

Small Investments for Program Success (SIPS) - Jan 24

Application Deadline: 2/2/2024 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

Organizational Profile

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 *

Contact Person Phone

Category *

You may only select one.

Select One

Program Funding

Developmental Funding

Match Funding

Sponsorship

Agency Description *

Please use the space below to describe organization (NOT THE NATURE OF YOUR REQUEST). Include, at minimum, your vision and mission statement, history of service, and current funding sources.

Sunbiz Registration *

Upload a copy of your current State Division of Corporations Business Registration (Sunbiz).

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.)

Program Proposal

This section is for describing your funding request.

Amount Requested *

What is the exact amount you are requesting? This amount should match the total amount in the Budget section.

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 the space below 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 the space below to provide a detailed description on how the requested funds will be used to address 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 the space below to detail how the proposed services and/or program aligns with the previously selected "impact area" AND your organization's stated mission.

Family Engagement *

Please use the space below to share the methods you will use 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 *

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

Attestation

By typing my name below, I attest that I am not legally prohibited from working with children and youth. Additionally, I attest that all executive leaders, program managers, and any individual (employees and volunteers) having contact with children and youth through the provision of the proposed CSC Leon-funded services meet the following:

1. Three years or more have passed since being released from prison, parole or other criminal-related supervision that was court ordered for a disqualifying felony criminal offense.
2. Not under any type of criminal-related supervision that has been court-ordered due to a disqualifying misdemeanor criminal offense.
3. Not under active investigation for any disqualifying felony or misdemeanor criminal offense.
4. Does not owe any restitution, court-ordered costs or fees associated with criminal history, or they have all have been paid in full.
5. Not designated as a sexual predator, sexual offender, or career offender in Florida or any other state.

Disqualifying felony and misdemeanor are defined in [F.S. 435.07](#).

"Sign" your name by typing your full name (First Name, Middle Initial, Last Name)

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
Salaries (Staff Compensation)
FICA
Workers Compensation
Other Fringe Benefits
Advertising
Assistance to Individuals
Educational Materials
Equipment Purchase (Capital Expense)
Equipment Rental
Food & Nutrition
Insurance
Maintenance
Occupancy (Building/Grounds)
Office Supplies
Printing/Publications
Professional Fees (Legal, Audit, Consulting)
Staff Training
Travel (Daily)
Utilities
Other

Other

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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?

Support Letter

Upload a letter of support from each partner.