



Who Can Apply?

In order for the LCCSF Board of Directors to review applications for funding and enter into a contract for a program and/or services with an agency or organization, the agency or organization must:

- A. Be incorporated or authorized to do business in the State of Missouri as a not-for-profit corporation or a government entity;
- B. Receive at least 25 percent of its funds (dollars, not in-kind) from sources other than the Children's Services Fund;
- C. Be certified or licensed by the State of Missouri to provide the services that utilize these funds, provided that such certification or licensure exists;
- D. Require all employees and volunteers of the agency to maintain the confidentiality of any information that would identify individuals served by that agency;
- E. Require that within the limits of the contracted services, services be provided regardless of an individual's race, religion, national origin, gender, or age; and
- F. Require that employees and volunteers of the agency who provide direct services be screened as required by state statute.

Eligible Costs and Activities

- 1. Up to 30 days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth; respite care services; and services to unwed mothers;
- 2. Outpatient chemical dependency and psychiatric treatment programs; counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hotlines; and prevention programs, which promote healthy lifestyle among children and youth and strengthen families;
- 3. Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

Ineligible Costs and Activities

- 1. Inpatient medical, psychiatric, and chemical dependency services;
- 2. Transportation services.



Application Process

Step 1: Letter of Intent and Attachments

Applicants are required to submit a Letter of Intent. It should include a completed application form and the following attachments:

1. Letter of Intent Narrative
2. 501(c)(3) IRS Letter of Determination

Step 2: Full Proposal and Attachments

The full proposal should include an updated application and the information indicated below.

- I.** Agency Overview
- II.** Delivery
 - a. Problem Statement
 - b. Approach
- III.** Outcomes
- IV.** Management
- V.** Budget Justification Narrative
 - a. Budget Sheet
 - b. Summary of total agency budget reflecting sources and percentages of funds received.
- VI.** **Please Note:** LCCSF will not reimburse for administrative costs or staff line items.

Note: All agencies seeking funds must go through the Application Process, with the exception of emergency Grief Counseling funds. These funds are set aside for Lafayette County public or not-for-profit agencies that provide services to children and youth. They may be utilized at the discretion of the Executive Director/Coordinator in the event of a sudden traumatic event or loss to the child or youth and all other sources of funding have been maximized.

Lafayette County Children's Services Fund

Full Proposal Instructions

PART I: AGENCY OVERVIEW (5 points)

- Provide a brief historical summary of your agency and its work within Lafayette County as it relates to the services for which you are requesting funding.
- Describe how your agency will collaborate and integrate services with other providers.

PART II: PROGRAM AND/OR SERVICE DELIVERY (25 points)

Problem Statement

- State the purpose, goals and objectives of your program.
- Provide a detailed description of the problem/unmet need in Lafayette County for the program and/or services for which your agency is applying.
- Describe the target population (with projected age ranges) to be served and quantify the problem using local statistical data.
- Describe the lack of community resources necessary to address the problem.

Approach

- Document your approaches with evidence-based research that indicates effectiveness, appropriateness for age groups, and demonstrated success.
- Describe the therapeutic methods or curricula that will be used in providing the program and/or services.
- Describe any diagnostic tests that will be used with individuals enrolled in the program or receiving services.

PART III: PROGRAM AND/OR SERVICE OUTCOMES (30 points)

- Include a minimum of **three** clinical goals with anticipated outcomes. Clinical outcomes must be **measurable and time specific**.
- Describe **expected outcomes** with a framework of short-term, mid-term, and long-term results.
- Describe any **diagnostic or evaluation tools** you will be using, including identifying research links and a comparison to like-tools.

PART IV: PROGRAM AND/OR SERVICE MANAGEMENT (25 points)

- Describe who will be heading the program or providing services to which age groups, including names, titles, education and specialties.
- Identify who is responsible for overall management, including personnel and expenditures. Briefly describe relevant professional background and qualifications.
- Describe how management of the program and/or services and service providers will be done, including tests, forms, format, meeting frequency, resources, and supervision.

PART V: BUDGET AND NARRATIVE (15 points)

- Attach a complete budget for your proposed program and/or services.
- Provide a budget narrative that explains each amount identified in the budget.
Specifically:
 1. Describe each cost listed on the budget.
 2. Provide numbers for any supplies, training, etc.
 3. Describe other committed resources that you receive, including the amount, as other funding or in-kind donations specific to the program and/or services you are requesting funds.
 4. Provide a summary of the agency's total budget with percentages derived from each source of funding.
- For agencies that provide direct counseling services to children, the following items must be explained:
 - Unit measurement
 - Unit rate per measurement (rate per hour)
 - Number of units expected to provide throughout funding year
 - Number of children expected to be seen
- Professional or consultant hourly reimbursement for the provision of education or treatment is limited to the current Medicaid standard rate for home therapy plus 4% for a unit of 45 minutes.
 - Medicaid standard rates may be found at:

<http://dss.mo.gov/mhd/providers/education/behavioral-health/behavioral-health-manual.pdf>
- **Please Note:** LCCSF will not reimburse for administrative costs or staff line items.