

Saint Francis Capacity Building Funding – Application

PURPOSE

The purpose of capacity building funding is to increase capacity in Region 01 to help create an environment where children and families will be successful in their communities. Saint Francis has created a Capacity Building Plan in partnership with current SSCC's and a Regional plan focused on achieving the following outcomes:

- 10% increase in placement stability for children
- 50% increase in Treatment Foster Care(TFC) Capacity in Region 1
- 15% increase in stabilization of kinship placements
- 25% increase in in-region placements for children
- 5% increase in placements of children in their communities

Based on legislative language the funding needs to meet the below criteria for request –

- Supplemental payments to retain providers and increase provider capacity.
- Targeted foster care capacity grants across this state to address the existing foster care capacity shortage.
- The grants should focus on:
 - region 01;
 - serving children with the highest level of need;
 - expanding certain types of placements and bringing new providers and capacity online; and
 - promoting long-term viability of child placements.

Saint Francis has elected to look at various funding streams as indicated in the Capacity Building Plan – Saint Francis Ministries.

APPLICATION

PROFILE INFORMATION

Organization Name:

Address:

City:

State/Province/Zip:

Contact person:

Contact person email:

Phone Number:

Provider type (check all that apply):

- Residential Provider
- Child Placing Agency
- Prevention Provider
- Other Provider

SFCS Provider

- Yes
- No
- Other

Are you in good standing with all state agencies and SSCC's?:

- Yes
- No

If you are not in good standing, check the action(s) that are currently placed on your organization (check all that apply):

- Placement Hold
- Licensing Suspension
- Corrective Action Plan
- Heightened Monitoring
- Other

How many children in conservatorship did your organization serve in 2020 in Region 01? (check all that apply):

- 1-10
- 11-25
- 26-50
- 51-99
- 100 plus

Which DFPS regions does your organization serve? (check all that apply):

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

Describe the services your agency provides, including your core programming and the populations you serve (300 words maximum):

Describe how you will spend these funds. How will this funding help the growth of capacity in Region 01 to help fulfill the goals outlined above? This includes, but is not limited to, creation of new programming or resources and support or expansion of existing programming or resources (500 words maximum):

Briefly describe your organization, including: history and mission; leadership and governance; any accreditations you hold; membership in professional associations; community involvement (300 words maximum):

EXPENSE REQUESTS

In this section, please indicate the award type below and enter the specific dollar amounts you are requesting within the categories below or supply and comprehensive budget.

Please submit request based on the category below:

Treatment Foster Care – Focuses on creating Treatment Foster Care capacity or creating a program that supports the placement of high-level children.

Total Request: \$ _____

Brief Budget Narrative: _____

Comprehensive Budget (Submit with Application): _____

Kinship Support - This includes supporting kinship and fictive kinship in the successful licensure for children in their care, along with adding a family-finding function that gives kinship supports the ability to become licensed for the care of children in short and long term out-of-home care.

Total Request: \$ _____

Brief Budget Narrative: _____

Comprehensive Budget (Submit with Application): _____

Network Development – This funding is to support training, staff development, and for the implementation of evidenced-based practices that ensure the safety and wellbeing of children.

Total Request: \$ _____

Brief Budget Narrative: _____

Comprehensive Budget (Submit with Application): _____

FINANCIAL OUTLOOK

Send copies of audited, reviewed, or compiled financial statements for the most recently ended fiscal year with this application. If not available, upload your internally prepared financial statements for the most recently ended fiscal year.

REQUIRED DOCUMENTS FOR SUBMISSION

Please confirm, by typing your initials, that the following required documents have been submitted to sfmcapacity@st-francis.org:

- Application Form
- Comprehensive Budget
- Financial Statements

_____Initials

Please confirm by typing your initials that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available or previously budgeted for this funding:

_____Initials

Please confirm, by typing your initials, that you will complete a required data collection survey at the end of the grant period detailing how you spent the funds, the number of clients served, and the impact of the funds:

_____Initials

Signature

Printed Name & Title

Application Date