



Application for Community Development Funds 2011

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. Please provide information regarding Medicaid Provider Status.
4. 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*
5. 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:

Elizabeth Manley, CEO
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
<p>Organization Mission (10 points) Mission is in keeping with mission and values of Caring Partners Mission encompasses service population of Caring Partners</p>	
<p>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</p>	
<p>Project Description (65 points total)</p> <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 	
<p>Budget (15 points) Adequate substantiation of costs Costs are reasonable Funds have been identified to cover all expenses Total request is within guidelines</p>	
<p>Total Points</p>	

 Reviewer Signature
 Revised 01/11

 Date