

FAMILY ADVISORY BOARD

INFORMATION GUIDELINES FOR FUNDING FOR PREVENTION-BASED SERVICES

FY 2016-2017

The Family Advisory Board makes recommendations to the Gaston County Board of Commissioners for funding allocated by Gaston County and designated for **PREVENTION-BASED SERVICES**. The amount of available funding varies each year based upon approval of the Gaston County Budget; consequently, the number of funded programs varies from year to year. **Below is a brief guide for grant seekers.**

Important Dates to Remember:

February 15th, 2016 – RFP is released

February 29th, 2016 – **Mandatory** meeting for anyone submitting an application, **NOON** at Alliance office

March 14th, 2016 – Applications are due by **2:00pm** at Alliance Office

March 16th, 2016 – FAB receives applications

April 20th, 2016 – FAB votes and sends recommendations to the County Commissioners

June, 2016 – County Commissioners approve county budget, FAB included in budget

July 2016 – Contracts are sent to grantees awarded funding (funding is for July 1st, 2016-June 30th, 2017)

January 31st, 2017 – Mid-year reports are due

July 31st, 2017 – End of Year reports are due

Eligibility

- **The Family Advisory Board only considers proposals from charitable organizations with a 501(c) 3 status.**
- Funding will be considered only for **prevention-based** programs. The program must address one of the following criteria in order to be considered for funding:
 - promote healthy families
 - promote responsible and civic behavior
 - encourage school success through increased attendance and academic achievement
- The ceiling for a funding request is \$10,000.00.
- Specific programs will only be funded for two consecutive years; however, a new program will be eligible for consideration.

Non-Eligibility

- **Programs** that receive county funding from another source are not eligible to apply for FAB funds. (Example – DSS, Health Department, Juvenile Crime Prevention Council)
- The Family Advisory Board does not consider grants to private schools, churches or other religious organizations.
- Programs that provide support to court-involved youth are not eligible.
- Funding will not be provided for any indirect costs such as building rent, on-going operating costs (utilities), food, equipment, or supplies (other than specific program materials).

Performance Measures

- The program must be able to state measurable, quantifiable goals.
- The program description must reflect specifically how funds will be used to accomplish the goals of the program.
- If program funds are to be used for salary, then that employee's time must be documented as serving the program's goals in a direct and impactful way with time sheets that reflect the number of hours and the specific activities carried out to achieve the program goals.
- The program must be able to list specific **activities** that will accomplish the program's goals.
- The program must be able to collect and provide data (baseline and end-of-grant) to evaluate the impact of the program.

IF you are awarded a FAB grant, grantees must follow this list of Compliance Requirements

A key consideration is the applicant's track record of success and realistic potential for measurable, positive results from the requested funding. If funding is awarded, the FAB will send the applicant a contract and a "Request for Release of Funds" form for the funding year of 2016/17 and the agency must comply with the following requirements:

- return three signed copies of the contract and the completed "Request for Release of Funds" (Attachment A)
- agree to a monitoring visit by a member or members of the Family Advisory Board
- submit a mid-year progress report by January 31st and an end-of-year (FY) report that provides quantifiable data reflecting the accomplishments and results of the program's goals that were submitted with the application by July 31st, 2017 (**Note: The 2nd drawdown of funds is dependent upon the Family Advisory Board's receipt of the mid-year report.**)
- Submit the financial report (with receipts and/or other documentation) that details the expenditures as they were listed on the submitted budget form no later than July 31st, 2017.

***Three copies of the contract with the first Request for Release of Funds, the mid-year and end-of-year progress and financial reports (including backup documentation), the second Request for Release of Funds, and any other necessary correspondence should be sent to the following address:**

**Arin W. Farmer, Secretary
The Alliance for Children & Youth
218 E. Franklin Blvd.
Gastonia, NC 28052**

FAMILY ADVISORY BOARD FUNDING REQUEST FORM

Twelve (12) copies of your proposal must be received by 2:00 PM on Monday, March 14th, 2016.

Included with the Funding Request Form must be the budget page and a certified copy of the most recent audit and/or a notarized financial statement. Late proposals will not be considered. Proposal and budget forms are available via email request (arin@cisgaston.org). Proposals should be mailed or delivered to the following address:

Arin W. Farmer
The Alliance for Children & Youth
218 East Franklin Boulevard
Gastonia, NC 28052

A. DATE: _____

B. AGENCY INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact: _____ Title: _____

Program Title: _____

Amount Requested: _____ Total Cost of Program: _____

Briefly summarize your request for funds (limit 50 words): _____

Does this Program currently receive County funding? If so, how much? _____

1. **Agency:** What is the purpose of your agency and whom does it serve? (Include geographic area(s) served.)

2. **NEED:** What problem or needs will this program address? How was the need determined? (Please specify data used to determine the need.) What is the duration of this program? (e.g., hours per day, days per week, etc.)

3. **PURPOSE:** Explain the **specific** goal(s) of this program in meeting the need or problem. (What will your agency **do**? List a minimum of 3 objectives and describe the projected outcomes for each objective for the implementation period.)

4. **WHO:** What population group and what number of people would be served by this program? (Note: List only the number that will be directly impacted by the funds you are requesting from FAB. Do not include numbers served within the same program but funded from a different source.)

5. **PLANNING OUTLINE:** What specific steps are necessary to complete or implement the program? Please include a timetable.

6. **COORDINATION/COLLABORATION:** Who else in the community offers this program or one like it? What will you do that is better or different from other existing programs? How will you coordinate with them?

7. **PERSONNEL:** Who will be directly responsible for implementing the **activities** of this program? Discuss the qualifications/training needed. Who will provide the programmatic and financial oversight? Who will be responsible for collecting data and completing progress and financial reports?

8. **OTHER FUNDING SOURCES:** Do you have other committed funds for this project? Are you applying for funds from other sources? If so, from whom and for how much?

9. **FUTURE FUNDING:** If this is an on-going program, how will it be financed in the future?

10: **EVALUATION:** How will the program be monitored? Please provide a complete summary of the measurable goal(s), the activities that will achieve the goal(s), the data that will be collected from the activities that will reflect the impact of the prevention-based program, and the name of the person and/or position who will collect the data.

11: **IMPACT:** Describe what you expect the **quantifiable** effects of this program to be on your client base.

12: **IMPLEMENTATION:** Will this program be implemented if it does not receive FAB funding? How? If your agency receives funding this year, please explain your long-term sustainability plan for implementation of the program.

13. **Funding Sources:** What funding has this agency received from Gaston County?

<u>Year</u>	<u>Amount</u>	<u>Received</u>	<u>Pending</u>	<u>Program</u>
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FAMILY ADVISORY BOARD FY 2016-2017 BUDGET FORM

*Operating Costs and Equipment Will Not Be Funded

Agency Name:			
Program Name:			
A. PERSONNEL			
List Position/Title	Percent of Time Devoted to Program Activities	100% of Salary Amount	Amount of Salary Requested <small>*Must be the same percent as time devoted to direct program activities</small>
TOTAL SALARIES			
FICA (.0765)			
Please show calculations			Retirement
FRINGE BENEFITS			Medical Insurance
TOTAL BENEFITS			
TOTAL PERSONNEL COSTS			
B. CLIENT COSTS			
Type/Description of Service (Be Specific)	Show Calculations # of participants @ \$ ea.	Amount	
<u>Transportation</u>			
<u>Financial Assistance to Program Participants</u>			
<u>Tuition/Fees</u>			
<u>Books/Program Materials</u>			
<u>Childcare</u>			
<u>Other (Be Specific)</u>			