	Council Bill No	<u>R 110-13</u>
•	A RESOLUTION	
	ent extension with the State of for child abuse and neglect pr	
BE IT RESOLVED BY THE COUNFOLLOWS:	CIL OF THE CITY OF COLUI	MBIA, MISSOURI, AS
SECTION 1. The City Manaextension with the State of Missour prevention projects. The form and conforth in "Attachment A" attached here verbatim.	content of the agreement shall	ild abuse and negled be substantially as se
ADOPTED this day of	of	, 2013.
ATTEST:		
City Clerk	Mayor and Presidi	ng Officer
City Clerk APPROVED AS TO FORM:	Mayor and Presidi	ng Officer
•	Mayor and Presidi	ng Officer
•	Mayor and Presidi	ng Officer

Contract # CTF-G-1302

# State of Missouri Children's Trust Fund Contractual Service Agreement Extension Child Abuse Prevention Projects FY 2014

The contractual service agreement extension is between the Children's Trust Fund, hereinafter referred to as CTF and, Columbia/Boone Co Dept of Health and Human Service, 1005 W. Worley, PO Box 6015, Columbia, MO 65203, hereinafter referred to as the Provider.

Whereas CTF is authorized under section 210.172(3)(a) RSMo., to enter into contracts with public or private agencies, schools, or qualified individuals to establish community-based educational and service prevention programs designed to prevent or alleviate child abuse or neglect;

Whereas CTF originally awarded a contract to the provider on 7/1/2012, for child abuse prevention programming as described in the Notice of Current Availability of Prevention Funds and Instructions (Exhibit B).

Whereas, the Provider has the expertise and ability to perform these services as outlined in the Grant Application attached to this contract and incorporated herein as Exhibit A.

Whereas upon mutual agreement by CTF and the Provider, the contractual service agreement is extended and shall include all of the obligations therein consisting of the contractual service agreement extension, approved project budget form (attachment 1), the Provider's application (Exhibit A), Notice of Current Availability of Prevention Funds and Instructions (Exhibit B), and all amendments made to the contract during the contract period. In addition, all conditions as outlined in the previous contractual service agreement (FY 2013) still apply.

The maximum cost of this contract agreement extension shall not exceed \$15,000.

The contract shall be extended for a period of twelve (12) months and shall commence on July 1, 2013 up through and including June 30, 2014 at which time the contract shall terminate.

## **CHILDREN'S TRUST FUND**

By:		
•	Executive Director	
Date:		 

# CITY OF COLUMBIA, MISSOURI

		By:	
		27.	Mike Matthes, City Manager
		Date:	
ATTI	EST:		
Ву:			
	Sheela Amin, City Clerk		
APPF	ROVED AS TO FORM:		
By:			
	Nancy Thompson, City Counselor		

# Children's Trust Fund Approved Budget STATE FY 2014 (July 1, 2013 - June 30, 2014)

Agency Name: City of Columbia/Boone County Department of Public Health and Human Services

Project Title: Healthy Babies Program

VENDOR #: 43-63000810	Year of Fundir	Year of Funding: 2		Contract #: CTF-G-1302	
Budget Category	CTF Fu	nds Requested	СТЕ	Funds Awarded	
Salaries & Wages	\$	11,418.00	\$	11,418.00	
Fringe Benefits	\$	-	\$	_	
Consultant Services	\$	<u>-</u>	\$	-	
Space Costs	\$		\$		
Consumable Supplies	\$	-	\$		
Travel	\$	888.00	\$	888.00	
Telephone	\$		\$	-	
Non-Consumable Supplies	\$	_	\$		
Program Related Expenses	\$	5,000.00	\$	2,694.00	
Other Costs	\$	-	\$	-	
TOTAL CTF Funds AWARDED			\$	15,000.00	

Additional Comments: Funds awarded as requested.

Local Match Requirement: \$0

NOTE: State Mileage Rate Reimbursement cannot exceed 37 cents/mile.

# CHILDREN'S TRUST FUND

# GRANT APPLICATION

FISCAL YEAR 2014
(JULY 1, 2013 THROUGH JUNE 30, 2014)

# **EXHIBIT A**

# APPLICATION DEADLINE:

To be considered for ctf funding, renewal applications must be postmarked by Monday, march 11, 2013

HARRY S TRUMAN STATE OFFICE BUILDING, ROOM 860 301 W. HIGH STREET, PO BOX 1641 JEFFERSON CITY, MO 65102-1641 573-751-5147

# CHILDREN'S TRUST FUND PROJECT GRANT APPLICATION COVER SHEET – NEW APPLICANTS (First-Year) (5 POINTS MAXIMUM)

Name of Applicant Agency	City of Columbia (Columbia/Boone County Department of Public Health and					
Address	Human Services) 1005 W. Worley					
City, State, Zip Code	Columbia, MO 65203					
Telephone Number	573-874-7488					
Website Address	Gocolumbiamo.com					
Federal Tax ID#	43-63000810					
Tederal Tax 15/1	43-03000010					
Tax Status of Applicant Agency  □ Exempt under sec 501(c)3 of the IRS Code □ Exempt governmental Unit □ Other (specify)						
Duimany Cantagte Dahasaa Da	and the Control Commission Commission		Email: raroessl@gocolumbiamo.com			
Executive Director/CEO: Mike	esslet, Social Services Supervisor		Email: mematthe@gocolumbiamo.com			
Fiscal Officer: John Blattel, Di			Email: JLBLATTE@gocolumbiamo.com			
Project Name: Healthy Babies	Program					
Check the CTF Region(s) to be	e served:	1 [	]5			
County(ies) where project will	be implemented: Boone					
Estimated # of Persons (Unduplication)  100+ Children (17 & under) Parents/Expectant		Est	imated Cost of Project per individual:    Secondary   Primary & Secondary			
Brief Summary of Target Population: Our target population is low income (> 185% of FPL) pregnant women with an identified medical, mental, or social risk. Women are enrolled prenatally and services are provided until the child is age 24 months.						
		····				
Total Annual Budget of Applicant	\$6,782,589	To	tal Prevention Project Budget:			
Overall Agency Administrative Cost %:    8%   Dollar Amount requested from CTF:   \$15,000						
			F Request is 9.7 % of Total Project Budget			
		• • • • •				
Year of Funding: X2	3 4 5					

# CHILDREN'S TRUST FUND GRANT APPLICATION ACTION PLAN (30 POINTS MAXIMUM)

Attach additional pages as needed. Complete a separate sheet for each objective/outcome.

# **GOAL: Improve Birth Outcomes**

# OBJECTIVE:

90% of 100 participating mothers will receive regular medical care

80 % of participating mothers who use tobacco products will reduce or eliminate their tobacco use

90% of 100 participating mothers will participate in the WIC nutrition program

80% (80) of participating mothers with identified substance abuse issues will access treatment

# OUTCOME:

100 pregnant women will be provided Healthy Babies prenatal case management services over the next 12 months, in order to promote positive birth outcomes as measured by the baby's birth weight of  $\geq 2500$  grams and gestational age  $\geq 37$  weeks

PREVENTION ACTIVITY	OUTPUT(S)	TARGET POPULATION	RESPONSIBLE STAFF	TIMELINE
Prenatal case management	Schedule prenatal care apt with doctor; provide folic acid; arrange transportation; enroll in TEMP Medicaid	Pregnant women in the program	Prenatal Case Manager	Within 30 days of program enrollment
Reduce tobacco exposure	Assess for tobacco usage; provide cessation counseling; refer to MO Tobacco	All mothers in the program, both pregnant and parenting	Prenatal Case Manger	At the time of program enrollment. Tobacco use is evaluated during every visit.
Improve prenatal nutrition	Enroll in WIC nutrition and food stamp program	Pregnant women in the program	Prenatal Case Manager	Within 30 days of program enrollment
Access substance abuse treatment	Assess for substance abuse; refer to appropriate treatment program	All mothers in the program, both pregnant and parenting	Prenatal Case Manager	At the time of enrollment. Substance use is evaluated during every visit.

# EVALUATION TOOL(S)/COLLECTION METHOD:

Prenatal risk assessment; parent self-reporting; communication with prenatal care provider; WIC vouchers; professional observation of the home environment; birth weight of the baby; baby's gestational age

# GOAL: Children will be healthy and safe

# OBJECTIVE:

100% of children will receive preventive well child checkups

100% of children will be fully immunized

100% of post-partum women will be screened for depression

100% of parents will be educated on infant care and breastfeeding

100% of parents will be provided health and safety education

# OUTCOME:

100 parenting women and her children will have improved physical and mental health during the first two years of the child's life as measured by substantiated child neglect reports

		TARGET	RESPONSIBLE	
PREVENTION ACTIVITY	OUTPUT(S)	POPULATION	STAFF	TIMELINE
Prenatal case management	Schedule well child visit; arrange transportation; enroll child in Medicaid	Children ages birth to 24 months	Prenatal Case Manager	Birth to age 24 months
Prenatal case management	Provide immunization recommendations to parents; arrange transportation; refer parents to provider or health dept for shots; review shot record with public health nurse	Children ages birth to 24 months	Prenatal Case Manager Public Health Nurse	Birth to age 24 months
Post-partum depression screening and referral	Edinburgh postnatal depression screening; schedule mental health care as appropriate; arrange transportation; refer for mental health support services	Post-partum mothers	Prenatal Case Manager	During post-partum period
Proper infant care and breastfeeding education	Infant care education; Partners for a Healthy Baby curriculum; public health nurse education home visit	Post-partum mothers and caregivers	Prenatal Case Manager Public Health Nurse	Birth to age 12 months

Health and safety education	Accidental injury education:	All program	Prenatal Case Manager	At the time of enrollment
	burns, choking, scalding,	participants	Public Health Nurse	until program completion
	electrocution, fire safety,			
	motor vehicle safety; proper			
	health care: temperature,			
	umbilical/circumcision care,			
	medication administration;			
	introduction of solid foods;			
	household hazards: smoking,			
	mold, pet dander, steps,			
	carbon monoxide, smoke			
	detectors			
Provision of health and	Car seats, cribs, diapers,	All program	Prenatal Case Manager	At the time of enrollment
safety items	electrical outlet covers,	participants	Public Health Nurse	until program completion
	bathtub thermometers, safe			
	sleep sacks, medicine			
	dispenser, fresh food mesh			
	feeders, color changing			
	feeding spoons, oral care kit,			
EVALUATION TOOL (C) (C)	car seat covers			

# EVALUATION TOOL(S)/COLLECTION METHOD:

Communication with prenatal care provider; parent self-report; Edinburgh postnatal depression screening; home visiting program customer survey; MOSAIC immunization record; emergency medical visits; instances of preventable illness/disease/injury; mental health treatment compliance; substantiated child abuse and neglect reports

# **GOAL: Prevent Child Abuse and Neglect**

# OBJECTIVE:

100% of participating families will improve knowledge of parenting and child development

100% of participating families will receive concrete supports in times of need

100% of participating families will have opportunities for positive social connections

100% of participating families will improve their knowledge of the social and emotional competence of children

# OUTCOME:

0 Healthy Babies children and/or their siblings will be the victims of child abuse and/or neglect as measured by substantiated child abuse and neglect reports

		TARGET	RESPONSIBLE	
PREVENTION ACTIVITY	OUTPUT(S)	POPULATION	STAFF	TIMELINE
Parenting and child	Provide parent education	All participating	Prenatal Case Manager	At the time of enrollment
development education and	with Partners for a Healthy	families		until program completion
assessment	Baby Curriculum; Parent			
	support meetings; Ages and			
	Stages Questionnaire;			
	develop parental strengths;			
	model nurturing behavior			
Direct Assistance	Diapers; car seat; Shelter	All participating	Prenatal Case Manager	At the time of enrollment
	Plus care housing; utility	families		until program completion
	assistance; health insurance;			
	safe crib			
Social Connections	Monthly home visits; Parent	All participating	Prenatal Case Manager	At the time of enrollment
	education and support	families	Public Health Nurse	until program completion
	meetings; Program			
	volunteers; Peer support; Infant care class			
Social and emotional		All participating	Prenatal Case Manager	Birth to age 24 months
	Ages and Stages Questionnaire; Partners for a	families	Frenatai Case ivialiagei	Birti to age 24 months
competence of children	Healthy Baby Curriculum	lammes		
Prenatal case management	Referrals for: food	All participating	Prenatal Case Manager	Birth to age 24 months
Frenatai case management	assistance; substance abuse	families	Trenatar Case Manager	Birtir to age 24 months
	treatment; housing; domestic	lammes		
	violence resources; clothing;			
	utility assistance; medical			
	care; legal services			
	1 0010, 10601 001 11000		<u> </u>	

EVALUATION TOOL(S)/COLLECTION METHOD:
Ages and Stages Questionnaire; parent-self report; home visiting program customer survey; utilization of public assistance programs; substantiated child abuse and neglect reports; attendance and survey of parent support meetings

# CHILDREN'S TRUST FUND GRANT RENEWAL APPLICATION PROJECT BUDGET (30 POINTS MAXIMUM) BUDGET DETAIL

The budget sheet is for the proposed project only. Do not provide the total agency budget.

SECTION I EXPENSES	FUNDS REQUESTED FROM CTF	FUNDING FROM OTHER SOURCES	TOTAL PROJECT BUDGET
1. Salaries and Wages	¢11 410	¢01 550	\$102.076
(Staff position: salaries x hours x grant period)	\$11,418	\$91,558	\$102,976
2. Fringe Benefits (Aggregate amount – not to exceed 24% of salary costs)		\$31,933	\$31,933
3. Consultant & Contractual Services		Ψ31,233	Ψ21,322
(Fees x hours x grant period)			
TOTAL PERSONNEL EXPENSE (total of categories 1-3)	\$11,418	\$123,491	\$134,909
4. Space Costs (Example: Rent, utilities & maintenance)			
5. Consumable Supplies (Example: Desk Top & paper supplies, postage)		\$1,125	\$1,125
6. Travel (Example: Mileage, accommodations for staff & consultants)	\$888	\$1,340	\$2,228
7. Telephone (Example: Installation, basic & long distance service fees)		\$1,832	\$1,832
8. Non-consumable Supplies (Example: Desks, typewriters, etc.)		\$200	\$200
9. Program Related Expenses (Example: Materials, meeting space, conference registration)	\$2,694	\$11,306	\$14,000
10. Other Costs (Example: CPA audit, resource materials)			
TOTAL NON-PERSONNEL EXPENSES (total of 4-10)	\$3,582	\$15,803	\$19,385
TOTAL PROGRAM BUDGET (total of 1-10) (Total personnel expense + total non-personnel expense)	\$15,000	\$139,294	\$154,294

<sup>\*</sup>Details should be listed on the Budget Justification

# CHILDREN'S TRUST FUND GRANT RENEWAL APPLICATION

PROJECT INCOME & MATCH

This form should be completed by all applicants regardless if matching funds are required for the specific project year.

Project year: 2 Match Percentage: 928.6% Match Amount: \$139,294

Troject year. 2 Wraten references	1 · · · ·	
Type of Income	Amount	Source
A. Federal or State Grants (Please list contracts out individually including amount and contract number.)	\$40,000	Missouri Department of Health and Senior Services Missouri Community-Based Home Visiting Program
B. Foundation Grants	\$	
C. Corporate Grants	\$	
	\$	
D. Individual Contributions		
E. Donations	\$	
F. Special Events Proceeds	\$	
G. In-Kind Donations & Services	\$	
H. Total Requested from Children's Trust Fund	\$15,000	
	\$84,294	general revenue
I. Miscellaneous		
	\$139,294	
TOTAL PROGRAM INCOME		

# CHILDREN'S TRUST FUND GRANT RENEWAL APPLICATION PROJECT BUDGET JUSTIFICATION

**<u>BUDGET JUSTIFICATION</u>**: Written justification must be made in the space below for <u>every line item</u> for which CTF funds are requested including justification for all personnel expenses as outlined in the project budget form. Include position descriptions for any personnel supported by CTF or matching funds.

# Salaries and Wages

In order to increase program capacity, CTF funding has been utilized to increased staffing levels. CTF funding is requested to maintain staffing at the current level: social services specialist @ \$17.978/hour @ 40 hours/week x 52 weeks x 30.5% = \$11,418

# Travel

A request of \$888 is being made for mileage reimbursement for home visitation services as follows:

2,400 miles/year x \$.37/mile = \$888

# **Program-Related Expenses:**

A request of \$2694 is being made for health and safety items. These items are provided for educational purposes and as program incentives. Approximate cost per item is as follows:

- Sleep sacks for safe sleep- \$17.00
- Bathtub thermometers- \$5.00
- Outlet covers- \$5.00
- Color changing feeding spoons- \$4.00
- Fresh food mesh feeders- \$4.50
- Oral care kits- \$5.00
- Medicine dropper and spoon- \$2.50
- Diapers- \$23.00
- Infant car seat carrier cover- \$22.50
- Boppy Nursing pillow- \$40.00
- Baby wipes- \$2.00
- Nursing Pads \$6.00

#### **Job Description**

City of Columbia, Missouri, Human Resource Department P.O. Box 6015, Howard Building, 600 East Broadway Columbia, Missouri 65205-6015 573.874.7235

#### SOCIAL SERVICES SPECIALIST

	<u>Minimum</u>		<u>Maximum</u>
Annual:	36,833		53,635
Hourly:	17.708		25.786
Grade:	15	Code:	<u>7301</u>

Non-Exempt

**DEPARTMENT / DIVISION:** Public Health and Human Services

Work is performed under the direct supervision of the Social Services Supervisor. This is a social services position providing social services for the Columbia/Boone County Department of Public Health & Human Services.

# **SUPERVISION RESPONSIBILITIES:**

Usually none; however, this classification may provide direction to clerks, students, or volunteers.

#### **WORK PERFORMED:**

Provides information and referral services for clients, other department staff, other health and human service organizations; and the community at large. Determines potential clients'; eligibility for CBCHD clinical services. Determines eligibility for and administers CBCHD social service programs including: utility assistance, prescription medication assistance, eyeglass assistance, dental pain relief, and the Conley Fund. Provides pregnancy testing and counseling, including referrals to appropriate health and human service providers. Provides medical and/or pre-natal case management services, including home visits. Provides crisis intervention and counseling services for clients. Assists with research studies, prepares reports, and maintains adequate records. Determines eligibility and administers in home services program, including home visits. Performs related duties as needed or assigned.

# PARTIAL LISTING OF MINIMUM QUALIFICATIONS:

Possession of a Bachelor's degree in Social Work, Sociology, or a related area and a minimum of one year of social work experience in a community social service agency; or any equivalent combination of education and experience which would provide the following knowledge, skills, and abilities: Considerable knowledge of principles and practices of social work. Knowledge of available community resources and the ability to evaluate resources and make appropriate referrals. Knowledge of crisis intervention techniques. Ability to interpret and comply with federal, state, and local laws and regulations. Ability to deal effectively with a variety of clients and other agencies and to maintain confidentiality. Ability to prepare reports and to communicate effectively both orally and in writing. Excellent work history and attendance record. Must possess and maintain a valid Missouri Driver's License, excellent driving record and a dependable personal vehicle for on-the-job use.

PLEASE CONTACT HUMAN RESOURCES FOR COPY OF COMPLETE POSITION DESCRIPTION Individuals needing accommodation to apply may call 573.874.7235

TTY Users call 573.874.6395

THE CITY OF COLUMBIA IS A MERIT, AFFIRMATIVE ACTION, EQUAL OPPORTUNITY

EMPLOYER: MALE / FEMALE

THE CITY OF COLUMBIA REQUIRES PRE-EMPLOYMENT DRUG TESTING

# CHILDREN'S TRUST FUND GRANT RENEWAL APPLICATION OUTCOME INFORMATION (30 POINTS MAXIMUM)

Describe the specific objectives and outcomes accomplished/achieved by the prevention project, clearly distinguishing between outputs and outcomes.

Goal: Improve Birth Outcomes		
Objectives	Mid-Year measure July 1, 2012 – December 31, 2012	End of Year measure
90% of participating mothers will receive regular medical care	45 of 90 (50%) active clients receive regular care	
80% of participating mothers who use tobacco products will reduce or eliminate their tobacco use	12 of 17 (71%) current smokers have reduced their tobacco use	
90% of participating mothers will participate in the WIC nutrition program	Data pending	
80% of participating mothers with identified substance abuse issues will access treatment	Data pending	
Outcomes		
100 pregnant women will be provided Healthy Babies prenatal case management services over the next 12 months, in order to promote positive birth outcomes as measured by the baby's birth weight of $\geq$ 2500 grams and gestational age $\geq$ 37 weeks	99 mothers provided prenatal case management	
	72 of 79 babies had birth weight ≥ 2500	

Goal: Children will be healthy and safe					
Objectives	Mid-Year measure July 1, 2012 – December 31, 2012	End of Year measure			
100% of children will receive preventive well child checkups	Data pending				

100% of children will be fully immunized	74 of 79 (94%) children are fully immunized
100% of post-partum women will be screened for depression	24 of 27 post- partum moms were screened (89%)
100% of parents will be educated on infant care and breastfeeding	99 mothers (100%) provided education on infant care and breastfeeding
100% of parents will be provided health and safety education	99 mothers (100%) provided health and safety education
Outcome	
100 parenting women and her children will have improved physical and mental health during the first two years of the child's life as measured by substantiated child neglect reports	Zero (0) substantiated neglect reports

Goal: Prevent Child Abuse and Neglect		
Objectives	Mid-Year measure July 1, 2012- December 31, 2012	End of Year measure
100% of participating families will improve knowledge of parenting and child development	Data pending, parents surveyed December, 2012	
100% of participating families will receive concrete supports in times of need	100% of families provided and/or offered concrete support	
100% of participating families will have opportunities for positive social connections	47 of 90 (52%) active families attended the parent event in December, 2012.	
100% of participating families will improve their knowledge of the social and emotional competence of children	Data pending, participants surveyed December, 2012	
Outcome		
0 Healthy Babies children and/or their siblings will be the victims of child abuse and/or neglect as measured by substantiated child abuse and neglect reports	Zero (0) substantiated reports during this period	

# Outputs are from July 1, 2012 – December 31, 2012

Number of mothers served- 99 (including 24 new admissions)

Number of children served – 79 (including 27 new babies born)

Number of home visits made by social services specialist- 397

Number of home visits made by nurse- 25

Number of mothers screened for post-partum depression- 24

Number of cribs delivered- 13

Number of substantiated child abuse/neglect reports - 0

Describe what was measured and achieved as it relates to the stated problem, need and goal as stated in the application (Exhibit A).

Please reference the table above.

Did the project achieve what it set out to do and if so how was that determined or measured? We are on track to meet our goals regarding birth outcomes, healthy and safe children and child abuse/neglect prevention. Our children are receiving their well child visits and immunizations. We are providing infant care and breastfeeding education. We are screening our mothers for post-partum

depression. There have been no substantiated child abuse/neglect reports in the six month time frame (7/1/12-12/31/12).

If the project fell short of expectations, which objectives and outcomes were not obtained?

We have not met our tobacco use objective. Although 71% of our mothers who smoke have reduced their tobacco use, this falls short of our 80% objective.

What prevented the grantee from obtaining the specific desired objectives and outcomes and how will each be addressed, corrected or changed for future implementation? Please include a timeline for corrective action.

A reduction in tobacco use requires a behavior change. We will continue to assess our mothers for tobacco use, provide cessation education and support services, and work to reduce other stressors in her life that might be contributing to her tobacco use.

The data collection system we are using is owned and administered by the State of Missouri Department of Health and Senior Services. We collect information on the frequency of prenatal care visits, substance use, and WIC participation and enter the data into the State system. At this time, the State's data system does not allow for the reporting of all data inputted. As a result, we are unable to measure some of our outcomes related to improving birth outcomes. We are addressing this issue with the State, as well as pursuing other data management systems.

Describe how the lives of children and families improved as a result of this prevention project? Please provide specific statistical and anecdotal information documenting the impact that the project is having on preventing child abuse and neglect in the service area.

Our program incorporates the protective factors of the Strengthening Families Framework to reduce child abuse and neglect. Our families receive concrete support along with parent education, to reduce stressors and improve the parent/child interaction. Our program is a voluntary program. Participating parents invite us into their homes, and their lives, in an effort to improve the lives of their children. Some of our parents were the victims of child abuse and neglect themselves and they are seeking a better experience for their kids. Their acceptance of help and support from our home visitors is essential in breaking the cycle of child abuse. As mandated reporters, we prioritize child safety above all. It is a testament to our families that they continue to welcome their home visitor into their lives, even after a child abuse/neglect

investigation has been initiated by that visitor. Our families have had no substantiated child abuse/neglect reports during this period. Listed below is an example from one of our participants, shared with her permission.

Anna (not her real name) was eight months pregnant with three children, ages 1-7. Anna and her children were homeless and had been staying with friends. During a home visit at the friends home, Anna's Healthy Babies home visitor noticed pornography scrolling on the computer screen saver, used diabetic needs all over the home and roaches on the walls. The home visitor told Anna she would need to make a hotline report and that Anna's children could no longer stay in that environment. Anna and her children moved to a much safer location later that day. Children's Division visited Anna's new location that night and gave their approval. Eventually, Anna found stable housing with the Section 8 rental assistance program. Anna has a domestic partner now and the children are attending school regularly. The baby is on target for all his immunizations, well child visits, and developmental milestones. Anna and her Healthy Babies home visitor have a great relationship and Anna welcomes their monthly home visits. When asking Anna for permission to share her story, she agreed replying, "Thanks to you, I have my kids".

Additional pages may be attached as needed.

# CHILDREN'S TRUST FUND GRANT APPLICATION ASSURANCE/CERTIFICATION SIGNATURE PAGE (5 POINTS MAXIMUM)

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Children's Trust Fund special conditions specified in the grant award and contract.

I, the undersigned, certify that I have reviewed and understand all information contained in Exhibit A and Exhibit B, and understand that both Exhibit A and Exhibit B will be considered a part of any contractual agreement resulting from this application.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges/expenses are accurate.

Print or Ty	pe				
Name:	Mike Matthes, City Manager				
	Authorized Official	Title			
Signature:	Authorized Official	Date			

# **Renewal Application Submission Checklist**

Cover Sheet
Action Plan
Project Budget (including Budget Detail, Project Income,
and Budget Justification)
Position Descriptions for any personnel supported by CTI
or matching funds
Outcome Information
Assurances/Certification Signature Page with appropriate
signatures

# CHILDREN'S TRUST FUND

# NOTICE OF CURRENT AVAILABILITY OF PREVENTION FUNDS & INSTRUCTIONS

FISCAL YEAR 2014
(JULY 1, 2013 THROUGH JUNE 30, 2014)

# EXHIBIT B

# APPLICATION DEADLINE:

To be considered for ctf funding, applications must be postmarked by Monday, March 11, 2013

HARRY S. TRUMAN STATE OFFICE BUILDING, ROOM 860 301 W. HIGH STREET, PO BOX 1641 JEFFERSON CITY, MO 65102-1641 573-751-5147

# **EXHIBIT B**

# Children's Trust Fund

# Notice of Current Availability of Prevention Funds and Instructions Fiscal Year 2014 (July 1, 2013 – June 30, 2014)

# A. Introduction/Background Information

The Children's Trust Fund (CTF) was established in 1983 by the Missouri General Assembly to insure efforts to prevent and alleviate the leading causes of child abuse and neglect. CTF, dedicated solely to support child abuse/neglect prevention projects throughout the state, is authorized to enter into contracts with public or private agencies, schools or qualified individuals to establish community-based educational, service, and family support programs focused on the prevention and/or alleviation of child abuse and neglect.

CTF is administered by a Board of Directors comprised of seventeen public members and four members of the legislature. The Board establishes all administrative policies and awards all funding.

CTF is located within the State of Missouri, Office of Administration. No general revenue funds are appropriated to CTF. Funding is obtained from sales of the special CTF license plate, dedicated fees on marriage licenses and vital records, voluntary contributions designated on Missouri state income tax returns, other voluntary contributions, federal grant funding and interest income from the Trust Fund.

CTF continues to integrate prevention efforts around federal, state and local projects as identified in its vision and mission statement below.

**Vision:** Children's Trust Fund envisions children and families free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect.

**Mission:** Children's Trust Fund will prevent or alleviate child abuse and neglect for the State of Missouri's children and families by:

- 1) planning and policy development;
- 2) ensuring funding of results-oriented programs/projects, training projects for prevention professionals, and research:
- 3) promoting public awareness and education; and
- 4) assisting in the integration of statewide prevention efforts.

# B. Applicant Eligibility

CTF awards grants to public and private agencies and organizations, schools, etc. who have 501(c)(3) status or other proof of exemption.

Grants must be used for child abuse and neglect prevention. They may be primary or secondary prevention projects. Note: CTF General Prevention Grant funds may not be used to meet cash match requirements for the federally funded Community Based Child Abuse Prevention Grant (CBCAP).

Applicants must demonstrate their capacity to design, develop, implement and administer prevention projects and services that use specific strategies to identify and intervene with, and assist at risk families and children.

# C. Priority Areas

#### **Evidence-Based/Evidence Informed Models:**

Priority consideration will be given to applicants requesting CTF General Prevention grant funding for proposals based on an evidenced-based or evidence-informed child abuse prevention promising practice or model. Research indicates that there are broad categories of child abuse prevention approaches that include programs that have shown promise in preventing child maltreatment. These approaches include, but are not limited to, home-based services/home visitation; parent education/parenting training; peer support/social support; early childhood education initiatives; crisis/respite care; child sexual abuse prevention; and family resource centers or provider network collaboratives.

Information regarding child abuse and neglect prevention models/promising practices may be researched at the <a href="https://www.childwelfare.gov/preventing/evidence/ebp\_registries.cfm">https://www.childwelfare.gov/preventing/evidence/ebp\_registries.cfm</a> and at <a href="https://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory">https://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory</a> (also see Attachments 2 & 3). Note that programs must focus on the prevention of child abuse and neglect.

\*If requesting funds for a project using an evidenced-based or evidence-informed child abuse prevention promising practice or model, photocopied or printed information documenting the model must be attached to your proposal.

# **Strengthening Families/Protective Factors:**

Priority consideration will be given to proposals that work to promote/integrate one or more of the Strengthening Families Protective Factors. CTF believes that the Protective Factors work to prevent child abuse and neglect because they:

- Benefit all families:
- Build on family strengths, mitigate risks, and foster improved outcomes;
- Can be integrated into existing programs through small changes in everyday actions; and
- Are based on research and practice.

"The five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the commonsense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development". (Center for the Study of Social Policy)

### The Prevention of Child Sexual Abuse:

In the wake of high profile cases, the Task Force on the Prevention of Sexual Abuse of Children was created by Missouri state statute during the 2011 legislative session. The Task Force recently released its final report outlining its findings from research, public hearings and expert testimony. Within the report are twenty-two recommendations for preventing child sexual abuse in Missouri.

Recommendations #1 - #4 are specific to community-based prevention. CTF strongly encourages all applicants to review the report, and consider how their programming (or their organization as a whole) might work to implement the recommendations. The link to the report is provided below, along with links to other child sexual abuse prevention resources.

http://missourikidsfirst.org/wp-content/uploads/2013/01/Task-Force-CSA-Report-final-and-printed.pdf http://www.cdc.gov/violenceprevention/pdf/PreventingChildSexualAbuse-a.pdf#page=1 https://www.childwelfare.gov/preventing/programs/types/sexualabuse.cfm http://www.nsvrc.org/publications/child-sexual-abuse-prevention-programs-children

# D. <u>Prevention Definitions</u>

Prevention supports children and families to keep abuse and neglect from occurring. Intervention (tertiary) protects a child during or after abuse or neglect has occurred. Prevention efforts should occur before a problem develops so that the problem or some manifestation of the problem can be stopped or lessened (Willis, Holden, and Rosenberg, 1992). To prevent child abuse and neglect, programs may focus on one or several risk factors. Specific risk factors found to be associated with child maltreatment include, but are not limited to: parental substance abuse, childhood disability, domestic violence, poverty, young maternal age, low educational level of the parent, etc. Many prevention programs are focusing efforts on strengthening child and family protective factors, promoting positive interactions between children and parents, and helping caregivers and parents acquire the knowledge and skills needed to raise healthy children.

A prevention program as defined by Missouri State statute (210.171 (2) RSMo.) is any community-based educational or service program designed to prevent or alleviate child abuse or neglect. Prevention activities may have a broad range and may include public awareness or educational campaigns that target services such as parent skills training; skills based curricula for children; mentoring programs; home visitation; and other family support programs. Child abuse and neglect prevention activities must be primary or secondary.

The following are definitions of primary and secondary prevention that will be used by the CTF Board to make funding decisions for purposes of this application.

<u>Primary Prevention</u>: Includes projects/services that are made available to the general community and/or to all families to prevent child abuse and neglect. Primary prevention activities raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment. Key aspects of primary prevention include:

- Services that are offered to all members of a population;
- Participation is voluntary;
- Services/projects attempt to influence societal forces which impact parents and children; and
- Services/projects seek to promote positive family functioning rather than just prevent problems.

Secondary Prevention: Includes projects/services targeted to keep child abuse and neglect from happening after certain warning signs have appeared. Secondary prevention activities focus efforts and resources on children and families known to be at higher risk for maltreatment. Services are usually directed to communities or neighborhoods that have a high incidence of any or all of the key risk factors. Key aspects of secondary prevention include:

- Services are offered to a pre-defined group of "at-risk" individuals, but before abuse or neglect has occurred;
- Services are usually problem-focused on the particular stresses of identified parents and/or caretakers;
- Services should enable families to build upon their own strengths and capacities; and
- Participation is voluntary.

# D. Availability of Funds

The Board intends to award grants for community-based projects of local, regional or statewide scope while using the following eligibility guidelines when making funding decisions. Applications must:

- (a) fit within the scope of primary and secondary child abuse/neglect prevention serving Missouri residents (CTF funds may not be used for treatment or for services outside of Missouri);
- (b) demonstrate the need for the prevention project within the defined target area;
- (c) demonstrate a positive impact on variables highly correlated with the occurrence of child abuse and neglect and demonstrate that the project will help to prevent or reduce the occurrence of child abuse or neglect (research-based);
- (d) demonstrate and specifically measure the impact of the project with an objective, quantifiable evaluation component; and
- (e) be responsive and score at least 75 out of 100 points.

In awarding such contracts, favorable consideration shall be given to proposals that:

- (a) replicate successful CTF prevention models including, but not limited to safe crib, infant massage, mentoring mothers, home visitation, respite care, fatherhood initiatives, and parent, grandparent, and family support, etc.;
- (b) are based on proven, evidence-based models (see Appendix 2);
- (c) incorporate or promote one or more of the Protective Factors;
- (d) target traditionally under-served populations and geographic areas of the state;
- (e) are designed to meet the needs of people who may have difficulty accessing existing services;
- (f) demonstrate cultural sensitivity and competency;
- (g) demonstrate interagency and/or community collaboration and coordination; and
- (h) are willing to share project outcomes/results with others at the local and/or state level.

Applications will also be considered on the basis of the availability of CTF prevention funding. The CTF Board makes every effort to achieve equitable distribution of grant funds throughout the State of Missouri.

Initial funding from CTF may total up to 100% for the proposed project during the first two years of operation. The second year funding level awarded for a project will become the base rate at which local match will be determined for all subsequent years. In year three, the grantee is eligible for 75% of the funding awarded in year two. In year four, the grantee is eligible for 50% of the funding awarded in year two, and in year five the grantee is eligible for 25% of the funding awarded in year two. In year six, the specific prevention project is not eligible for CTF funding. The following chart illustrates the eligibility rate for funding using \$10,000 as a base rate.

# **Eligible CTF Prevention Funds (Sample Chart)**

Project Year 1	Project Year 2	Project Year 3	Project Year 4	Project Year 5	Project Year 6
\$10,000	\$10,000	\$7,500	\$5,000	\$2,500	\$0
CTF (100%)	CTF (100%)	CTF (75%)	CTF (50%)	CTF (25%)	CTF (0%)
\$0.00	\$0	\$2,500	\$5,000	\$7,500	\$10,000
Local (0%)	Local (0%)	Local (25%)	Local (50%)	Local (75%)	Local (100%)

Grantees are encouraged to supplement funds through a broader local funding base so that services will not decrease when local match is required in year three.

CTF grant awards are for one Fiscal Year, from July 1 to June 30. Grantees will need to apply annually for CTF funding. Funding for subsequent years is not guaranteed. Grant awards for subsequent years are contingent upon CTF revenue, contract compliance, and demonstration of the project's overall effectiveness during prior years of operation, and will be awarded at the discretion of the CTF Board. CTF reserves the right to revise and amend all budget requests.

CTF accepts no obligation for costs incurred by the grantees in anticipation of being awarded a contract.

# E. Method of Payment

The payment method for all CTF grants will be reimbursement of expenses. Start-up funding (advancement of funds) is not available. Unused funds may not be carried over from one contract period to another.

CTF will reimburse the grantee, or the fiscal agent if different than the grantee, upon monthly submission of a properly completed CTF invoice. Invoices must be completed in a timely manner and must be signed by the authorized contract representative. Payment to the grantee, or the designated fiscal agent if different than the grantee, is made on a reimbursement basis (upon receipt of the properly prepared invoice).

# F. General Instructions

Applications for CTF grants for state Fiscal Year 2014 must be **postmarked no later than Monday**, March 11, 2013. Any application postmarked after that deadline will be disqualified from consideration. Failure to meet the deadline for submission of applications is not negotiable and may not be appealed. Any materials received apart from the application will not be considered. Applicants may request a delivery receipt from CTF if the application is hand delivered. For those hand-delivering proposals or using a private carrier (UPS, FedEx), you will need to use CTF's physical address.

CTF physical address is: Children's Trust Fund

Harry S Truman State Office Building 301 West High Street, Room 860 Jefferson City, MO 65101

Applications may also be mailed to: Children's Trust Fund

PO Box 1641

Jefferson City, MO 65102-1641

Application materials mailed to any other address will not be considered. Emailed or faxed copies will not be considered.

Proposals shall be consistent with the mission of CTF's Board and comply with the requirements contained in Exhibit B. It is strongly recommended that this notice be reviewed in its entirety to ensure the applicant will be in compliance with the requirements in each section.

Applicants shall submit one (1) original plus one (1) copy of the completed application (Exhibit A) to CTF.

(Note: Exhibit B does not have to be submitted along with Exhibit A; however the applicant certifies that all information in Exhibit B has been reviewed and that the applicant understands that Exhibit B will be considered part of any contractual agreements made through this process). Please retain a copy of Exhibit B for your records.

The application shall be typed and single-spaced. Each page shall be numbered sequentially beginning with the cover sheet.

The application must follow the format and order presented herein. The forms provided with this notice must be used in completing the application. The forms may be reproduced on a computer or photocopied.

Any attempt on the part of the applicant to change or alter the original content of the application, Exhibit A and Exhibit B, will render the submitted application and any subsequent contracts resulting from the submitted application null and void by CTF.

# G. Instructions To Complete Application - Exhibit A

All forms within Exhibit A should be completed in their entirety as per the instructions. Maximum point values for each attachment/section are indicated in parenthesis. Continuation applications shall be evaluated on the content of the following:

# 1. Cover Sheet (5 points)

This is the first page of the proposal. All items on the page must be completed and the legal name of the applicant organization provided. For contracting purposes, applicants must include a copy of their 501(c)(3) exemption letter, articles of incorporation, etc. The contact name and address provided on this page will be used for all future mailings including contract information.

# 2. Action Plan (30 points)

Using the format provided based upon the performance measures logic model, describe the action steps, interventions and activities that will be undertaken to achieve <u>each</u> proposed objective and outcome. The action plan should closely follow the content of the project abstract, but in logic model form. This section should assist the applicant with how they are actually going to implement the project in a logical and concrete step-by-step fashion. Attach additional pages as needed.

Actions must be:

- related to stated needs and objectives (as identified in the Abstract);
- easily understood; and
- presented in a logical step-by-step fashion.

### 3. Project Budget (30 points)

This section consists of three forms: Budget Detail, Project Income and Match and Budget Justification.

CTF reserves the right to modify and revise the proposed budget based upon available funding resources.

The attached budget sheet must contain detailed information about the expenses and income sources for each designated category breakdown of the applicant's proposed project.

The budget should clearly indicate the amount of funding to be provided by CTF and from all other sources.

All applicants for first year programs must submit a copy of their overall agency budget showing both revenues and expenditures.

# **Budget Detail**

Section 1: "Expenses" contains three columns as follows:

- Column one (1), "CTF request", is to include the total amount of money being requested from CTF for the current fiscal or grant year for each category of expense for the applicant's proposed project.
- Column two (2), "Other funding", must include the total amount of money or in-kind services that will be received from other sources. The "other funding" should relate specifically to the project you are requesting CTF to support and should not include the organization's total budget.
- Column three (3) is a total of columns 1 and 2.

# **Expense Categories**

1. **Salaries and wages**: The amount needed to pay for the salaries of staff people working on the proposed project must be indicated. Include the dollar amount requested from CTF and from all other sources. Include all paid as well as in-kind staff positions.

Salaries for in-kind staff positions should reflect the cost of salaries for like positions in the community. List each staff position separately, detailing salary expense multiplied (x) by the percentage (%) of time working on this project multiplied (x) by the grant period. For example:

Project Director @  $$3,000/mo \times 15\% \times 12$  months = \$5,400. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

- 2. **Fringe Benefits**: The aggregate amount needed to pay fringe benefits (not to exceed 28% of salary costs) for staff people working on the proposed project must be indicated. Include FICA worker's compensation insurance, health insurance, life insurance, retirement plans, reimbursements, etc.
- 3. **Consultant and Contractual Services** (A and B as designated below are to be entered as one expense total). Separate explanations and justifications should be given for both.
  - A. Consultant: The amount needed to pay for consultants working on the proposed project such as trainers, evaluators, etc. The amount for consultant services must be calculated at the normal rate for like services in the community. List each consultant position separately with details of expense. Identify the consultants by name or position. Example: Evaluation Consultant Dr. Jones, Director, University Evaluation Center 10/hrs/mo x \$50/hr x 12 mos. = \$6,000.00. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.
  - B. Contractual: The amount needed to pay for subcontracts to be executed for the proposed project must be stated. The amount for contractual services must be calculated at the normal rate for like services in the community. List each subcontract to be executed separately with details of the expense and an explanation of the project duties that will be fulfilled through subcontracts. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project. Failure to identify all subcontractors to be used for this project may result in the denial of that expense.
- 4. **Space Costs**: The amount needed to pay for space directly related to the proposed project.

List each item separately with details of expense. Example: Office rent 1,200 square feet @ 6.00/ft x 1 year = \$7,200.00. Funds may not be used for capital expenditures, i.e. remodeling; construction costs, etc.

These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

5. **Consumable Supplies**: The amount needed to pay for consumable supplies to support the proposed project includes stationery, pens, pencils, paper clips, paper supplies, etc. Copying supplies, project-related consumables and regular postage should also be included in this section.

List each group of items separately with details of expense. Example: office supplies for 2 staff @ \$100/each/year = \$200.00.

These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

6. **Travel**: The amount needed to pay for anticipated travel costs directly related to the proposed project, calculated at the state rate (**currently 37 cents per mile**). Be specific for each personnel or consultant position. List each item separately with details of expense. Example: Local mileage – Project Director 100 mi/mo @ \$.37/mi x 12 mos = \$444. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.

Travel costs (mileage, lodging, etc.) for project/service-related training such as conferences or workshops should be included in this category.

- 7. **Communications**: The amount needed to pay for installation, basic fees and long distance costs to support the proposed project. List each item separately with details of expense. Example: Installation @ \$26.00 = \$26.00 or basic monthly fee @ \$100/mo x 12 mos = \$1,200.00.
- 8. Non-Consumable Supplies: The amount needed to pay equipment to support the project. List each item separately with details of expense. Example: (1) desk @ \$150.00 = \$150.00 or (1) laptop @ \$400.00 = \$400.00. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project. CTF reserves the right to reclaim any non-consumable supplies at the end or upon termination of the grant project.
- 9. **Project-Related Expenses**: The amount needed to pay for project related costs to support the proposed project includes materials, software, meeting space outside the office, meeting supplies, conference/workshop registrations fees, brochures, special postage, etc. <u>List each item separately with details of expense</u>. Example: Workshop meeting space @ \$50/meeting x 1/mo x 12/mos = \$600.00; or 600 project brochures @ \$.25/copy = \$150.00. Do not duplicate expenses previously listed. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project.
- 10. **Other Costs**: The amount needed to pay for other costs that do not fit into another category. List each item separately with details of the expense. These items must be supported by a statement in the budget justification sheet describing the need for and benefit to the proposed project and must be pro-rated based on the percentage the proposed CTF amount represents within the overall agency budget. Example: If requesting funds to support an audit\* and the requested CTF funds equal 10% of the agency budget, you would calculate one (1) CPA audit @ \$1,200 x .10 (10%) = \$120. Do not duplicate expenses previously listed.
  - \*Audit Cost Only a prorated share of the audit cost for agencies required to be audited (only agencies receiving over \$100,000 in State funds are required to have an audit conducted) may be requested.

# **Project Income & Match**

This form should be completed by all applicants *regardless* if matching funds are required for the specific project year. All project income, committed or estimated, and the corresponding source(s) should be reported in the appropriate space provided. List all miscellaneous sources separately. Total income must equal the total grant budget. Reminder: All applicants for first year programs must submit a copy of their overall agency budget showing both revenues and expenditures.

# **Budget Justification**

Provide detailed information in narrative form supporting budgeted money from the budget detail form. Written justification must be made in the space below for <u>every line item</u> for which CTF funds are requested including justification for all project personnel expenses as outlined in the budget detail form. Attach job descriptions for project director and all new staff positions that will be created to develop, implement or evaluate the project to be funded. Line items must be supported by a statement describing the need for and benefit to the proposed project. Be specific.

Example: "The Executive Director will require at least 4 hours per week during the 12-month grant period for the following tasks:

• Coordinating the project, assuring that quality standards and timelines are upheld, assuming primary responsibility for assuring that the project is carried out as planned and that the overall outcomes will be achieved, and staffing and planning for any committees and subcommittees."

# **Unallowable Expenses**

Unallowable expenses include, but are not limited to, the following:

- 1. Bad Debt: Bad debt is not an allowable expense.
- 2. Capital Expenditures: The cost of any capital purchase.
- 3. <u>Contingency or Reserve Funds</u>: Funds that are reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.
- 4. <u>Contributions</u>: Contributions or donations made by the applicant to other agencies are not allowable expenses.
- 5. <u>Depreciation on Assets Purchased with Federal or State funds:</u> Depreciation on buildings or equipment furnished by the federal government, purchased through federal grants, or by state money is not an allowable expense.
- 6. <u>Expenses Offset by other Revenue</u>: Expenses already reimbursed through other state or federal projects are not allowable expenses.
- 7. Fines and Penalties: Fines and penalties are not allowable expenses for purchased services.
- 8. <u>Fund Raising Costs</u>: Costs incurred for fund raising should be off-set by fund raising revenue and are not allowable expenses.
- 9. Legal Expenses: Legal expenses are not allowable expenses.
- 10. <u>Lobbying Expenses</u>: Costs incurred in attempting to influence the federal or state executive or legislative branches of government, including lobbyists, are not allowable expenses.
- 11. <u>Interest Expenses</u>: Interest expense is not an allowable expense.
- 12. <u>Contract Supplies</u>: Supplies used in the production of goods to be sold should be off-set by project income and are not allowable expenses.

13. Moving Costs: The applicant's costs of moving are not allowable expenses.

14. <u>Organization Costs</u>: The applicant's costs of organizing and reorganizing as a legal entity are not allowable expenses.

15. <u>Taxes</u>: Taxes for which the applicant could be exempted are not allowable expenses, and taxes and related penalties from prior years are not allowable expenses.

# 4. Assurances/Certification Signature Page - (5 points)

An original signature of the authorized person for the grant is required.

# H. Reporting and Record Requirements

Renewing grantees will be required to submit an annual report for the FY 2014 contract period by July 31, 2014.

Grantees must maintain appropriate records documenting actual expenditures incurred, payment of those expenditures and services provided. All supporting information and documentation must be retained for five years after the conclusion of each contractual period.

Consideration for any future funding will be based in part upon timely submission and quality of reports. If a report is not received by the due date, the funds for the next claim(s) following the due date will be withheld until the required report is submitted and reviewed for compliance with this Grant Notice and the contract. The reports must indicate where each grantee stands in relation to the project and follow the format provided by CTF.

Any proposed changes in the stated goals, objectives, project outcomes and/or the budget must be submitted to CTF for approval pursuant to the terms of the contract.

# I. Questions

Please direct all questions regarding this notice and proposal submission to:

Laura K. Malzner, Program Coordinator Children's Trust Fund or PO Box 1641 Jefferson City, MO 65102

Children's Trust Fund 301 W. High Street, Room 860 Jefferson City, MO 65101

Email: <u>laura.malzner@oa.mo.gov</u>

Phone: 573-751-6511



Source: Health

Manuelle 1

To: City Council

From: City Manager and Staff /4/

Council Meeting Date:

Jun 17, 2013

Re:

Children's Trust Fund Child Abuse & Neglect Prevention Grant Program

#### **EXECUTIVE SUMMARY:**

A resolution authorizing the City Manager to sign the Contractual Service Agreement between the City of Columbia and the Children's Trust Fund in the amount of \$15,000 for child abuse and neglect prevention services.

# **DISCUSSION:**

The Department of Public Health and Human Services has been awarded an extension of funding from the Children's Trust Fund for the purposes of child abuse and neglect prevention. Grant funding will be used to expand the department's Healthy Babies community-based home visitation services program for at-risk, pregnant women and families with young children.

## **FISCAL IMPACT:**

Funding was anticipated during the FY13 budget process. No appropriation is necessary.

### **VISION IMPACT:**

http://www.gocolumbiamo.com/Council/Meetings/visionimpact.php

- 11 Vision Statement: Columbia is a supportive, compassionate, healthy community with high quality social services; a first-rate health care system and safe, quality affordable housing that are accessible to all.
- 11.1 Goal: Columbia will support quality points of entry to access information for high quality and affordable social services to support children, youth, adults, seniors, persons with disabilities, and people with cultural barriers. All social services will be sufficiently funded to work toward the elimination of poverty.
- 11.3 Goal: Columbia will be a healthy community. All residents will have timely access to appropriate health care. Effective prevention initiatives will contribute to a healthy community.
- 11.3.2 Strategy: Use health care promoters to educate people and help them obtain appropriate care. The focus will be on diabetes education and prevention.
- 11.3.3 Strategy: Foster health literacy by strengthening inter-organizational and community relationships. Design and deliver a coordinated, creative multi-media communications program, focused initially on diabetes.

### SUGGESTED COUNCIL ACTIONS:

Should the Council agree with staff recommendations, an affirmative vote is in order.

FISCAL and VISION NOTES:					
City Fiscal Impact Enter all that apply		Program Impact		Mandates	
City's current net FY cost	\$0.00	New Program/ Agency?	No	Federal or State mandated?	No
Amount of funds already appropriated	\$0.00	Duplicates/Epands an existing program?	Yes	Vision Implementation impact	
Amount of budget amendment needed	\$0.00	Fiscal Impact on any local political subdivision?	No	Enter all that apply: Refer to Web site	
Estimated 2 year net costs:		Resources Required		Vision Impact?	Yes
One Time	\$0.00	Requires add'l FTE Personnel?	No	Primary Vision, Strategy and/or Goal Item #	11
Operating/ Ongoing	\$0.00	Requires add'l facilities?	No	Secondary Vision, Strategy and/or Goal Item #	11.1
		Requires add'l capital equipment?	No	Fiscal year implementation Task #	