

Children's Trust Fund of Missouri

Preventing Child Abuse and Neglect and Strengthening Families
through grant distribution, education, awareness and partnerships.

FY 2017

Application for Discretionary Funding

Contract Period: July 1, 2016 – June 30, 2017

Please mail applications to:
Laura K. Malzner, Program Coordinator
Children's Trust Fund
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

ctf4kids.org



Application for Discretionary Funding General Information

When funds permit 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 for voluntary prevention programs focused on home visiting, parent education (including grandparent and father specific programs), young parent mentoring, prevention educational materials for the public, parent or community cafes, training, prevention of child sexual abuse, etc. All projects should promote protective factors known to reduce the risk of child abuse and neglect (<http://www.cssp.org/reform/strengtheningfamilies>).

CTF begins accepting applications for consideration after April 1st for projects beginning the next fiscal year (July 1st). Applications will be reviewed on an individual basis and awarded at the discretion of the Children's Trust Fund. Each applicant will receive written notice as to whether the proposal has been selected or not. If selected for a grant award, applicants will enter into a contractual agreement with CTF for the designated state fiscal year.

Funding through the Discretionary program is 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 Program Coordinator. Payment will be consistent with the guidelines accepted by the CTF Board of Directors.

All Discretionary grant recipients will be required to submit a final project report detailing project outcomes to the Children's Trust Fund.

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

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**CHILDREN'S TRUST FUND
DISCRETIONARY GRANT APPLICATION
COVER SHEET**

Name of Applicant Agency:	
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 it's 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 <input type="checkbox"/> Statewide
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) _____	Project Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Primary & Secondary 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:
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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
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 proposed 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? How will the overall effectiveness of the project be evaluated?
- 7) How will the proposed project work to promote the Strengthening Families Protective Factors (<http://www.cssp.org/reform/strengtheningfamilies>)?
- 8) How will funds from the Children's Trust Fund be utilized?
- 9) If applicable, describe how the project will be sustained after CTF funding has ended.
- 10) 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
Salaries or other Professional Fees (trainer fees, other professional contract services):			
Program-Related Expenses:			
Training:			
Travel/Mileage:			
Public Education Materials:			
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 37 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.

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 and the basis used to determine the cost. Use additional pages if needed.

Professional Fees:

Program-Related Expenses:

Training:

Travel/Mileage:

Public Education Materials:

Consumable Supplies:

Other:

**CHILDREN'S TRUST FUND
GRANT APPLICATION
ASSURANCE/CERTIFICATION SIGNATURE PAGE**

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 program information will be collected and conveyed to the Children's Trust Fund by submission of a final project report.

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 funds (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/expenses are accurate.

Name:

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Authorized Official

Title

Signature:

Authorized Official

Date