Letter of Intent: *all letters of intent must be submitted online at https://grants.growyourgiving.org/acc/l/ to be considered.*

☐ Eligibility
Organizations that can answer Yes to all of 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?
   - Yes

☐ 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?
   - Yes

☐ 3. Does the agency or organization require all employees and volunteers of the agency to maintain the confidentiality of any information that would identify individuals served by that agency?
   - Yes

☐ 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?
   - Yes

☐ 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?
   - Yes

☐ 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.
   - Yes
Organization Name: ______________________
EIN / Tax ID: ______________________
Street Address: ______________________
City: ______________________
State: ______________________
  • Alabama
  • Alaska
  • Arizona
  • Arkansas
  • California
  • Colorado
  • Connecticut
  • Delaware
  • District of Columbia
  • Florida
  ... 31 additional choices hidden ...
  • South Dakota
  • Tennessee
  • Texas
  • Utah
  • Vermont
  • Virginia
  • Washington
  • West Virginia
  • Wisconsin
  • Wyoming

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: ______________________

Does the organization meet the criteria of a 501(c)(3) public charity, a school or a church or religious organization?
☐ Yes
☐ No

Fiscal Sponsor Information: If the applicant does not meet the criteria of a 501(c)(3) public charity, a school or a church or religious organization, please enter the information for the 501(c)(3) public charity that will act as the fiscal sponsor for this request.
Project Title: Please provide a brief, descriptive name of the project using no more than 10 words.

Project Contact Person

Full Name

Position Title

Phone Number including extension

Email Address

Amount Requested ($): Most awards will be capped at $330,000 annually, with the exception of programs providing transitional living or shelter services, which will be capped at $375,000 annually. All projects, except prevention services, will be reimbursed using units of service.

Primary Service Area: select the proposed project's primary service area based on the definitions provided.

- **Crisis Intervention Services**: 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.
- **Home and Community Based Intervention Services**: 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.
- **Individual, Group, and Family Counseling Services**: Individual, group, and family counseling services include psychological evaluations, mental health screenings, and individual, group, and family therapy.
- **Outpatient Psychiatric Services**: 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.
- **Outpatient Substance Use Treatment Services**: 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.
- **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 Services**: 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.
- **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.
- **Temporary Shelter Services**: Services are provided up to 30 days for youth experiencing abuse, neglect, homelessness, or other issues.
- **Transitional Living Services**: 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.
How does the proposed project meet the definition of the selected Primary Service Area? 150 to 200 words recommended

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

CSF Impact Framework: please select one Area of Impact from the two choices below.

☐ 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.

Problem Statement: Provide a detailed description of the problem/unmet need in Jackson County for the program and/or services for which your agency is applying. Explain the importance of the program in meeting that community need. Include current statistical data and the data sources that document the need for this program. Agency data and/or other outside resources can be utilized to demonstrate the need. 200 to 300 words recommended

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Project Description: State the purpose of your program. Describe the extent to which your program uses evidence-based, research-informed, or promising-practice models/interventions. Discuss efforts that show this practice is effective with the target population. Describe the therapeutic methods or curricula that will be utilized in providing these services. Evidenced-Based Practice: Strategies, activities, or approaches which have been shown through scientific research and evaluation to affect a specific outcome. Such practices would be included on a registry of EBP’s, or would be addressed in a peer-reviewed journal. Research-Informed Practice: Strategies and activities that have been developed based on current research regarding what helps children, what doesn’t help, and using this knowledge in practice and organizational decision-making. Promising Practices: Programs and strategies that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalized conclusions, and thus be qualified as an EBP. If the program does not use an evidence-based practice, provide information to support your selection of the intervention for your population of focus. 300 to 500 words recommended

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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. 100 to 200 words recommended

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Program Services: Provide a detailed description of program services, distinguishing between services for which funding is requested and any other services provided by the program. Include the following elements, and any other relevant information: Provided activities/interventions; Processes for intake, assessment, treatment, referral, discharge, and follow-up; Staff-client ratio; Frequency of contact and typical length of intervention; and Setting of program services, including whether the program will be provided in the community, home, or a combination of any. 300 to 500 words recommended

_____________________________________________________________

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_____________________________________________________________
Waitlist: If this program is currently providing services, does it have a wait list, and if so, what is the average number of those waiting to be served and their average wait time? *150 words recommended*

Potential Partners/Collaborations: Please describe any potential partnerships or collaborations that will support this project, and list additional organizations that may assist in your work. *150 words recommended*

Impact Statement: Please describe how your proposed project positively impacts the mental health and/or social-emotional wellness of children in Jackson County. *150 words recommended*
I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.