**PARTNERSHIP OPPORTUNITY**

The Family Services Collaborative of St. Louis County is looking to partner with nonprofits, private businesses and government agencies that reside in St. Louis County.  Ideal partners will carry out programming that aligns with the Collaborative’s Mission.

**MISSION and GOALS**

The St. Louis County Family Services Collaborative brings service systems together to coordinate and integrate resources and services for children, youth, and families.

The collaborative’s goal is to assist youth and their families in developing their:

• sense of safety and structure;

• sense of belonging and membership;

• sense of self-worth and social contribution;

• sense of independence and control over one’s life; and

• sense of closeness in interpersonal relationships.

**WE CANNOT FUND**

* Capital campaigns or capital expenditures
* Administrative or indirect expenditures (e.g., staff time for preparation of program plans, budgets, and schedules; time spent for financial services; costs of goods for managers (supplies, equipment, postage, etc.))
* Lobbying or political activities
* Ongoing program funding
* Agencies whose main office is not in St. Louis County

**GRANT APPLICATION DETAILS**

* Send any questions to the Director at Director@fscmn.org,
* The level of information contained in the application should be reflective of the dollar amount requested.
* An agency may have multiple applications for their various programs.  Submit only one application per program.
* The Collaborative has the right to deny or partially fund any application.
* Email applications to info@fscmn.org

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| --- | --- | --- | --- | --- | --- |
| **Grant Amount Requested** | **Grant Length** | **Frequency of Approval** | **Approval Authority** | **Review Process** | **Number of Grants Available** |
| Up to $3,000 |  One year or less | Rolling basis | Director and Board Chair | Grant Review | Many |
| Between $3,001   and $25,000 |  One year or less | Monthly | Grant Committee | Grant Review  | Many |
| Between $25,001 and $50,000 | Up to two years | Quarterly | Board of Directors | Grant Review; possible 15-minute Board Presentation | Few |
| Above $50,000 | Up to Three Years | Quarterly | Board of Directors | Grant Review; 15-minute Board Presentation; Possible site visit | Few |

**IF APPROVED**

* Your agency must sign a Community Grant Agreement.
* The Collaborative will reimburse the agency for program expenditures with appropriate receipt/ invoices/documentation.
* An agency may receive an advance with a written request on company letterhead/email detailing the intended expenditure(s); and submit receipts when available and before another advance.
* Your agency must complete a Grant Evaluation by January 31st each year of the grant and at the end of the Community Grant Agreement.
* These documents can be found on our website:  FSCMN.org

|  **PROGRAM SUMMARY** |
| --- |
| **Program Name** |  |
| **Amount Requested** |  |
| **Program Dates** |  |
| **Target Population** |  |
| **Number of persons served** |  |
| **Program Summary** (250 word maximum*)* |  |
| **Describe the need this program fills for the community?** (250 word maximum*)* |  |

|  **PROGRAM OUTCOMES** |
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| The Collaborative is looking for outcomes, not outputs. An outcome is: the level of achievement that occurred because of the program; the change that is expected as a result of the program; and a measure for effectiveness. Achievements/changes/effectiveness can be in individuals, systems, policies, or institutions. They may reflect shifts in relationships, knowledge, awareness, capabilities, attitudes, and/or behaviors. An output only tells the story of what is produced or an activity.  |
| **Outcome** (50 word maximum per cell) | **Measure** (50 word maximum per cell) | **Target**  |
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|  **Community Impact****The collaborative assists youth and their families in developing their:*** **sense of safety and structure;**
* **sense of belonging and membership;**
* **sense of self-worth and social contribution;**
* **sense of independence and control over one’s life; and**
* **sense of closeness in interpersonal relationships.**
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| **Answer the questions that best fits your program** (1,000-word max.)* How does the program decrease risk factors and increase protective factors for children (birth to 21)?
* How does the program increase access to professional support and services for children (birth to 21) experiencing difficulties with mental wellbeing?
* How does the program create or expand community support for children?
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| **BUDGET DETAILS** |
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| * List total expenditure details (program funding from other sources will be subtracted from the total).
* Add more lines if needed
* Expenditures must be for children and/or their caregivers; professional education, community improvement
* Indirect and administrative expenditures are not permitted
* Capital Expenditures are not permitted
 |
|  |  |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Subtotal: Staff Salaries & Benefits** **(must work directly with children & families)** | $ |
|  |  |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Subtotal: General Supplies** |  | $ |
|  |  |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Subtotal: Beverages & Food****(list program events in need of food and beverages)** |  | $ |
|  |  |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Subtotal: Other**  |  | $ |
| **GRAND TOTAL** |  | $ |

| **Collaboration****List all entities that are partnering in this effort (groups, schools, agencies, foundations, etc.)** |
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| **OTHER PROGRAM FUNDING SOURCES (if applicable)** |
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|  | NAME (provide additional comments as needed) | Amount for Program |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| TOTAL | $ |

| **CONTACT INFORMATION** |
| --- |
| **Program Lead**  |  | **Title** |  |
| **Agency** |  |
| **Mailing Address** |  | **City, Zip Code** |  |
| **Email Address** |  | **Phone** |  |
|  |
| **Fiscal Agent** |  | **Title** |  |
| **Agency** |  |  |  |
| **Mailing Address** |  | **City, Zip Code** |  |
| **Email Address** |  | **Phone** |  |
|  |
| **List employer identification number (EIN):** |