

CONFERENCE OF CIRCUIT COURT CLERKS  
CHILD SUPPORT INCENTIVE FUNDS COMMITTEE

Please use this form to request Project Grants from the Child Support Incentive Funds Committee.

***I. APPLICANT INFORMATION***

PROJECT NAME: \_\_\_\_\_

GRANTEE NAME: \_\_\_\_\_

PROJECT DIRECTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ GRANTEE EIN NUMBER: \_\_\_\_\_ (REQUIRED)

TOTAL AMOUNT REQUESTED: \_\_\_\_\_ PROJECT PERIOD: \_\_\_\_\_ Start and End Date)

**PAYMENT INFORMATION:**

***Clerk Grantees:*** For grants awarded to clerk's offices, project related expenses will be paid directly by the Administrative Office of the Courts.

***Non-clerk Grantees:*** For grants awarded to grantees other than clerk's offices, grant awards will be paid on a reimbursement basis, upon submission of a quarterly grant report and request for reimbursement. Please indicate below information about payments to be made if the grant is awarded:

*PAYEE:* \_\_\_\_\_

***PERSON TO WHOM PAYMENT IS TO BE SENT:***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PERSON AUTHORIZED TO APPROVE PROJECT EXPENDITURES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

*This Project Application has been prepared and submitted by:*

\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Instructions for completing the application**

Applicants should use the applicant information page (above) as the cover sheet for their application. The remainder of the grant application should be in narrative form, with the applicant answering each of the questions listed below. The narrative portion of the application should not exceed five (5) pages in duration. Applications should be submitted on 8½ x 11" paper, utilizing one-inch margins and 12-point font. In addition to the cover sheet and narrative detailing the project for which you are seeking funding, the application should include the budget request. Any questions concerning the format of the application should be directed to Connie Kratovil Lavelle at (410) 260-1580.

**I. Project Goal**

*Identify and articulate a statement to summarize the goal of the project.*

**II. Project Summary**

*Identify and articulate a description of the project for which you are requesting funds to support.*

**III. Project Period**

*Identify the date in which the project will begin as well as the date of completion. [Note: Generally, funds are requested for a twelve month period beginning on the first day of the state's fiscal year.]*

**IV. Statement of Need**

*Demonstrate the need for the program for which you are applying based upon data available regarding the population to be served.*

**V. Outcomes and Goals**

*Identify the specific outcome(s) that will be obtained over the project period. Please articulate specific measurable objectives, goals, tasks and timeline (either within the narrative or as a separate chart). Along with global outcomes for the project, please identify any specific products and/or results that will be produced. Include anticipated number of individuals and/or families to be served, specific and measurable benefits to individuals/families expected, specific and measurable benefits to the court, and other measurable and quantifiable outcomes.*

**VI. Benefits to the Court**

*Please describe, in detail, the specific benefits of the project to individuals accessing the courts. Please attach letters of support as appropriate.*

**VII. Court Collaboration**

*Please identify if this is a collaboration with the Court and attach letters of support as appropriate.*

### **VIII. Community Collaborations**

*Please describe, in detail, what collaborations within the community the project will participate in (example: DVCC, community education to the public, etc.).*

### **IX. Resources to support the project**

*Please identify all resources that are currently supporting the project and/or any funding sources that may be appropriate to partially support the program in the future. Also, please identify any soft matches for the program to include volunteer resources available to support the project goal and objectives.*

### **X. History of organization**

*Please provide a brief description of the organization seeking funding to include their history, accomplishments and collaborative efforts within the community.*

### **XI. Evaluation**

*Please identify the evaluation method that you propose for the project. Include informal as well as formal initiatives that the project will undertake (i.e., satisfaction surveys completed by clients served, evaluation of the benefit of services with a formal entity such as a local university, etc.) Include specific data that will be collected to demonstrate benefit(s) to the individuals, families, and/or courts.*

### **XII. Additional Information**

*Award letters will specify data to be collected by grantee reflecting measurable outcomes in the Specific Program Data form.*

### **XIII. Project Budget**

A. *Please identify the total project costs as well as the amount of funding requested from the Department of Family Administration to support this project.*

B. *Please complete the attached budget form indicating the line item requests for the project.*

C. *Provide a narrative summary of the budget request submitted to explain all line item requests.*

D. *Please indicate below your funding needs for this project over the time period for which funding is being requested.*

# PROPOSED BUDGET FY2010

## CHILD SUPPORT INCENTIVE FUNDS GRANT

**Funding.** Please indicate below your funding needs for this project over the time period for which funding is being requested.

Description	Project Grant Annual Expenditures A	Project Grant One-Time Costs B	Contributions from Other Sources C	TOTAL Program Costs [A +B + C]
<b>OPERATIONAL EXPENSES</b>				
Personnel (list positions & itemize salary/fringe for each): 1. 2. 3.				
Contracts/Consultants (list each separately): 1. 2. 3.				
Equipment/Software (list each separately): 1. 2.				
Printing/Photocopying				
Supplies				
Travel				
Other Direct Costs (specify): 1. 2.				
Indirect Costs/Administrative				
<b>TOTALS:</b>				