**Children’s Trust Fund (CTF)**

**Home Visiting Grant Application/Letter of Intent (LOI)**

Please review the full application before submitting LOI

**Organization Name**:

**Street Address**:

**City, State, Zip Code**:

**Telephone Number**:

**Federal Tax ID#:**

|  |  |  |
| --- | --- | --- |
| **Contact Name(s)** | **Contact Title(s)** | **Contact Email(s)** |
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**Name of Proposed Grant**: CTF Home Visiting Services Grant

**Total Anticipated Amount Request**: $      **Estimated cost per family:** $

**Is this a:** [ ]  **start-up program** [ ]  **an expansion of an existing program** [ ]  **Collective Impact Initiative**

**Please respond to the following. Please keep the LOI to no more than two pages, including this page.**

1. **Community/Population and Geographic area to be served –** Include Counties and Zip Codes

1. **Describe your organization’s history in working with the community/population in which services will be provided**.

1. **Proposed home visiting model/curriculum -** Please include anticipated frequency of visits and average home visitor caseload.

1. **Describe your organization’s current home visiting work/efforts.**

**Submit Letters of Intent to Laura K. Malzner at** **laura.malzner@oa.mo.gov**

**Letters of Intent are due no later than April 9, 2019**

**Invitations to submit a full proposal will follow the review of Letters of Intent**