

# **General Instructions Community Assistance Board 2010 Application for Indigent 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 Indigent Funds:**

Funding designated for the care of the poor (indigent) can be used for programs providing temporary assistance to individuals and families seeking to attain self-sufficiency. These programs may address essential needs such as food, clothing and shelter, or programs which encourage self-sufficiency such as training, child care, transportation, and other human service needs.

**Important Dates:**

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

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

***Please ✓***

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 1 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 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;
  - 3. 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);**
  - 4. require that services be provided by the agency regardless of race, religion, national origin, sex, gender or age; and,
  - 5. 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  
Indigent 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)**



**Proposal/Project Description**

**2010 Indigent Fund**

**Page 2**

***Provide a description of how these measures will aid the indigent population in St. Charles County.***

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***Provide a specific description of the population to be served.***

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## **Funding Sources of Applicant**

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

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

\_\_\_\_\_ %

## Proposal/Project Budget Summary

*Project Description (Has to fall under these categories)*

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

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

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