

**Request for Proposals/Grant Application
CHILD ABUSE AND NEGLECT PREVENTION BOARD**

**Child Victims' Trust Fund
Child Abuse and Neglect Prevention and Public Education and Awareness
Program
Funding Application**

Fiscal Year _____

1. Organization Information

Organization/Agency Name	
Mailing Address	
City State ZIP Code	
Phone Number	
Fax	
Agency Website	
Federal Employer I. D.	
KY Secretary of State Organization I.D.	
Counties and Cities Served by Agency	

2. Primary Program Contact Information

Contact Name	
Title	
Email Address	
Direct Phone Number	

3. Funding Information

Project Title	
Total Amount Requested from CVTF	

4. CVTF Funding History

Number of Years Funded			
Last Year Funded		Amount Funded	
Previously Funded Program Title			
Agency Name (if changed)			

5. Financial Assistance Data

Please report any of the following:

Outstanding liens or court judgments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explain if your response to the question is 'yes'		
Back payments owed to IRS or KY Department of Revenue.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explain if your response to the question is 'yes'		
Current or previous civil actions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explain if your response to the question is 'yes'		

6. Criminal Background Checks

Has the agency obtained KSP criminal background, AOC and CAN record checks on paid staff within the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the agency obtained KSP criminal background, AOC and CAN record checks on independent contractors within the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the agency obtained KSP criminal background, AOC and CAN record checks on volunteers within the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. Project Summary

8. Project Impact

Regional or Statewide Impact:

Service Area:

9. CVTF Acknowledgement Plan

Form 1. APPLICATION CHECKLIST

Check all that apply and/or are attached:

- Application Checklist
- Application
- Statement of Cooperation and Assurances
- Application Narrative
- Anticipated Program Revenue Detail—Breakdown by Source Form
- Budget Plan
- Budget Narrative

Required Attachments:

- Evidence of 501(c)(3) or other non-profit/public status (e.g. IRS determination letter)
- List of Current Board Members with affiliations
- Agency Staffing Chart or other Personnel Diagram
- Most recent Agency Audit or Financial Review
- Year-end Agency Profit and Loss Statements
- CV/Resume of Agency director
- Job descriptions and resume for each position involved in the proposed project
- Support letters from collaborative partners on partner’s letterhead
- If applicable, agreements for consultant and contractual services on vendor’s letterhead
- Equipment price quote(s) on vendor’s letterhead
- Materials price quote(s) on vendor’s letterhead
- Evaluation instrument(s) or tool(s)
- Agency/Program publications (e.g. brochure, newsletter, Web page, etc.)

Application Format (unless otherwise noted in the Guidelines, Overview & Instructions):

- PDF Document for Electronic Submission
Date of Submission: _____
- White, 8 ½” by 11” paper
- Typed, double-spaced, single-sided
- The Application Narrative does not exceed 10 pages in length. The Budget Narrative does not exceed 4 pages in length. Anything beyond the page limit will not be considered by the Board.

Signature of Applicant Agency Executive Director or Board Chair:

Name and Title	
Signature (electronic) Acceptable electronic methods	

include a typed name on a signature block or a scanned or digitized image of a handwritten signature that is attached to an electronic record	
Date	

APPLICATION NARRATIVE (shall not exceed 10 pages)

I. Agency Description

Mission Statement and Agency Overview of Services

A. Brief Summary of the Agency’s Organizational History

B. Brief Summary of Other Child Sexual Abuse and Exploitation and/or Child Abuse and Neglect Prevention Services Offered by the Agency

II. Primary Project Description

A. Project Description

1. Consistency with Primary Prevention Approach

2. What Gaps in Services Currently Exist That This Project Bridges?

3. Please Provide an Overview of the Project Goals and Objectives

4. Target Population and Contributing Factors

a. Access to the Target Population

b. Risk, Protective and Vulnerability Factors

Risk Factors:

Protective Factors:

Vulnerability Factors:

c. Qualifiers

What Data Source was used in the Scope of the Project and what Year was the Data Collected?

d. Meeting the Needs of the Target Population

e. Prevention of Child Sexual Abuse and Exploitation and/or Child Abuse and Neglect in the Target Population

B. Project Curriculum

1. Content
2. Learning Goals and Objectives
3. Consistency with Current Research, Literature and Best Practices

Data Source and the Year of Data collection:

4. Appropriateness for Target Population
5. Sensitivity to Multicultural Audiences

C. Project Deliverables

1. Where will the Project Take Place?
2. Number of Targeted Recipients in the Program?
3. What Barriers Exist in Providing Services to Targeted Recipients?

4. What Approaches will be used to Overcome These Barriers?
 - D. What are the Available Resources of the Agency for implementation of this Plan?
 - E. What are the Collaboration and Coordination Efforts with Other Agencies and Groups?
 - F. What is the Timetable for Implementation?
- III. Evaluation Plan – State your objectives in quantifiable terms. State your objectives as outcomes, not processes. Objectives should specify the result of an activity. Objectives should identify the target audience or community that you plan to serve. Objectives need to be realistic and something you can accomplish within the grant period.
 - A. Evaluation of Program Goals and Objectives
 - B. Evaluation of Learning Goals and Objectives
 - C. Determination of Success
 - D. Evaluation Instrument(s), Tool(s) and/or Other Assessment Methods of Each Objective and Goal

E. Evaluation/Assessment Timeframes

F. Project Modifications, Enhancements or Improvements

IV. CVTF Promotion Plan

How will the Agency Promote and Complete the Following:

A. CVTF Logo, Income Tax Refund Check-Off and "I Care About Kids" License Plate and CVTF Funding Statement in Published Materials

B. Distribution of CVTF Posters and Brochures

C. Plan to promote the CVTF in publication and/or social media

PROJECT BUDGET

Form 2. Anticipated Project Revenue Detail — Breakdown by Source Form

Source	Committed or Potential Funding	Sub-Total Amount
CVTF Grant	Potential	
Cash Match*		

(minimum 10% of total CVTF Funding request)		

In-kind Match*		

GRAND TOTAL (all sources of anticipated project revenue)

* Pursuant to KRS 15.935(1) (a) 2 and KRS 15.940 (4), A 50% MATCH IS REQUIRED. The match composition shall be as follows: The Cash match (i.e. other funding sources, cash donations, grants, salaries paid through agency sources, etc.) shall total at least 10% of the total CVTF grant amount. This sum shall be subtracted from the total match amount. The remainder of the match requirement may be met through cash and/or in-kind match (i.e. donated facilities, goods or services, volunteer services, etc.). The type of contributions stipulated as cash and in-kind must be directly related to the project being funded and shall be subject to approval of the Board, and the applicant shall maintain documentation for such contributions.

Form 3. Budget Plan

Name of Agency:

Name of Project:

Budget Period: From (mm/dd/yy)

To (mm/dd/yy)

1. ANTICIPATED PROJECT REVENUE: \$

CVTF Grant (column A) \$

Total Match (columns B and C) \$

2. PROJECT BUDGET:

Cost Category	Funding Sources			SUB-TOTALS (Column D)
	CVTF Grant (Column A)	Cash Match (Column B)	In-Kind Match (Column C)	
a) Staff Salaries				\$
b) Staff Fringe Benefits				\$
c) Consultant/Contractual Services				\$
d) Training & Travel				\$
e) Operational Expenses				\$
f) Equipment				\$
g) Materials				\$
GRAND TOTALS	\$	\$	\$	\$

BUDGET NARRATIVE (shall not exceed 4 pages in length)

A. Cost Categories

1. Staff Salaries

- a. Justifications and Mathematical Calculations for Staff:
- b. Need for CVTF Funding:
- c. Lack of Alternative Funding Sources:
- d. Justifications and Mathematical Calculations for Volunteers:

2. Fringe Benefits

- a. Components:
- b. Justifications and Mathematical Calculations:
- c. Need for CVTF Funding:
- d. Lack of Alternative Funding Sources:

3. Consultant and Contractual Services

4. Training and Travel

5. Operational Expenses

6. Equipment

a. Justifications and Mathematical Calculations:

b. Need for CVTF Funding:

c. Lack of Alternative Funding Sources:

7. Materials

B. Diversification of Funding

C. Reduced CVTF Funding