

Small Investments for Program Success (SIPS)

Application Deadline: 8/1/2023 5:00 PM

The Children's Services Council of Leon County (CSC Leon) has created the Small Investment for Program Success (SIPS) funding opportunity to allow eligible community organizations to receive investments outside of established priority funding cycles. If approved, an organization may be awarded up to \$15,000 in SIPS funding in one of four categories:

- (1) Program Funding;
- (2) Developmental Funding;
- (3) Match Funding; or
- (4) Sponsorships.

Download the file below for full details.

Applications

Applicant Member Agency (Client) *

Grant *

Created By *

Modified By *

Category *

You may only select one.

Select One
Program Funding
Developmental Funding
Match Funding
Sponsorship

Description *

Please describe your organization. Include, at minimum, mission, history of service, and who you serve.

Current Budget *

What is your total operational budget for the current fiscal year?

Budget *

Upload a copy of your most current (annual) operating budget.

Amount Requested *

What is the exact amount you are requesting?

Match

If your application is for Match Funding, provide documentation from the source of the primary funding indicating financial commitment.

Request * Please describe the need for which you are requesting funds. Be specific to Leon County. Include a detailed description on how the funds will be used to address the need, identify if the program is a new, rising or existing program/project., and specify the neighborhoods (zip codes) where services will be provided.

Alignment * Please identify how the request aligns with the goals and strategies of CSC Leon. See our Theory of Change using this link: https://cscleon.org/wp-content/uploads/2023/01/CSC-Leon_TOC.pdf

Timeline * Please describe the anticipated timeline for implementation. Please ensure your description matches the anticipated contract and service dates in the funding announcement.

Data Collection * Please describe the types of data you will collect and report to CSC Leon.

Staffing Plan

Staffing Plan *

Describe the background and experience of the primary individual(s) providing the services described.

Organizational Chart

Upload your organizational chart. *This requirement is waived for sponsorship requests.*

Budget

Please add a line for each item you are requesting funds.

Item *

Select One
Advertising
Assistance to Individuals
Educational Materials
Food & Nutrition
Office Supplies
Professional Fees
Salaries (Staff Compensation)
Travel
Other

Other

Amount *

Narrative *

Detailed description for each item requesting funds for; include calculation, if applicable

Partnerships

Identify the relevant partners supporting the operation and/or funding of the program/project/service.

Organization/Individual

Phone Number

Email

Description

What role does this partner play?