



Application for Community Development Funds 2009

Date of Request: _____
Legal Name of Organization: _____
Mailing Address: _____
Telephone: _____ Fax: _____
Contact for this Proposal: _____

If different than above

Address: _____
Telephone: _____ Fax: _____ E-Mail: _____

****Please utilize additional sheets of paper to respond to the following questions.****

NARRATIVE

1. State your organization's mission.
2. Please provide a brief history of your organization including incorporation and tax status
3. Project Description
 - a. *Describe the unmet need(s) you are targeting; any statistical or experiential data to support this premise is helpful.*
 - b. *Describe how your organization proposes to meet this need.*
 - i. *Include hours of operation, frequency of staff contact with youth/family, staff qualifications, and staff to child ration.*
 - ii. *Identify the target number of children served at any time as well as throughout the course of the project.*
 - iii. *Specify the targeted age group of service recipients.*
 - iv. *Describe the actual service/activities. Explain how these activities will attain the desired outcomes.*
 - c. *Describe the measurable outcomes of this proposed service (i.e. behavior changes, skills developed, etc.)*
 - d. *Describe the particular expertise your organization has which will contribute to the success of our youth.*
 - e. *Explain how this project will be sustained on an on-going basis*
4. Please provide any additional information about your program or experience that will be helpful in the selection process.

PROJECT BUDGET

Submit a line item budget, describing each item, the total cost, the amount you are requesting from Caring Partners and the amounts that will be obtained from other sources (i.e. in-kind resources). Include a justification for the amounts that you have included.

The following must be submitted with this application:

- List of Board Members
- Set of recent financial statements

Please submit completed application packets to:

Maria Augustowicz, Community Resource Manager
Caring Partners of Morris/Sussex.Inc.
200 Valley Road, Suite 406
Mount Arlington, NJ 07856



Community Development Funds Application Review

Applicant: _____ Review Date: _____

Reviewer: _____

Criteria	Points
Organization Mission (10 points) Mission is in keeping with mission and values of Caring Partners Mission encompasses service population of Caring Partners	
Agency History (10 points) Agency has experience with proposed service Agency has experience with population to be served Agency has strong connection to the community	
Project Description (65 points total) <ul style="list-style-type: none"> • <u>Unmet Need (15 points)</u> Need is clearly defined and substantiated Defined need is an unmet need of Caring Partners population • <u>Proposal to Meet Need (20 points)</u> Service description is appropriate for population Staffing ratios are reasonable and sufficient to ensure safety and Quality service Amount of service (# of hours, etc.) will meet needs of population Supports are in place or available to provide service (i.e. space, transportation) Staff qualifications are appropriate for level/intensity of service • <u>Measurable Outcomes (20 points)</u> Outcomes are clearly defined Outcomes are reasonable within specified time frames Method for measuring outcomes is reasonable • <u>Project Sustainability (10 points)</u> Plan for sustainability is reasonable 	
Budget (15 points) Adequate substantiation of costs Costs are reasonable Funds have been identified to cover all expenses Total request is within guidelines	
Total Points	

Reviewer Signature

Date