

General Instructions Community Assistance Board 2010 Application for Homeless Funds

The mission of the Community Assistance Board is to support the homeless, near-homeless and indigent residents of St. Charles County by assisting in the development and provision of programs and services that encourage self-sufficiency.

Guidelines for funding from St. Charles County Homeless Funds:

Funding consideration will be given to those agencies proposing to offer the broadest range of housing-related services to persons in the community served, including emergency short-term and long-term shelter for the homeless, prevention of residential foreclosures and evictions, coordination of existing community services, and projects to encourage self-sufficiency of participants and facilitate transition from dependency on subsidized housing, or proposing to offer services specifically to homeless persons.

Important Dates:

Application Forms Available	October 26, 2009
Completed Applications Due	December 30, 2009
Public Hearings	February, March, April 2010
Annual Report and Financial Statements Due	April 15, 2010 (if received funding in 2009)

In order to be considered for funding, the information below must be included:

	<i>Please ✓</i>
1) Mission Statement of the organization	
2) Organizational Goals and Objectives	
3) Board Roster	
4) Board Resolution	
5) Most recent External Independent Audited Financial Statement (must be submitted by April 15), <i>(Audits should include a balance sheet, income statement, and other pertinent information as stated in Section 16 of County ordinance).</i>	
6) Tax Exemption Letter	
7) Missouri Incorporation Certificate	

Per section 10 of Ordinance 96-170, agencies must also submit the following:

- A. Proof of not-for-profit status AND of incorporation or authorization to do business in the State.
- B. Separate Letters of Certification from the Agency's Board of Directors that the Agency meets the requirements of each part of Section 10 as follows:
 - 1. have trustees or board members who represent the racial, ethnic and socio-economic diversity of the community to be served;
 - 2. have at least one trustee or board member who possesses experience in confronting or mitigating the problems of the homeless;
 - 3. have at least 25% of its funds from sources other than funds distributed pursuant to this ordinance. These other sources may be public or private, but no more than half of these other sources may include contributions of goods or services, including materials, commodities, transportation, office space or other types of facilities or personal service;
 - 4. require persons employed by or volunteering services to the agency to maintain the confidentiality of any information that would identify individuals served by the agency; **(include in the proposal, a copy of the statement volunteers sign when working in the agency; include a description of your confidentiality policy and/or explain your procedure for insuring confidentiality; and, also enclose a copy of your media release form);**
 - 5. require that services be provided by the agency regardless of race, religion, national origin, sex, gender or age; and,
 - 6. require that employees and volunteers of the agency who work regularly with children as set out in Ordinance 96-40 be screened as required in that ordinance.

Agencies must submit two (2) full copies of the completed application including all back-up documentation and eight (8) copies of this packet without back-up information to:

St. Charles County Executive Office
100 North Third Street, Suite 318
St. Charles, Missouri 63301

Questions should be directed to Denise Rager at (636) 949-7520.

**2010 Application for Funding
Community Assistance Board
Homeless Funds**

Name of Project _____

Amount Requested _____

Organization Name _____

Address _____

Telephone _____ **Fax** _____

Contact Person _____ **Position** _____

**Include below a brief synopsis of the proposed project. Include the following;
brief description of project, how project will be implemented, how many
individuals project will serve, cost of project, and cost per unit of service.
(Cost of project divided by persons served)**

Funding Sources of Applicant

	<i>Total Last Fiscal Year</i>	<i>Budget Project Year</i>
A. Federal Government	_____	_____
B. State Government	_____	_____
C. Local Government	_____	_____
D. Foundations	_____	_____
E. Corporate Gifts	_____	_____
F. Religious Groups	_____	_____
G. Private	_____	_____
H. Individual	_____	_____
I. In-Kind Donations	_____	_____
J. Other (please specify)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL FUNDING	_____	_____

What percentage of your total organizational budget will be funded by this application request?

_____ %

Proposal/Project Budget Summary

<i>Project Description (Has to fall under these categories)</i>	<i>CAB Funds</i>	<i>Project Total</i>	<i>Other Sources</i>
1. Rent Assistance	\$ _____	\$ _____	\$ _____
2. Mortgage Assistance	\$ _____	\$ _____	\$ _____
3. Utility Assistance	\$ _____	\$ _____	\$ _____
4. Meals/Food Assistance	\$ _____	\$ _____	\$ _____
5. Household Item Assist	\$ _____	\$ _____	\$ _____
6. Counseling/Mental Health	\$ _____	\$ _____	\$ _____
7. Case Management	\$ _____	\$ _____	\$ _____
8. Career/Life Skills Training	\$ _____	\$ _____	\$ _____
9. Medical/Dental Care	\$ _____	\$ _____	\$ _____
10. Medication Assistance	\$ _____	\$ _____	\$ _____
11. Transportation Assistance	\$ _____	\$ _____	\$ _____
12. Shelter Rent	\$ _____	\$ _____	\$ _____
13. Shelter Mortgage	\$ _____	\$ _____	\$ _____
14. Shelter Utilities	\$ _____	\$ _____	\$ _____
15. Shelter Maintenance	\$ _____	\$ _____	\$ _____
16. Shelter Meals/Food	\$ _____	\$ _____	\$ _____
17. Temporary Housing	\$ _____	\$ _____	\$ _____
16. Permanent Housing	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Please provide an estimate of the number of persons to be served through this project.
