



## FY2024-2025 Tri County CMO Community Resource Development Funds Application

Legal Name of Organization \_\_\_\_\_

Date of Request \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact for this Proposal \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Address and Phone (if different from above) \_\_\_\_\_

### **NARRATIVE** (Please use additional sheets of paper to respond to the following questions):

1. State your organization's mission.
2. Provide a brief history of your organization including incorporation, tax status, and experience with the proposed project.
3. Provide information regarding Medicaid provider status.
4. Project Description:
  - a. An explanation/rationale/justification for the proposed activity or service need, referencing the needs assessment outcome and identified areas of need.
  - b. Describe how your organization proposes to meet this need:
    - i. Describe the target group of children/youth to be served: needs, ages, number to be served (if relevant).
    - ii. Describe relevant details such as effective period or term of service or activity, hours of operation, staff qualifications, location, etc.
    - iii. Describe the actual activities/services. Explain how this proposal addresses the goal as explained in the request for proposals Background and Rationale statement.
  - c. Describe the anticipated quantifiable deliverables, level of service, and outcomes.
  - d. Documentation of a quality assurance effort and outcomes monitoring plan.
  - e. Explain how services/supports proposed will achieve and maintain sustainability after the grant period is over (**June 30<sup>th</sup>, 2025**). Outline relevant strategies to pursue funding after the grant period, including leveraging existing community capacity.
  - f. Explain on how services/supports will be equitably accessible to all youth and families with the identified need(s) and free from any form of discrimination.
5. Affirmation that periodic fiscal and program reports will be supplied to demonstrate compliance with the proposed services and/or supports.
6. Provide any additional information about your organization, program or experience which will be helpful in the selection process.



## **PROJECT BUDGET**

Submit a line item budget, describing each item, the total cost, and the amount you are requesting from Tri County CMO. Include a brief justification for the amounts you have included. Funds are to support new or existing activities or services through collaboration with community partners and are not intended to purchase services for specific individuals or families. Applicants can apply for the full **\$67,697.70** or a lesser amount.

### **The following must be included with this application:**

- List of Board Members
- Set of recent financial statements (at least six months)

### ***Assurance of equitable access of the services/supports to the identified population:***

Services/supports should be equitably accessible to all youth and families with identified needs. The referral process should ensure equitable access to services/supports for youth and families eligible to receive them and the access process should be free from any form of discrimination.

*Note: There may be further information required before a cooperative MOU agreement can be executed.*

***All awards are contingent on the sufficiency and availability of state funding.***

Completed proposals are due:

**12:00pm Friday, January 5, 2024\***

Submit proposals to:

Deja Amos

[Damos@tricountycmo.org](mailto:Damos@tricountycmo.org)

*\*Proposals sent after **Friday, January 5, 2024**, and/or incomplete will not be considered for funding.*