

REQUEST FOR PROPSAL
OCEANA CHILDREN’S TRUST FUND LOCAL FUNDING PROPOSAL
JULY 14, 2019 DEADLINE FOR APPLICATIONS

Local Funding Proposal Overview

Local Funding support community-based child abuse and neglect prevention programs and services. Prospective proposals should be designed to address the unique needs in the local communities in regard to preventing child abuse and neglect and use local data to support request.

Local Funding Proposals should strive to build the following Protective Factors with families:

- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete support in times of need
- Social-emotional competence of children

Local Funding funding priorities:

Proposals will address any of the following priorities as it relates to the prevention of child abuse and neglect:

Priority: Parents Education

Examples of Projects Addressing:

- | | |
|-------------------------------------|--------------------------|
| • Family Bonding | • Safe Sleep |
| • Life Skills &/or Parenting Skills | • Substance Abuse Issues |
| • Early Intervention | |

Priority: Job Access, Education and Literary

Examples of Projects Addressing:

- | | |
|---------------------------------|-----------------------------------------|
| • Reading/Literary | • Migrant Camps and Supportive Services |
| • College Access | • Food & Other Basic Need Programs |
| • Eliminating Language Barriers | |

Priority: Abuse and Neglect Prevention

Examples of Projects Addressing:

- | | |
|---------------------------|-------------------------------|
| • Victim Advocacy | • Impacting Long Term Effects |
| • Addressing Risk Factors | • Child Protection |

- Self Esteem
- Connection with Kids
- Child Resiliency

Mail Applications to: Oceana Children's Trust Fund
c/o Holly Alway
1700 Clinton St.
Muskegon MI 49442

Email Applications to: alwayh@mercyhealth.com

APPLICATIONS MUST BE RECEIVED BY JULY 14, 2019 FOR CONSIDERATION

LOCAL FUNDING APPLICATION

FIN No: _____ **Date:** _____

Organization/Business Name: _____

Mailing Address: _____
Street or Post Office Box

Mailing Address 2: _____
City State Zip

Contact Name: _____ **Telephone Number:** _____

Contact Email: _____

Brief description of organization, services and experience:

Project title:

Dollar Amount requested: \$

Estimated people served by project:

Description of proposed project:

- **Project Objectives:**
- **Protective Factors to be addressed:**
- **Project Activities:**
- **Project Timeline:**
- **Agency Collaborations**

- Staff Responsible for implementing project

- Expected Outcomes:

This project meets the following CTF Focus Areas as described as on cover sheet:
Parenting Education

Literacy/Job Access/Education

Abuse & Neglect

Have all staff that will provide proposed project received background checks including MDHHS Child Abuse and Neglect clearance? (check one) Yes: No

If answered NO to background checks and MDHHS Clearance, please explain:

Is this a new project/service for your organization? (check one) Yes: No

Share why Oceana Children's Trust Fund (CFT) should select this project. How will your project impact and assist with preventing child abuse and neglect?

****Itemize project budget must be attached to proposal**

APPLICATION DUE DATE: JULY 14, 2019