



Community Action Partnership of Northeast Missouri
215 North Elson Street - Kirksville, MO 63501
Phone: 660-665-9855
Website: <http://www.capnemo.org>

Community Action Partnership of Northeast Missouri Community Partnership Fund

Overview:

The Community Partnership Fund directly supports the mission of the Community Action Partnership of Northeast Missouri (CAPNEMO) through the support and maintenance of community initiatives that seek to positively impact the welfare of low-income residents of Adair, Clark, Knox, Schuyler, and Scotland Counties.

This fund has been established to provide monetary support to groups, organizations, and companies that serve low-income populations. It is our hope that this supportive funding will be utilized to further the strengths of our community partners to promote and maintain sustainable, healthy communities.

In considering applications for funding, applicants must meet the following criteria:

- Serve a population that is *at least* 50% low-income
- Address a critical need within the community
- Located within Adair, Clark, Knox, Schuyler, or Scotland Counties
- Use funds to directly serve clients (not capital improvements, etc.)

Preference will also be given to applicants who demonstrate:

- Significant impact within the community
- Sustainability of the project or initiative beyond the awarded grant
- Providing services outside of CAPNEMO's scope (see below)

In order to not duplicate services, the Community Partnership Fund cannot go towards programs/organizations offering the same services as CAPNEMO. The agency receives specific federal funding to be able to provide the following: Utility Assistance, Emergency Housing, and Weatherization. Therefore, this funding is intended to cover the services that the agency cannot provide; any clients seeking assistance for the services previously listed should be directed to CAPNEMO.

To apply:

Community Partnership Funding is available four times per year, and any qualified organization located within the agency's five-county service area is encouraged to apply. Funding will be capped at \$2,500 per quarter, and applicants should *only submit requests for the amount of funding they truly need*, in order to maximize the benefit of the fund to the community as a whole.

Interested parties should complete the following Community Partnership Fund application, include all supporting documentation, and submit via mail, email, or fax to:

ATTN: Community Partnership Fund
Community Action Partnership of Northeast Missouri
PO Box 966
Kirksville, MO 63501

EMAIL: ewhitlock@capnemo.org

FAX: 660-665-5542

This program is funded 100% at \$10,000 with federal funds received from the U.S. Department of Health and Human Services (HHS), Community Services Block Grant, as provided by the Missouri Department of Social Services, Family Support Division.

Community Partnership Fund Application

Organization Name: _____

Contact Person: _____

Mailing Address: _____

Email: _____ Website: _____

Phone: _____ Fax: _____

Organization's Mission Statement:

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501(c)3: Yes or No (please specify)

Project/Program Name:

Focus Area: Economic Security

Health

Education

Housing and Energy

Food and Nutrition

Other: _____

Please describe the work accomplished by the program for which you are seeking funding. Include number of individuals served, benefits received, items distributed, sessions conducted, classes taught, etcetera:

Please discuss this program's outcomes. Indicate the benefits, changes, or transformations that occur for populations after participating in the program. Include any long-term meaningful changes in the lives of individuals and families, and in the community:

Please describe the current resources dedicated to this program. Include number of staff who oversee or administer the program, volunteer efforts, facilities, equipment, etcetera:

Amount of funding requested (up to, but not greater than, \$2,500):

Please complete the following for your last full fiscal year:

Number of individuals/families served:

Of those served, number of low-income:

Please explain how you measure/track/confirm that customers are low-income:

Program Service Statistics:

Define a unit of service (what your program provides) as described by your organization:

Year	Units of Service	Total Program Cost	Cost per Unit
Last Year Actual			
This Year Projected			
Next Year Estimated			

County	Units of Service	Cost of Services
Adair		
Clark		
Knox		
Schuyler		

Scotland		
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Your proposed budget.

Provide a narrative description of your proposed costs associated with the administration of this program. Break down each cost category by line item, and provide information regarding how the expense was calculated.

Expense	Interval	Total
	TOTAL ANNUAL BUDGET:	

By signing below, I affirm that I have reviewed the contents of this application and that all information furnished is accurate and complete, to the best of my knowledge.

Name

Title

Signature

Date