

Small Investments for Program Success (SIPS)

Application Deadline: 10/31/2023 6:00 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 *

Organization *

Modified By *

Organization Name

If your organization has a different name than what is listed above (e.g., dba) or a common name (e.g. abbreviation), please enter it here.

Contact Person *

Title of Contact Person *

Contact Person e-mail *

Category *

You may only select one.

Select One
Program Funding
Developmental Funding
Match Funding
Sponsorship

Description *

Please use the space below to describe your organization (NOT THE NATURE OF YOUR REQUEST). Include, at minimum, your organization's mission statement, history of service, and who you serve.

Current Budget *

What is your total ANNUAL operating budget for your current fiscal year? (This amount should match what is shown in the budget upload.)

Budget * Upload a copy of your most current (annual) operating budget. (Must show income, expenses, and the difference for a full 12 months.)

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.

Impact Area * Choose the primary "impact area" that the requested funding is designed to support.

Select One
Increasing the number of children who enter kindergarten socially, emotionally, and academically ready.
Increasing school performance and reducing juvenile crime among school-age children and youth.
Reducing infant and maternal mortality, increasing infant health, improving oral health, and improving early identification of health problems.
Increasing resiliency and reducing the number and consequences of adverse childhood events.
Increasing occupational skills, career pathways, and economic opportunities for youth.
Increasing food security for children, youth and families.
Increasing opportunities for safe, stable, secure and affordable housing.
Enhancing the ability of caregivers to meet the needs of at-risk children and youth.

Need * Use this section to describe the need for which you are requesting funds. Be specific to Leon County. Applicants are encouraged to use publicly sourced data as available.

Request *

Use this section to provide a detailed description on how the requested funds will be used to address the need. Make sure to identify if the program is a new, rising or existing program/project, and specify the neighborhoods (zip codes) where services will be provided.

Alignment *

Use this section to detail how the proposed services and/or program aligns with the previously selected "impact area."

Family Engagement *

Please use this section to share any methods used to engage parents and caregivers in the delivery and/or development of services.

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 service data you will collect and report to CSC Leon. This should include some data related to the selected "impact area."

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?