

Coordinated Family Care

APPLICATION FOR RESOURCE DEVELOPMENT FUNDS 2008

COVER SHEET

Date of Request: _____

Contact person for this proposal: _____

Name of Organization: _____

Mailing Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Please check answers as indicated below:

Have you ever been a Resource Development Fund recipient? Yes _____ No _____

If yes, did you achieve your set goal? Yes _____ No _____ Partially _____

What was the level of achievement? _____ Full level of achievement _____

No level of achievement _____ Partial Level of achievement _____

In what year were you a recipient? _____

How are you sustaining the service beyond funds already provided? _____

Have you ever received a Resource Development Fund from another Care Management Organization? Yes _____ No _____

If yes, please list each CMO _____

Is this proposal to provide a new service or expand an existing service? _____

*Please be sure to include this cover sheet when submitting proposals.

Proposal Components

- **Organizational Overview:** Please provide a brief overview of your organization, including mission statement, length of existence, existing programs, incorporation and tax status. (5 points)
- **Proposed Project:** Describe the new service or program to be implemented with this grant, including demographics of populations to be served and specific program components. How will this differ from your existing services? How will this project benefit children and families enrolled in the Middlesex County CMO as well as the community? Provide justification of the need for the proposed service. Include how your organization will staff this project, hours of operation, staff qualifications, staff to child ratios, length of the program, days & hours of the week, etc. (40 points)
- **Program Evaluation and Outcome Indicators:** Describe the measurable outcomes of this proposed service (i.e. behavior changes, skills developed, etc). Specify level of service and objectives to achieve the outcome. Mid and final program evaluations will be required. Please include timelines. (15 points)
- **Proposed Budget:** Attach a proposed budget for this project including line items and total costs. (10 points)
- **Sustainability:** Describe how this project will be sustained on an on-going basis after being initially “funded” by Coordinated Family Care. Include start and end dates of service/program utilizing the request funds. (30 points)
- **Funds allocated for overhead G&A costs outlined in your proposal will not be accepted.**

Submit cover sheet and completed proposals to:

Lisa Murray
Resource Development Manager
Coordinated Family Care
1 Metroplex Center
100 Metroplex Drive, Suite 301
Edison, NJ 08817
Fax: (732) 572-6392