

FY 2021 Request for Applications

Discretionary Prevention Grant Program
(Contract Period July 1, 2020 – June 30, 2021)



The Missouri Children's Trust Fund's (CTF) Board of Directors is pleased to announce the availability of funding for State Fiscal Year 2021 through its Discretionary Child Abuse and Neglect Prevention Grant Program. CTF anticipates awarding up to \$50,000 for FY 2021. Through the Discretionary Grant Program, CTF provides up to \$5,000 in funding to support specific, one-year projects designed to support child abuse and neglect prevention efforts.

Discretionary Grant applications will be accepted and considered until funding is fully obligated. **Please submit your Discretionary Application via email to Alicia.Whitson@oa.mo.gov**

Funding through the Discretionary program is paid on a cost reimbursement basis after the allowable expense is incurred, and after the invoice and necessary supporting documentation has been received by the CTF Program Coordinator. Note that salary and fringe benefit costs are not eligible cost items through the Discretionary Grant Program.

All Discretionary grant recipients will be required to submit a short final project report detailing project outcomes to the Children's Trust Fund by July 31, 2021.

For additional information, please contact Laura Malzner or Alicia Whitson at:

Laura K. Malzner
Program Director
(573) 751-6511
laura.malzner@oa.mo.gov

Alicia Whitson
Fiscal and Program Coordinator
(573)751-2030
alicia.whitson@oa.mo.gov

CTF DISCRETIONARY APPLICATION

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 its willingness to be responsible for the fiscal and programmatic requirements.
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Primary Contact:	Email:
Exec Director/CEO:	Email:

Project Title:
County(ies) where project will be implemented:
Project Type: <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Secondary Prevention <input type="checkbox"/> Primary & Secondary Prevention

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) _____
Dollar Amount Requested from CTF: \$ _____

Narrative Questions

Please list and answer each of the following questions. Total Narrative should not exceed two pages. Submit additional page if needed.

1) Describe the proposed project and how it relates to child abuse/neglect prevention.

2) Describe the need in your community for this project.

3) How will funding support existing child abuse and neglect prevention efforts?

Budget Page

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 in describing each item and the estimated expense.

Budget Line-Item	Amount Requested-CTF	Justification for Requested Budget Item
Professional Fees (trainer fees, other professional contract services); salary and fringe benefit costs <u>are not</u> eligible costs.	\$	
Program-Related Expenses: Example: project supplies, curriculum materials, family incentives, etc.	\$	
Training: Registration costs for conferences or other non-travel training costs.	\$	
Travel/Mileage: local mileage (not to exceed the state rate of 43 cents per mile) or costs associated with attending training (lodging, meals, etc.).	\$	
Public Education Materials: Brochures, posters, advertisements designed to increase child abuse and neglect prevention awareness.	\$	
Consumable Supplies: Office supplies, copying costs, postage, etc.	\$	
Other: (please specify)	\$	
TOTALS	\$	

**CHILDREN'S TRUST FUND
DISCRETIONARY GRANT
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:

Authorized Official

Title

Signature:

Authorized Official

Date