



**ANOKA COUNTY
CHILDREN & FAMILY COUNCIL**
Instruction Sheet for Application for Sponsorship

Thank you for your interest in receiving a sponsorship for your project/activity from the Anoka County Children and Family Council.

Requirements:

The applicant's project/activity must benefit children and families in Anoka County. Historically, the group has approved requests from local nonprofits or schools for assistance with:

- Educational speakers
- Events that build community partnership and promote a sense of community
- Event materials
- Educational materials
- Technology/software to promote educational goals

Our primary funding source is the Local Collaborative Time Study (LCTS), a federally funded and state administered program. Use of sponsorship funds is limited to activities that focus on intervention and prevention activities, per the requirements of the LCTS.

Requests may vary: \$500, \$1,000, and varying amounts up to and not exceeding \$5,000; but contingent upon availability of funds.

Process:

Complete the application form. Attach any brochures, speaker or marketing information. Make sure you include budget information that identifies how the ACCFC funds will be used. Mail the application to ACCFC, Rum River Human Services Center, 3300 4th Avenue N. Building #9, Anoka, MN 55303.

The ACCFC reviews requests for sponsorships at regularly scheduled management and Council meetings. The ACCFC and management committee meets every other month. You will be notified of the status of your request after a meeting. If approved, a check will be issued by Anoka County, ACCFC's fiscal agent. If funds are granted, the organization will not be eligible to apply again for two years.

If your application is approved, we ask that your organization acknowledges our involvement and/or uses our logo in your materials. We will provide a logo, if requested.

Evaluation Report:

At the end of your activity, or at the end of the year, an evaluation report will need to include:

- Number of agencies/groups/individuals involved in the planning and a description of the collaboration.
- Number of children/families involved in the activity, or number of professional trained through the activity.
- Starting/ending dates.
- How did the project/activity address and promote the ACCFC goals?
- Provide detail on how granted funds were spent.

Application for Sponsorship from the Anoka County Children and Family Council

Date of Request _____ Amount Requested \$ _____ Sponsorship Only _____

Name of Organization/Group _____

Contact Person _____ Email Address _____

Address _____

Phone Number _____ Fax Number _____

Project Name _____

Targeted Audience _____

Brief Description _____

Time frame for the project _____

Check which of the following ACCFC goals will be addressed by your project and then explain how.

____ Nurture collaborative efforts in Anoka County by building relationships and networks to support healthy families and communities.

____ Support collaborative efforts to improve family and educational functioning while fostering a safe and stable environment for children.

____ Ensure Anoka County children are developmentally ready for school.

Explain how funds will be used (must be tied to prevention/intervention activity)

Other funding sources, budget plan and detail on how funds will be spent (attach separate sheet)

Office Use Only

Approval for sponsorship:

(Date)



**ANOKA COUNTY
CHILDREN & FAMILY COUNCIL
Evaluation Report**

At the end of your activity, or at the end of the year, please submit an evaluation report that includes:

- Number of agencies/groups/individuals involved in the planning and a description of the collaboration.
- Number of children/families involved in the activity, or number of professionals trained through the activity.
- Starting/ending dates.
- How did the project/activity address and promote the ACCFC goals?
- Provide detail on how granted funds were spent.

Name of Organization/Group _____

Contact Person _____ Email Address _____

Address _____

Phone Number _____ Fax Number _____

Project Name _____

Number of agencies/groups/individuals involved in the planning and a description of the collaboration.

Number of children/families involved in the activity or number of professionals trained through the activity:

Project Starting/Ending Dates: _____

Check which one, or more, of the following ACCFC goals were addressed by your project. Explain how your project/activity promoted the ACCFC goals.

____ The Children and Family Council nurtures collaborative efforts in Anoka County by building relationships and networks to support healthy families and communities.

____ The Children and Family Council supports Anoka County families in developing positive relationships and a safe and stable environment for their children.

____ The Children and Family Council supports efforts to ensure that children of Anoka County are developmentally ready for school.

Submit completed report to Anoka County Children and Family Council, Rum River Human Services Center, 3300 4th Avenue N. Building #9, Anoka, MN 55303. Questions? 763-324-1289 or Christine.Cole@co.anoka.mn.us



**ANOKA COUNTY
CHILDREN & FAMILY COUNCIL
Sponsorship Funds Reporting Form**

This form is intended for recipients of ACCFC Sponsorship funds.

Our primary funding source is the Local Collaborative Time Study (LCTS), a federally funded and state administered program. Project funds were to have been focused and used towards intervention and prevention activities. Please provide detail on how granted funds were spent.

SECTION I:

Name of Collaborative: **Anoka County Children and Family Council**
Reporting Year: **January 1, 2020 – December 31, 2020**

Project Name _____

Lead Agency _____

SECTION II:

	Itemize How Dollars Were Spent In Each Category	Total Spent 2019 Award Year
Nurture collaborative efforts in Anoka County by building relationships and networks to support healthy families and communities.		
Support efforts to improve family and educational functioning while fostering a safe and stable environment for children.		
Ensure that children of Anoka County are developmentally ready for school.		
TOTAL SPENT:		

SECTION III:

Copies of receipts submitted to the project for reimbursement must be detailed enough to specifically indicate what was purchased, itemizing how and when the dollars were spent in each category. Anoka County Fiscal is not currently filing copies of the receipts. Grantees should maintain receipts for Sponsorship Funds.

All records and support documentation should be treated as auditable files and kept for seven (7) years. Should the Minnesota Department of Human Services (DHS) or the Federal government wish to audit the process, awarded projects will be responsible to show proof of how their funds were spent.

There will be no carryover of funds allowed under this project.

Total Sponsorship Funds spent by your organization during 2020 award year, January 1, 2020 – December 31, 2020.

\$ _____

_____ Project Representative Signature	_____ Title	_____ Phone Number	_____ Date
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Do not send this form to DHS.

Forms are due upon completion of the project. If project completion is longer than two months from the date of awarded funds, please contact the ACCFC coordinator to make arrangements.

Please submit completed evaluations to:

*Christine Cole
Anoka County Children & Family Council
Rum River Human Services Center
3300 4th Avenue N. Building #9
Anoka, MN 55303
Questions: Contact Christine at 763-324-1289
or
Christine.Cole@co.anoka.mn.us*