this motivating vision.
- b) An ability to structure the collaborative's capacity building process and to provide the guidance and facilitation required to effectively design and implement the collaboration model.
- c) A mind-set that values diversity as a source of innovation.
- d) An ability to recruit providers and consumers into this integrated system of support.
- e) Skilled in designing and implementing collaborative structures and processes that facilitate the development of trust and a climate that fosters the collaborative's diverse participants to share and meld their perspectives, ideas, knowledge and skills into integrative solutions that go beyond their individual limited vision of what is possible.
- f) An understanding that long-term sustainability of the CBCAP requires a win-win relationship in which each party, the collaborative and the service providers, contributes something of significant value and gains something of significant value in return.
- g) Applicants must discuss how the leaders involved in developing the collaborative have demonstrated the above leadership characteristics in the past and describe how the collaborative plans to develop further its leadership. (i.e., staff recruitment and selection, board and staff training and development, etc.).

CTF is interested in funding proposals that adopt the lead agency model of community collaboration. The successful bidders must show how they will implement this lead agency model. Describe how you will develop your lead agency model in Exhibit A, Section 4.

3. Collaboration Model. The term "collaboration" signifies a broad range of levels of collaboration intensity (low to high) in integrating the delivery of services to families. The continuum of comprehensive, service delivery collaboration ranges from relatively low-intensity efforts to coordinate the work of different organizations and professionals (e.g., enhanced referral of children or families for professional help of one kind or another) to the intensive, highly integrated arrangements (e.g., joint planning and execution of services in various teaming arrangements where different professionals, and others such as parents, pool information, knowledge and ideas; orchestrate a plan for helping families and/or children that draws on the expertise of more than one discipline as well as family input; and in varying degrees collaborate in carrying out the plan through joint effort [Melaville et al, 1993]).

In past collaborative demonstration projects, CTF has found a "lead agency coordination model" to be the best practice collaboration approach. The lead agency approach has fostered a more shared ownership and responsibility for the collaborative. Furthermore, the lead agency model appears to be more cost effective in fostering collective agency/professional work efforts to improve family well-being and prevent child abuse and neglect when compared to service coordinator (case

management) approaches. Also, the lead agency approach has promoted greater transfer of collaboration best practices beyond the CBCAP project into day-to-day community service delivery.

The lead agency model distributes the responsibilities for maintaining on-going interactions with the family and multi-organizational/professional coordination of service delivery to families to self-managing, family support teams that emerge from within the collaborative's provider network. In the lead agency model, the role of the CBCAP collaborative coordinator is to facilitate and enable the provider network members' continued interactions and collaborative efforts. That is, the collaborative coordinator's function is to motivate and empower the network's members to organize and work together as self-managed, family support teams. In this model, the collaborative coordinator's primary clinical responsibilities are to perform the client family's intake process, perform the initial client family's assessment, and work with the client family to develop a family resource/need profile (preliminary service/care plan). Once the collaborative's staff has completed the intake and initial assessment and presented the family profile to the provider network, the network discusses and recommends potential services that may be included in an integrated service plan for the family and a team leader (lead agency) that will assume responsibility for the ongoing interface with the client family and leading the family support team in coordinating service delivery to the family. Once a lead agency is assigned and the self-managed family support team has taken responsibility for service coordination and the provision of direct services, the collaborative staff's ongoing role is to convene and facilitate the regular provider network meetings. During the regular provider network meetings, the team leaders (lead agencies) report on the progress of the families, requests provider panel approval of payer-of-last-resort funding, and conducts family care plan reviews and revisions. Once the family is enrolled in the lead agency model, most of the ongoing service coordination responsibilities are transferred from the collaborative staff to the provider network. The staff's role then primarily centers on facilitating the functioning of the provider network meetings and providing oversight, encouragement and support to lead agencies/family support teams that coordinate and deliver integrated services to families.

In funding new CBCAP collaboratives, CTF is seeking applicants committed to the development of a highly integrated "lead agency model." Applicants shall describe past community collaboration efforts, the results produced by these collaborative efforts, and evidence that collaborative efforts are progressively developing. Also, applicants must outline how they will progress from their current level of collaboration to the lead agency model.

Successful bidders must demonstrate how they will assure active family participation in goal setting and planning for services. Describe how family participation will be promoted in Exhibit A, Section 4.

4. Family Involvement and Participation. Family involvement and participation refers to a strength-based approach to helping families. This view of families shifts the focus of community-based providers to building on family strengths and expanding the scope of what the family can do to ultimately become self-sufficient, rather than focusing on continuously relieving family problems.

Examples of promoting Family involvement include shared learning opportunities, participation in the Parent/Family Advisory Council, assisting with family social events, peer to peer support, etc. Families cooperating to learn, help and support each other can increase the total benefits of the collaborative for each family participant.

Applicants shall describe past experience in involving families and outline strategies for involving families in the collaborative's efforts to improve the well-being of families and to prevent child abuse and neglect. Applicants shall also describe how the Strengthening Families Protective Factors will be integrated into the proposed CBCAP collaborative (For more information on the Strengthening Families Protective Factors visit www.cssp.org or www.strengtheningfamilies.org).

The bidder must maintain a flex pool of the awarded resources to help families meet needs that other social service agencies cannot meet. A process must be outlined for approval of the usage of these funds and an accurate accounting. Describe how flex pool funds will be used to support families in Exhibit A, Section 4.

5. Flex Pool Funds. Flex pool funds are a small part of the CBCAP budget to pay for families' needs identified in family care plans but unavailable through other human service funding sources. The flex pool funds can be used as a direct grant or loan to families to meet eminent needs. The CBCAP flex-pool shall only be accessed for payment of services where the grantee has determined that the CBCAP funds are truly the payer-of-last-resort.

Although flex-pool dollars used are relatively a small part of the CBCAP budget, CTF has deemed this small dollar discretionary flex-pool fund a best practice because it has proved to be an important tool, not only to fund family service needs where there were no alternative funding sources, but to leverage joint cost sharing by community organizations and families. The flex-pool payer-of-last-resort philosophy has also caused community-based human service agencies to become diligent in seeking out ways to meet family needs and to be creative in finding other community resources that had not yet been accessed to meet family needs.

CTF is committed to funding community-based projects that are outcome based. CTF is requiring that all successful bidders collect specific outcome data and participate in a quarterly review of achievements. Describe how organizational performance and family outcomes data will be collected in Exhibit A, Section 4.

6. Performance/Outcome Measurement and Evaluation. Measuring a collaborative's achievements, given their broad and complex goals and structure, should be viewed in terms of the performance in delivering coordinated services to families as well as family outcomes.

Research from the previous CBCAP projects has shown that a series of outcomes can be documented and celebrated as the collaborative serves families. Outcome measures must be clearly linked to the final outcomes (family empowerment and prevention of child abuse and neglect) that the collaborative is working to achieve. Documenting immediate and intermediate outcomes is crucial to sustaining credibility and visibility, and providing milestones for celebration. It is also critical to communicate these milestones and critical events internally (i.e., among members) and externally (to key stakeholders). Applicants shall outline strategies for measuring and evaluating the collaborative's performance. All successful applicants will be required to generate a community-based strategic/operational plan to guide their operations and to report quarterly on their progress in achieving their operational goals and objectives. At the quarterly reviews each of the community sites will be asked to present and document their progress in achieving goals and objectives. This progress will be monitored on a quarterly basis and feedback will be readily provided to each site.

Missouri CBCAP Logic Model

Inputs	Participation	Activities	Outputs	Family Outcomes – Impact
				Short Term What the short term results are:
				Long Terms What the long term results are:
<p>What we invest:</p> <ul style="list-style-type: none"> -Federal and CTF funding and leverage of other state, and local government and private prevention funding streams -Strategic/operational planning & quarterly progress review meetings -Network Governance Board -Network Orchestrator & Support Staff -Community-Based Provider Network collaboration -Lead Agency/Family Support Team coordination platform -Strength-based family assessment tools and processes -Family Advisory Councils (FAC)/family engagement, empowerment, leadership - Training – evidence-based interventions -Flex-pool fund -Process and family outcome evaluation 	<p>Who we reach:</p> <ul style="list-style-type: none"> -At risk populations: <ul style="list-style-type: none"> • Expectant and young parent(s) 21 years of age or younger with education less than high school or GED • Parent(s) mentally or physically challenged with young children • Parent(s) with severe psychological disorders or substance abuse problems with young children • Families with young children that were prematurely born or have physical or developmental disabilities; and/or • Parents with high child abuse potential measured by the Child Abuse Potential Inventory (CAPI) CAPI score greater than 200 -Leveraged C-B Assets: <ul style="list-style-type: none"> • Community-based agencies, professionals, & program/service capabilities • Community and business leaders & public • Medical Home 	<p>What CBCAP does for families:</p> <ul style="list-style-type: none"> - Build on family/child Strengths -Provide participants with knowledge of parenting and child development -Promote participants nurturing parent /child interaction and attachment -Foster the develop children's social and emotional competence through the nurturing care of parents and caregivers - Facilitate opportunities for social connections among parents -Build parental resilience via faith, flexibility, humor, communication skills, problem-solving skills, supportive relationships, etc. - Promote parent involvement, empowerment & Leadership -Provide concrete supports in times of need 	<p>What CBCAP does as a collaborative:</p> <ul style="list-style-type: none"> -Provide network orchestrator & support staff -Attract and maintain growth/commitment of C-B, evidence-based to CBCAP provider network -Increase # of C-B agency/professionals serving as LA & FST member -Increased numbers of families enrolled, assessed, having care plans & receiving coordinated services -Promote and support family engagement in FAC -Monitor and assess outcomes by CAPI, PSI, FSQ, AAP, DFSS, DFRS -Outreach to increase public understanding & engagement for prevention of CA/N -Monitor & review CBCAP sites' strategic/operational planning & quarterly progress -Training – family & staff interventions -Flex-pool fund 	<p>What the short term results are:</p> <ul style="list-style-type: none"> -Increased # of families with care plan and receiving coordinated delivery of services -Families understand typical child needs development, & know how to manage child behavior in a nurturing and effective manner -Families know how to interact positively with their children -Families know the value of an informal support network - Increased family satisfaction with service coordination as measured by the FSQ -Increase in protective factors to prevent CA/N by parent(s)/caregivers related to: Knowledge of parenting & child development, bonding & attachment, social connections, concrete support in times of need, & parental resilience measured by CAPI, PSI, FSQ, AAP, DFSS, DFRS -Reduced parent & child risk factors, stressful life events & CA/N potential as measured by CAPI & PSI <p>What the long term results are:</p> <ul style="list-style-type: none"> -Families provide care that fosters their children's optimal developmental achievement, empathy & responsiveness to children's needs and interact positively with their children measured by PSI & AAP -Family/ECE manage social/emotional competence effectively measured by PSI and ASQ-S & E domain 7 sub-scales -Families have an informal support network that they rely on for support and assistance as needed measured by DFSS -Families access formal support systems in their communities when they need them measured by DFRS -Families achieve resilience and self-sufficiency measured by CAPI (Ego strength score) & PSI (Parenting domain subscales) -Families engagement, empowerment & leadership measures by FSQ

Recommended Services to be available through the provider network

Crisis Intervention/Stabilization	Crisis Nursery Services/Respite Care Mental Health Services Baby Supplies Housing
Parenting Education	Infant Care/Feeding Knowledge of Child Development Parent-Child Interactions/Relationships Appropriate Discipline
Life Skills Development	Healthy Relationships Training Budgeting Coping with Stress/Problem-solving Self-esteem/advocacy Meal planning/food safety GED/Work related skills
Health/Nutrition Services	Safe Sleep for Infants (education/crib programs) Nutritional health programs for pregnant women Perinatal substance use/abuse prevention programs (including tobacco)

Evidence-based and Evidence-informed Child Abuse Prevention Programs and Practices

CTF encourages applicants applying for CBCAP funding to include community-based agencies that offer evidence-based programs such as those listed below. Sites need to attend to both the program integrity in implementing these evidence-based programs in their provider networks and the match between the program's focus and the needs of the targeted families to ensure positive outcomes. The following programs in the respective service approaches have been effectively used in current and previous CBCAP communities (list is not all-inclusive of potential services):

Home Visiting Services	Parents as Teachers , Early Head Start, Healthy Families America, Nurses for Newborns, Nurse Family Partnership
Parent Education & Training	Child Parent Relationship Training, Nurturing Parents, The Incredible Years, Parent Child Interactions Therapy, Strengthening Families, Triple P
Peer Support	Circle of Parents, Parents Anonymous
Early Childhood Education	Early Head Start
Parent/Family Support	Crisis Nursery
Child Sexual Abuse Prevention	Stewards of Children Darkness to Light

CTF recommends that applicants review the FRIENDS National Resource Center's publications *Evidence-Based and Evidence-Informed Programs: Prevention Program Descriptions Classified by CBCAP Evidence-Based and Evidence-Informed Categories*. This publication may be accessed at http://friendsnrc.org/joomdocs/eb_prog_direct.pdf. Another tool that may be helpful in preparing the CBCAP application is the *Integrating Evidence-Based Practice into CBCAP Programs: A Tool for Critical Discussions*, which may be downloaded at <http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/integrating-evidence-based-practice-resources>. The FRIENDS National Resource Center is the national CBCAP training and technical assistance partner and makes many helpful publications and materials available at <http://friends.org>.

D. Transition Plan to Operations

The second six months of this grant will include funding for implementation of inter-organizational/professional collaboration. The successful bidders must outline, in Exhibit A, specific ways they will establish and maintain relationships with families and CBCAP network providers and facilitate collaboration and the coordinated delivery of services to families.

In the second six months of this contract, the collaborative is expected to implement its lead-agency collaboration model to coordinate the delivery of services to families. In this operational phase of the contract, CTF funding must be primarily used to facilitate the process of inter-organizational, professional collaboration in the delivery of services to families. The following are some operational issues that must be addressed when planning for transitioning from capacity building to serving families. The transition plan should include:

1. Intake goal(s), objectives and strategies (actions) for recruiting and enrolling families that will receive the CBCAP collaborative's coordinated services.
2. Assessment goal(s), objectives and strategies (actions) for performing interdisciplinary assessments of family strengths and needs. Assessment goal(s), objectives and strategies (actions) should include how the collaborative plans to incorporate the Child Abuse Potential Inventory (CAPI), the Parenting Stress Index (PSI), Adult Adolescent Parenting Inventory 2, Dunst Family Support and Resource Scales and the Client Satisfaction Questionnaire (CSQ) in the assessment process.
3. Integrated family service plan goal(s), objectives and strategies (actions) for joint planning where different organizations/professionals, as well as the family, combine their expertise and ideas and develop a plan for helping the family and children and carrying out the plan through joint effort. Integrated family service plan goal(s), objectives and strategies (actions) should include how the collaborative plans to document the family service plans, as well as how the family service plan will be used to guide care coordination and tracking service delivery.
4. Family Support Team goal(s), objectives and strategies (actions) for assembling family-centered service teams that will take responsibility for service coordination and provision of direct services. The coordination goal(s), objectives and strategies (actions) should also address how service delivery will be documented and family status will be tracked.
5. Flex pool fund goal(s), objectives and strategies (actions) for payer-of-last-resort help for families when services are unavailable through other human service funding sources. The flex pool fund goal(s), objectives and strategies (actions) for managing the flex pool fund and the allocation of the fund.
6. Outcome measurement goal(s), objectives and strategies (actions) for evaluating the collaborative's performance and family outcomes. The outcome goal(s), objectives and strategies (actions) should address the Child Abuse Potential Inventory (CAPI), the Parenting Stress Index (PSI), the Adult Adolescent Parenting Inventory, Dunst Family Support Scale, Dunst Family Resource Scale and the Client Satisfaction Questionnaire (CSQ) and how they will be used in the evaluation process.

IV. Availability of Funds

A. Size of Project Awards

In Fiscal Year 2015, up to \$200,000 will be available for Community Based Child Abuse Prevention projects. CTF anticipates funding approximately two (2) CBCAP projects; therefore it is expected the average grant award will total approximately \$100,000. Application amounts may vary as grant awards will depend upon several factors including the number of families served.

B. Duration of Funding

Grant awards are for twelve months, from July 1, 2014 to June 30, 2015. CBCAP sites are eligible for funding for subsequent years (years 2-5). However, funding is not guaranteed as it is contingent upon CTF revenue, demonstration of community need, project effectiveness, and contract compliance, and will be awarded at the discretion of the CTF Board of Directors. CTF reserves the right to revise and amend all budget requests.

C. Limitations

Unallowable expenses include, but are not limited to, the following:

1. Bad Debt: Bad debt is not an allowable expense.
2. Capital Expenditures: The cost of any capital purchase is not an allowable expense.
3. Contingency or Reserve Funds: Funds that are reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.
4. Contributions: Contributions or donations made by the applicant to other agencies are not allowable expenses.
5. Depreciation on Assets Purchased with Federal or State funds: Depreciation on buildings or equipment furnished by the federal government, purchased through federal grants, or by state money is not an allowable expense.
6. Expenses Offset by other Revenue: Expenses already reimbursed through other state or federal projects are not allowable expenses.
7. Fines and Penalties: Fines and penalties are not allowable expenses for purchased services.
8. Fund Raising Costs: Costs incurred for fund raising should be off-set by fund raising revenue and are not allowable expenses.
9. In-Kind Expenses: In-kind expenses documented to recognize the value of donated goods and services are not allowable as service or grant expenses.

10. Legal Expenses: Legal expenses are not allowable expenses.
11. Lobbying Expenses: Costs incurred in attempting to influence the federal or state executive or legislative branches of government, including lobbyists, are not allowable expenses.
12. Interest Expenses: Interest expense is not an allowable expense.
13. Contract Supplies: Supplies used in the production of goods to be sold should be off-set by project income and are not allowable expenses.
14. Moving Costs: The applicant's costs of moving are not allowable expenses.
15. Organization Costs: The applicant's costs of organizing and reorganizing as a legal entity are not allowable expenses?
16. Taxes: Taxes for which the applicant could be exempted are not allowable expenses, and taxes and related penalties from prior years are not allowable expenses.

D. Post-Capacity Building

Phase 1 of this project will include capacity building as described in the RFP. Phase 2 involves direct coordination services for families. Prior to the beginning of the operational stage, the primary responsibility of the collaborative coordinator will be to lead/facilitate the capacity building of the CBCAP collaborative. During the operational phase, the coordinator's role, in addition to continuing to build collaborative relationships, will be to oversee the intake/assessment process and subsequent re-assessment, as well as facilitate the care planning processes of the CBCAP's collaborative model.

Based upon the number of families that receive coordination services, a full-time Coordinator's salary and a part-time Administrative Assistant salary may be requested as well as employee benefits (up to 28% of annual salary for each position). As described in the RFP, CTF believes that proper intake assessment and follow-up assessments are very important to clarify the needs of the individual family, as well as an integrated care plan that coordinates community providers' delivery of services to families. CTF may be used to pay costs associated with intake assessment/care plan/follow-up assessment. CTF may also be used to pay for mileage to complete assessments at the rate described in Exhibit A, Section 6, Worksheet #2. Key programs that are important to provide to families, in addition to coordination of services, are Safe Crib, home visitation and a flex pool available for gaps in services. CTF services funding may be used to support these services.

Funding for services available through the CBCAP must be used to supplement existing community services, if necessary, and to address identified gaps in services. Please take into account already existing community services that will be available through the provider network when determining the amount requested in the budget. Services funds may be used to support families enrolled in the CBCAP project and have completed the intake process, including all initial assessments.

E. Local Match Requirements

CTF requires a 20% local match for funds provided through the CBCAP program. At least half of the required match must come from cash sources. The remaining local match obligation may be met through in-kind resources.

V. Method of Payment

The payment method for CTF CBCAP grants will be reimbursement of expenses. Start-up funding (advancement of funds) is not available.

CTF will reimburse the fiscal agent (typically the institutional base) upon monthly submission of a properly completed CTF invoice and supporting documentation. Invoices must be completed in a timely manner and must be signed by the authorized contract representative.

VI. General Instructions

A. Submission of Application

Proposals shall be consistent with the mission of CTF's Board of Directors and comply with the requirements contained in this Notice of Grant Availability (Exhibit B). Exhibits A & B should be carefully reviewed prior to writing the proposal. All questions must be answered completely; all forms must be completed in their entirety with the required signatures (when applicable). Failure to follow instructions found in Exhibit A & B will result in the grant application being removed from consideration.

Applicants shall submit one (1) original and four (4) copies of the completed application. This includes one (1) original and four (4) copies of both **Exhibits A & B**. Please staple in the upper right hand corner or secure with a binder clip.

The application shall be typed (no smaller than 12 point) and single-spaced. Each page shall be numbered sequentially beginning with the cover sheet. Certain sections of the narrative requirements have page limits that are not to be exceeded.

The application must follow the format and order presented herein. The forms provided with this notice must be used in completing the application. The forms may be reproduced on a computer or photocopied, however any alteration of the content of this application will forfeit the application from consideration.

B. Submission Deadline/Address

CBCAP applications under this funding cycle for state Fiscal Year 2015 must be received by CTF at the address below by **Tuesday, April 15, 2014**. This is a hard deadline – all proposals must be submitted to CTF by 5 pm on April 15th. Any application received after that deadline will not be considered. Materials missing or received apart from the application will not be considered. CTF will acknowledge receipt of the application by email to the

applicant. Applicants should request a delivery receipt from CTF if the application is hand delivered.

Applications should be mailed to: Children's Trust Fund
PO Box 1641
Harry S Truman State Office Building
Room 860
301 W. High Street, P.O. Box 1641
Jefferson City, MO 65102-1641

Applications may not be emailed or faxed.

C. Notification of Awards

Notification of awards will be made by CTF in June 2015.

VII. Application Instructions

All forms within Exhibit A should be completed in their entirety. Point values for each section are indicated in parenthesis.

A. Cover Sheet (Exhibit A, Section 1)

All items on the page must be completed. Applicants must include a copy of their 501c (3) exemption letter, articles of incorporation, etc. The contact name and address provided on this page will be used for all future mailings including contract information.

B. Collaboration and Community Readiness (Exhibit A, Section 2) (20 points)

C. Community Needs & Assets (Exhibit A, Section 3) (20 points)

D. Capacity Building (Exhibit A, Section 4) (40 points)

E. Transition Plan To Operations (Exhibit A, Section 5) (20 points)

F. CBCAP Budget (Exhibit A, Section 6, pages 1 –9)

- Worksheet 1 Personnel/Fringe
- Worksheet 2 Mileage/Travel
- Worksheet 3 Capacity Building
- Worksheet 4 Training
- Worksheet 5 Assessment/Case Planning/Re-Assessment
- Worksheet 6 Services
- Worksheet 7 Operational Costs
- Worksheet 8 Volunteer Time

Budget Item Descriptions

Eligible items for CTF reimbursement include staff, fringe, mileage/travel, training, capacity building, services and operational costs as follows:

Personnel/Fringe (Exhibit A, Section 6 Worksheet #1)

Funds may be requested for one full-time project coordinator. This position is key to the success of the collaboration in that the job responsibilities include the development, building and maintenance of the provider network; tracking referral sources for the project; and the enrollment and assessment of participating families.

Funds may be requested for a part-time administrative assistant to support the project coordinator and provider network with CBCAP related activities.

Funding is available for fringe expenses equaling up to 28% of the annual salary of the project coordinator and administrative assistant positions).

Mileage/Travel (Exhibit A, Section 6, Worksheet #2)

Mileage and travel funds are available for both in the service area and mandated trips for quarterly evaluations of the project. Mileage reimbursement shall not exceed the state rate (currently 37 cents per mile).

Capacity Building (Exhibit A, Section 6, Worksheet #3)

Funds may be requested for costs related to the development of the provider network, and preparing the network to serve families.

Training (Exhibit A, Section 6, Worksheet #4)

Funds may be requested for training directly related to the CBCAP project or that will enhance ability to provide services.

Assessment, Facilitation of care planning process, Re-assessment (Exhibit A, Section 6, Worksheet 5)

Funds may be requested for costs related to assessment, care planning, and re-assessment. Associated costs include forms, training manuals, staff training, and other tools identified as necessary for this purpose.

For PSI information: <http://www4.parinc.com/Products/Product.aspx?ProductID=PSI-SF>

For CAPI information: <http://www4.parinc.com/Products/Product.aspx?ProductID=CAP>

For AAPI information: <https://www.assessingparenting.com/assessment/aapi>

For Dunst Family Resource & Support Scales information: <http://www.wbpress.com/>

Services (Exhibit A, Section 6, Worksheet 6)

Limited funding is available for such services as safe crib, home visitation, flex pool.

Operational Costs (Exhibit A, Section 6, Worksheet 7)

Funding for directly-related operational costs (cell phone cost, office supplies for example) will be considered.

G. Assurance/Certification Signature Page (Exhibit A, Section 7)

An original signature of the authorized official for the grant is required.

VIII. Review Process & Criteria

Applications will be evaluated against the standard criteria listed below:

- A. Community Readiness for Collaboration (20 points)
- B. Understanding of Community Needs and Assets (20 points)
 - 1. Targeted Populations
 - 2. Community Assets
- C. Capacity Building Strategy (40 Points)
 - 1. CBCAP Organizational and Governance Infrastructure
 - 2. Leadership
 - 3. Network Commitment
 - 4. Collaboration Model
 - 5. Family Involvement and Participation
 - 6. Flex-Pool Funds
 - 7. Metric/Evaluation
- D. Transition Plan to Operations (20 Points)

In awarding such contracts, favorable consideration shall be given to proposals that:

- (a) demonstrate interagency and/or community collaboration and coordination;
- (b) demonstrate the need for the CBCAP project within the defined target area;
- (c) target traditionally under-served populations and geographic areas of the state;
- (d) are designed to meet the needs of a population who may have difficulty accessing existing services;
- (e) demonstrate cultural sensitivity and competency;
- (f) demonstrate a positive impact on variables highly correlated with the occurrence of child abuse and neglect and demonstrate that the CBCAP will help to prevent or reduce the occurrence of child abuse or neglect (research-based);
- (g) are willing to share project outcomes/results with others at the local and/or state level;
- (h) effectively incorporate the use of volunteers and parent/family representatives (clients).

Applications will also be considered on the basis of the availability of CTF prevention funding. The CTF Board of Directors makes every effort to achieve equitable distribution of grant funds throughout the State of Missouri.

IX. Reporting & Record Keeping Requirements

Grantees/fiscal agent shall maintain accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. Grantees must maintain appropriate records documenting actual expenditures incurred, payment of those expenditures, and services provided.

Furthermore, grantees/fiscal agent shall establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges are accurate. All records pertaining to this grant should be maintained for a minimum of five years.

Grantees must submit project reports to CTF annually in a format provided by CTF no later July 31st.

Consideration for any future funding will be based in part upon timely submission and quality of reports. If a report is not received by the due date, the funds for the next claim(s) following the due date will be withheld until the required report is submitted and reviewed for compliance with this Grant Notice and the contract. The reports must indicate where each grantee stands in relation to the project and follow the format provided by CTF

Any proposed changes in stated project outcomes and/or the budget must be submitted to CTF for approval pursuant to the terms of the contract.

X. Communication & Questions

All questions regarding this notice and proposal submission are to be directed to:

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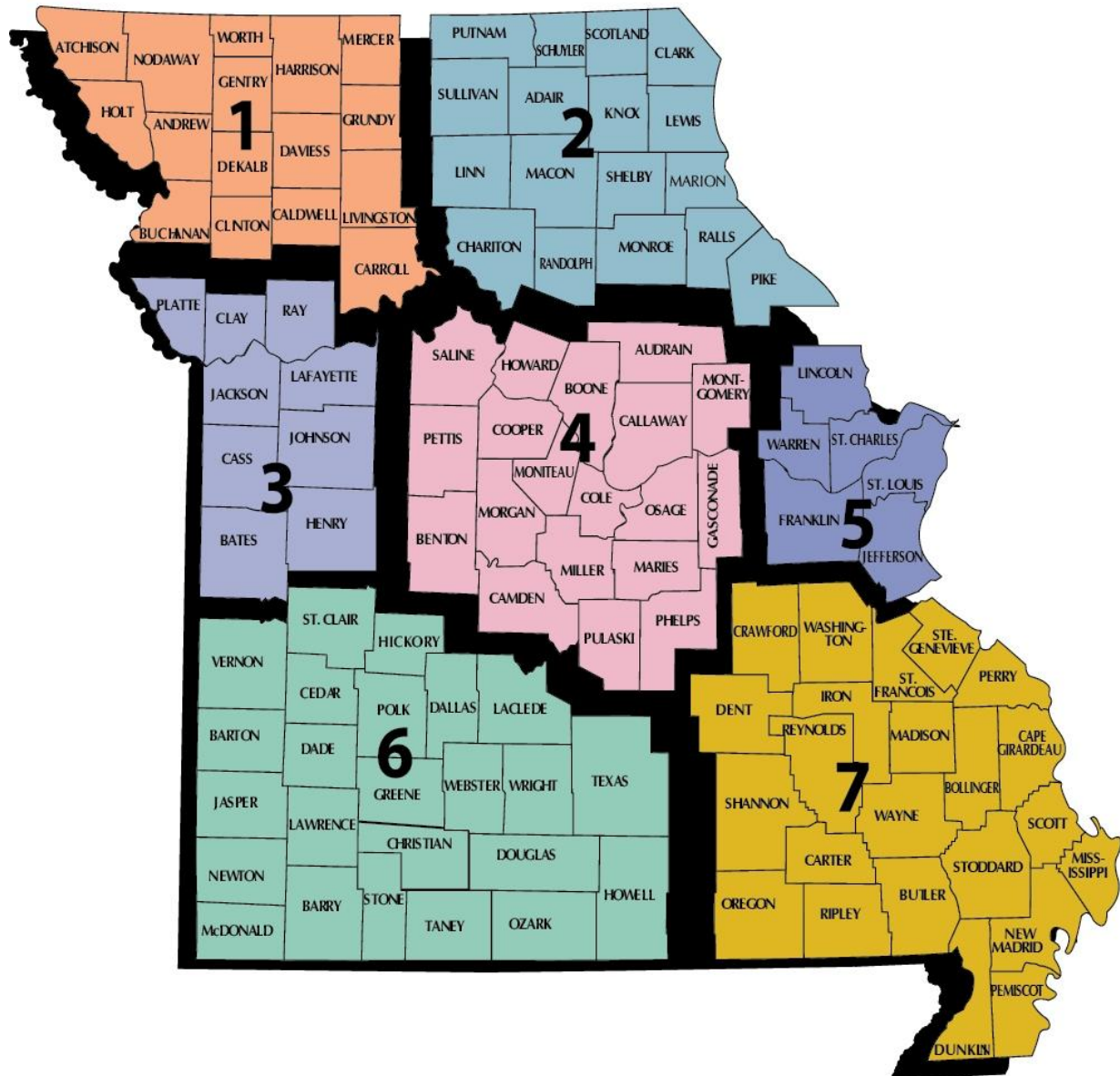
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- FRIENDS National Resource Center: <http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/integrating-evidence-based-practice-resources>

Attachments

- Map of CTF Regions
- Strengthening Families Initiative information

Children's Trust Fund – Regional Map



What We Know: *Families thrive when protective factors are robust in their lives and communities.*

Using the Strengthening Families Approach, more than 30 states are shifting policy, funding and training to help programs working with children and families build protective factors with families. Many states and counties also use the Protective Factors Framework to align services for children and families, strengthen families in the child welfare system and work in partnership with families and communities to build protective factors. For more information and many tools and options for implementation, visit www.strengtheningfamilies.net.

Nationally, Strengthening Families is coordinated by the Center for the Study of Social Policy (CSSP) and supported by national partner organizations including:

- Child Welfare Information Gateway
- The Finance Project
- FRIENDS National Resource Center
- The National Alliance of Children's Trust and Prevention Funds
- Parents As Teachers
- United Way Worldwide
- ZERO TO THREE

The Protective Factors Framework

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Social and Emotional Competence of Children

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

Mobilizing partners, communities and families
to build family strengths, promote optimal
development and reduce child abuse and neglect

The Strengthening Families Approach

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Can be implemented through small but significant changes in everyday actions
- Builds on and can become a part of existing programs, strategies, systems and community opportunities
- Is grounded in research, practice and implementation knowledge

