

Office Use Only
Application No. _____
Grant Award No. _____

**ADMINISTRATIVE OFFICE OF THE COURTS  
Department of Family Administration  
CASA GRANT APPLICATION**

**Fiscal Year 2010**

**I. Application Information**

Project Name: \_\_\_\_\_

Grantee/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization Director (if applicable): \_\_\_\_\_

Project Director: \_\_\_\_\_

Federal ID Number (EIN) (required): \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

**II.**

a. (1) Request from Administrative Office of the Courts \_\_\_\_\_

(2) Applicant cost-sharing portion (Match) \_\_\_\_\_

(3) Total Project Funding \_\_\_\_\_

b. Type of funding:       New       Renewal       Modification

c. Time Period of Grant Request: From \_\_\_\_\_ to \_\_\_\_\_

**In applying for CASA Grant Funds, applicants agree to abide by the Fiscal Year 2010 Grant Guidelines.**

<p>d. Name and Address of authorizing Official (Agency or Unit Head of Local Jurisdiction)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name, Address, and Telephone Number of authorizing Fiscal Agent (Local Juris.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Signature	Telephone

**III. Payment Information**

**Payee:** \_\_\_\_\_

**Person to Whom Payment is to be sent:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Person authorized to approve project expenditures:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Please use this form to submit your budget request for Fiscal Year 2010. Fiscal Year 2010 covers the period from July 1, 2009 through June 30, 2010. Application requests must be received no later than May 1, 2009. Please submit an ORIGINAL SIGNED COPY to the following address. We cannot accept faxed, emailed or incomplete requests:**

*Connie Kratovil-Lavelle, Executive Director  
Department of Family Administration  
Administrative Office of the Courts  
Maryland Judicial Center  
580 Taylor Avenue, 2nd floor  
Annapolis, MD 21401  
Phone: 410-260-1580*

**Part 1: PROGRAM CAP CITY**

see pages 5-6 of A Performance Based Funding Model for Maryland CASA Programs

**A. Capacity Level Base Funding.** Please record the number of active volunteers that were assigned to and served children during the prior four quarters, as reported by your organization. All programs must answer all questions in this section to be eligible for funding.

**No. Active Volunteers**

4th Qtr SFY08			
1st Qtr SFY09			
2nd Qtr SFY09			
3rd Qtr SFY09			
<b>TOTAL</b>		$\div 4 =$	

**Capacity Level Base Funding**

Program Capacity Level (See p. 6):	
Capacity Level Base Funding	

**No. of Supervisor FTEs**

The program currently has the following number of FTE supervisors (actively supervising):	
---	--

**Jurisdiction and Caseload Data**

1. Jurisdiction(s) to be Served by this Grant:	
2. No. of children in foster care in the jurisdiction in the last year for which data is available:	
3. No. of children currently served by the program:	
4. No. of CINA and TPR cases filed or reopened during the prior fiscal year:	
5. No. of children newly assigned a CASA during the last fiscal year:	

**B. Non-Renewable Expansion Grant Funds (If Applicable).** If desirable, your organization may apply for a non-renewable expansion grant to support planned efforts to enhance the program's capacity to serve additional children. Please keep in mind that matching fund requirements also apply to expansion grants. **Maximum Expansion Grant per Organization for SFY10: \$23,175.** Complete this section only if your organization is applying for a non-renewable expansion grant.

**Expansion Grant Requested**

Expansion Grant Funds requested:	
----------------------------------	--

**Narrative.** Please insert below a description of why an expansion grant is needed and what your program hopes to accomplish with the additional funds. What positions do you hope to create and how will your organization provide the additional match required.

**C. Multi-jurisdictional Bonus (If Applicable).** Jurisdictions that serve more than one jurisdiction are entitled to a multi-jurisdictional bonus, provided their service to that jurisdiction is substantial. **Maximum Amount of Jurisdictional Bonus (per additional jurisdiction served): \$20,000.** Complete this section only if your organization is applying for a multi-jurisdictional bonus.

**Data to Support Request for Multi-jurisdictional Bonus**

1. List of all jurisdictions that will be served by the program:	
2. No. of children served by the program in each jurisdiction during the prior year (list separately):	

**Multi-jurisdictional Bonus Requested**

Amt. of Multi-jurisdictional Bonus requested:	
---	--

**Narrative.** Please insert a description below of how your program will work to ensure all jurisdictions are adequately served. Indicate whether staff or resources are specifically assigned, how recruitment efforts are handled, and whether your organization has offices or uses facilities in each jurisdiction. Does the program's board include members from all jurisdictions served? Are fund raising efforts focused on all jurisdictions served?

**Part 2: PROGRAM PERFORMANCE**

*see pages 7-10 of A Performance Based Funding Model for Maryland CASA Programs*

The amount of funding awarded each program in this section will be based on the program's fulfillment of the "Ten-Point Performance Model" outlined on pages 7-10 of *A Performance Based Funding Model for Maryland CASA Programs*. Each point is weighted equally (25 points each) for a total possible performance score of 250. **Maximum performance award per grantee for SFY10 is \$35,000.**

**Performance Grant Requested**

Amt. of Performance Grant requested:	
--------------------------------------	--

**Narrative.** *Please insert a narrative outlining how the program fulfills each of the ten points. Please address each point individually.*

**MATCH: Applicant Cost-Sharing Portion**

Applicants are required to provide a 100% match for all grant-funded expenditures.

**Narrative.** *Please insert below an explanation of how your program will meet its matching fund requirements.*

**GRANT REQUEST SUMMARY**

**CASA Grant Request Summary**

<b>1A. Base Capacity Funding Requested:</b>	
1B. Expansion Grant Requested (If Applicable):	
1C. Multi-jurisdictional Bonus Requested (If Applicable):	
2. Program Performance Grant Requested:	
<b>TOTAL GRANT REQUESTED:</b>	
<b>Applicant Cost Sharing (100%) Match):</b>	
<b>Total Program Funds:</b>	

**LETTERS OF SUPPORT**

Please attach a letter of support from the juvenile judge of the Circuit Court for each jurisdiction to be served by the program.

**Budget FY2010  
CASA Grantees**

GRANTEE

Please complete the table below to indicate your proposed budget for FY2010. This budget should reflect how you expect to spend your FY2010 CASA Grant Award. If the full amount is awarded it will be signed and returned to you. If a lesser amount is awarded you will be asked to submit an adjusted budget.

Please enclose with your grant application and forward to:

Connie Kratovil-Lavelle, Executive Director  
Department of Family Administration  
Administrative Offices of the Courts  
580 Taylor Avenue, 2nd floor  
Annapolis, Maryland 21401

**FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED**

Description Operation Expenses	Grant Annual Expenditures  A	Grant One-Time Costs  B	Total Grant Expenses [A + B]  C	Matching Fund Expenditures  D	TOTAL Program Costs [C + D] E
Personnel Costs  Personnel (list positions & itemize salary/fringe for each): 1. 2. 3. 4.					
Administrative Costs  Equipment/Software (list each separately): 1. 2. 3.					
Contracts/Consultants (list each separately): 1. 2. 3.					
Printing/Photocopying					
Supplies					
Telephone					
Training: 1. 2.					
Travel					
Other Direct Costs (specify): 1. 2. 3. 4.					
Indirect Costs/Administrative					

Description Operation Expenses	Grant Annual Expenditures A	Grant One-Time Costs B	Total Grant Expenses [A + B] C	Matching Funds Expenditures D	TOTAL Program Costs [C + D] E
<b>TOTALS</b>					

SUBMITTED BY:

APPROVED:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Connie Kratovil-Lavelle, Executive Director

\_\_\_\_\_  
Date