

**AGENCY BACKGROUND/CONTACT INFORMATION**

ELIGIBILITY CHECKLIST

Organizations that can answer Yes to all the following are eligible to apply for this grant opportunity.

1. Does the organization currently provide services to children ages 19 and under in Jackson County, Missouri?
2. Is the agency or organization incorporated or authorized to do business in the State of Missouri as a not-for-profit corporation or a government entity?
3. Does the agency or organization require all employees and volunteers to the agency to maintain the confidentiality of any information that would identify individuals served by that agency?
4. Does the agency or organization require that within the limits of the contracted services, services be provided regardless of an individual's race, religion, ethnicity, gender, sexual orientation, gender identity, national origin, or disabling condition?
5. Does the agency or organization require that employees and volunteers of the agency who provide direct services be screened as required by state statute?
6. Does the organization commit to using any funds received from the Children's Services Fund for only secular, public benefit programs? State law prohibits the use of public funds in support of religious worship or instruction.

Organization Name

EIN/Tax ID

Street Address

City

State

Zip/Postal Code

County

Phone Number

Website (if applicable)

Organization Leader Name

Organization Leader Position Title

Organization Leader Email

Application Contact Person Name

Application Contact Person Phone Number

Application Contact Person Email

Project Contact Person Name

Project Contact Person Position Title

Project Contact Person Phone Number including extension

Project Contact Person Email Address

Organization Mission Statement

#### LETTER OF INTENT

**Project Title:** Please provide a *brief, descriptive name* of the project using no more than 10 words.

**Amount Requested (\$):** Instead of a project limit cap, we will now consider investing up to \$750,000 in a single organization with Core Funding. Please keep in mind other Core Funding awards when identifying an amount to request for the project.

<b>YEAR 1</b>	<b>\$</b>
<b>YEAR 2</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

**CSF Service Area:** *Choose* the proposed project's Primary Service Area based on the provided definitions. (Menu of Choices)

- ***Crisis Intervention:*** Services are provided in response to a mental health crisis resulting in acute destabilization of the client's functioning in the community and are focused on rapid restoration to baseline functioning. Crisis intervention services provide assessment and short-term treatment in an outpatient setting. Projects in this Service Area will be reimbursed using units of service.
- ***Home & Community Based Intervention:*** Home and community-based services are designed to allow children and youth to participate in a vast array of behavioral health services in the home and community settings. CSF affirms its commitment to serving individuals in the least restrictive environment by providing services and supports to children and their families to enable them to remain at home and in the community. Projects in this Service Area will be reimbursed using units of service.
- ***Individual, Group, and Family Counseling:*** Individual, group, and family counseling services include psychological evaluations, mental health screenings, and individual, group, and family therapy. Projects in this Service Area will be reimbursed using units of service.
- ***Outpatient Psychiatric Treatment:*** Outpatient psychiatric treatment services include psychiatric evaluations to diagnose mental health issues and create treatment plans, as well as ongoing psychiatric treatment and medication management. Projects in this Service Area will be reimbursed using units of service.
- ***Outpatient Substance Use Treatment:*** Outpatient substance use treatment services include assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy, and aftercare services. Projects in this Service Area will be reimbursed using units of service.
- ***Prevention Services:*** Services are provided to children and youth with the goals of social-emotional skill building, enhancing coping skills, strengthening relationships and community

engagement, and related skills. Acquisition of the skills and information addressed by prevention services decreases children and youth's likelihood of developing mental health and substance use issues. Projects in this Service Area will be reimbursed using actual expenses.

- **Respite Care:** Respite care services offer temporary emergency shelter and support services for children and youth of families to decrease the risk of abuse and neglect. Services are provided when families experience a crisis, or when families need a break from caregiving in order to maintain the child in the natural home setting. Projects in this Service Area will be reimbursed using units of service.
- **Services to Teen Parents:** Services and supports are provided to teen parents for the development of positive parenting skills, obtaining adequate counseling and behavioral health services, and resources and referrals for additional support needs. Projects in this Service Area will be reimbursed using units of service.
- **Temporary Shelter:** Services are provided up to 30 days for youth experiencing abuse, neglect, homelessness, or other issues. Projects in this Service Area will be reimbursed using units of service.
- **Transitional Living:** Counseling and related services are provided as part of a transitional living program aimed at successfully supporting and reintegrating a young person from a homeless living arrangement into a safe living space with opportunities for developing independent life skills. Projects in this Service Area will be reimbursed using units of service.

**Describe** how the proposed project meets the definition of the selected Primary Service Area. *150 to 200 words recommended.* (Narrative)

**CSF Impact Framework: Select** one Area of Impact from the two choices below. (Menu of Choices)

- **Prevention:** Provide or increase access to robust prevention programs and resources that proactively build and equip resilient children and families.
- **Resilience:** Provide or increase access to proven and promising interventions to foster stability, support resiliency, and strengthen mental health for children and families.

**Proposed Activities: Choose** which of the following activities will take place in this project. (Menu of Choices)

- Case management, support & coordination
- Community outreach
- Crisis intervention & emergency response
- Personal growth, development, & skill-building
- Respite, shelter, or transitional living services
- Screenings, assessment, & evaluations
- Services to individuals, families, & groups

**Desired Outcome: Choose** which of the following outcomes the proposed project seeks to achieve. (Menu of Choices)

- Strengthened mental health, thereby reducing maladaptive symptoms and behaviors.
- Strengthened protective factors, thereby reducing incidents of abuse and neglect.
- Increased skills and knowledge around personal safety and social emotional well-being, leading to safer, healthier, and more fulfilling lives.

**Target Population:** *Describe* the target population (with projected age ranges) to be served, and the number of children and youth that will be served by the program during the funding period. Provide demographic information, including but not limited to age, race, ethnicity, household income, and geography to be served. *150 to 250 words recommended* (Narrative)

**Program Overview:** *Brief summary* of the proposed project/program services that includes the following elements and any other relevant information—*500-750 words recommended* (Narrative)

1. Purpose of the project/program service
2. How the project/program service focuses on mental health and social-emotional well-being
3. Provided activities/interventions
4. Staff needed to deploy activities/interventions
5. Frequency of contact and typical length of intervention; and
6. Setting of program services, including whether the program will be provided in the community, home, or a combination of any.

**Summary:** Provide a *one- or two-sentence statement* that summarizes how funds from CSF will impact the target population. [e.g. (Organization name) will provide (name project/program service here) to achieve (name the ultimate outcome you'd like to achieve) for (name your target population)].