

FY27 Direct Services Grants

St. Louis City Senior Fund

Program Request Summary

Program Name*

Name of the program or service for which you are requesting funding.

Note: If your services do not have a specific program name, enter a short description here (e.g., Benefits Navigation Assistance, Respite Care).

Character Limit: 250

Funding Focus Area*

Which focus area(s) for this funding round does your program or service address?

- *Caregiving Support includes programs and services that provide care navigation and coaching, respite services, in-home or in-community supports to assist with daily life, and training paired with other interventions for caregivers and/or care recipients to reduce caregiving needs or stress.*
- *Case Management & Resource Navigation includes programs and services that provide services following hospitalizations or other major life events to connect older adults to assistance, benefits enrollment and support, and co-located or coordinated case management services with non-social services that older adults commonly seek in community.*

Choices

Caregiving Support

Case Management & Resource Navigation

Reason for Funding Request*

Why are you seeking a grant from the Senior Fund to support your services? (Check all that apply)

Choices

Continuation of services currently supported by Senior Fund.

Expansion of current services; need additional funding.

Loss of funding source(s) for our services.

Changes in what our current funding will support for our services.

Starting a new service that has not been funded before.

Proposal Summary*

Very briefly summarize the purpose of this request and how a Senior Fund grant will support your specific program or service.

Character Limit: 1000

Organization Background

Organization Background*

Provide a very brief summary of the types of programs and services your organization offers.

Character Limit: 5000

Client Demographics*

Provide a brief description of the communities in which your organization works and who you seek to serve (*For example: specific ages, incomes, life experiences*).

Character Limit: 3500

Organization Demographics*

How are the demographics of the community/clients your organization serves reflected in the composition of your staff, board, and/or volunteers?

Character Limit: 3500

Services for Older Adults*

What programs and services for older adults does your organization currently provide and how many years have you been providing these programs and services for City of St. Louis residents?

Character Limit: 5000

Total Clients Served*

How many unduplicated clients did your organization serve last year.

Character Limit: 250

St. Louis City Clients*

Approximately, how many clients (# or %) of total clients served were St. Louis City residents?

Character Limit: 250

St. Louis City Senior Clients*

Approximately how many clients (# or %) of total clients served were 60 years or older (or 65 if 60+ breakdown is not available) AND St. Louis City residents?

Character Limit: 250

City Geographic Areas Served*

Please list all of the zip codes or geographic areas (for example: neighborhoods) your organization is currently serving within the City of St. Louis. If you serve all zip codes, you can write City-Wide.

Character Limit: 5000

Other Geographies Served*

Do you serve people who live in other counties/localities? If yes, please specify.

Character Limit: 10000

Program Detail

In this section, we are seeking more specific information about the program or service for which you are seeking our grant support. When answering questions in this section, think about what you might share with someone who is not familiar with your program. As part of our review process, we have reviewers (staff, board, and community) that may not know about your program.

New or Existing Program*

Are you seeking support for a new or existing program or service for your organization?

Choices

Existing

New

Description of Service Provided*

Describe the program or service for which you are seeking Senior Fund support. Make sure you include answers to the following questions in your description:

- What is the program or service your organization is providing to St. Louis City residents for which you are seeking support?
- How long has your organization been doing this program or service?
- What do clients receive or engage with when they participate in your program or service?
- How frequently or how long does an individual client engage with the program? (*For example, three months, every summer (May – August), all year round*).
- What are essential or unique elements of your program that someone who is not familiar should know about?

Character Limit: 10000

Program Client Description*

Describe who will be served by the program or services that would be supported with this grant. (*For example, current or new clients, specific ages, residents of a specific neighborhood(s) or zip code(s), income*) Please confirm any specific eligibility requirements to qualify for your program.

Character Limit: 3500

Referrals and Outreach*

How do people hear about or connect to your program?

Character Limit: 1500

Strengths in Providing Service*

What do you see as the strengths of your organization in providing this program/service?

Character Limit: 3500

Key Individuals*

Tell us about the key staff members, board members, and/or volunteers who will ensure the success of your program or service. *(For example, What are their names and titles? What are their roles and responsibilities related to the program or service supported by this grant? Are these new positions or existing?)*

Character Limit: 3500

Collaboration*

What other organizations or businesses do you work with to carry out your program or service? *Please describe who they are and explain their role.*

Character Limit: 3500

New Programs

New Program Reason*

Why are you developing a new program or service to be carried out by your organization?

Character Limit: 3500

New Program Timeline*

Upload the program activities timeline ([template here](#)), detailing the activities that would be supported by this grant.

Make sure to show how much time is needed for planning and start-up time to get your program going in the first year of support.

File Size Limit: 1 MB

New Program Marketing*

How will you market or recruit people for your new program or service?

Character Limit: 3500

Program Impact

We ask for evaluation related information in this section of the application to help:

- *Inform the scope of reach, extent of services, and possible outcomes that can be feasibly supported with our grant awards; and*
- *Confirm information we need to meet our reporting responsibilities to our Board, local officials, and the broader community that support the Senior Fund with a portion of their taxes.*

Immediate Grant Outcomes

In this section, list what your clients/program participants will receive as a result of participating in your program or service, focusing on key benefits/immediate outcomes. Please include an estimate of how many total St. Louis City residents, 60 years or older, you anticipate serving through the program or service for which you are seeking support. Note: We do not expect you to estimate how many people you will serve with the specific grant amount requested from Senior Fund, just an estimate of all older St. Louis City residents you plan to serve through your program or services.

For some organizations, the list of how clients benefit or what they receive may be one specific outcome (e.g., needed home repairs completed). For other organizations, it could be several immediate outcomes due to different levels of participation in a service (e.g., completed a Benefits Check-up, confirmed receipt of X benefits).

You do not need to capture every activity in your efforts in this portion of the application. The Program Details section (completed above) can be used to share more nuances of clients' use of your services or engagement in your program. We also collect and share client stories as applicable through our grant reporting. Right now, we're seeking an overall sense of the immediate outcome of your program or service for people you serve.

Immediate Grant Outcome*

List what your clients/program participants will receive or how they will benefit as a result of participating in your program or service. *Include an estimate of how many people and what they will receive.*

Character Limit: 2500

Total Served*

How many total St. Louis City residents, 60 years or older, do you anticipate serving with your program or service during the 12 months of requested grant support?

Character Limit: 5

Individual Data for Grant Reporting

For all grant awards under this funding opportunity, we ask funded partners to report some individual level data—without client names—on clients who receive support each year. This is tied to the Immediate Grant Outcomes you entered above. Below is a list of individual data that is either required or we have found helpful to receive from organizations that collect it for Senior Fund planning and advocacy purposes.

Please confirm which individual level data your organization can report should you receive a Senior Fund grant by checking all relevant boxes. We do not expect you to report on everything listed below unless it is marked as required, only check indicators you currently collect about

your clients that you could report to us to help inform who is being served with support of Senior Fund grants.

Individual Data*

Choices

Age (Required)

Zip Code of Residence or Current Place Staying (Required)

Brief Description of Program Participation or Services Received for Each Person (Required)

Race and/or Ethnicity

Gender

Disability Status

Veteran Status

Total Household Income or Other Income Indicator

In Household

Housing Type (Rent, Own)

Longer-term Outcomes*

Below is a list of outcomes Senior Fund seeks to support under our Caregiving Support and Case Management & Resource Navigation focus areas. Let us know which outcome(s) your work connects to and you can feasibly report on by checking the relevant boxes below.

Choices

Increased access to needed community resources client did not know of prior to assistance.

Continued receipt of existing benefits (e.g., SNAP, Medicaid) or gain of new benefits.

Improved/Maintained ability to complete Activities of Daily Living, including with assistance.

Reduction of unmet caregiving needs.

Increase in caregiver confidence or ability to fulfill caregiving needs.

Decrease in caregiver stress.

Increased/improved stability related to basic needs experienced for a year or more.

Client secures consistent and stable caregiving support for a year or more.

Client continues living in their home of choice for a year or more.

Other Program Outcomes

If there is anything that you feel was not captured about the outcomes of your program or service above, you can comment on it here.

Character Limit: 3500

Client Follow-up*

What client follow-up do you currently carry out during or after completion of your program or service?

Please describe what information you collect, how, and when. For example, some organizations follow-up with clients to assess satisfaction with programs or services, assistance still needed, outcomes 6 months to one year after receiving support, etc.

Character Limit: 5000

Grant Budget

Total Program Budget*

Enter the amount of total costs to implement the services for which you are requesting support.

Character Limit: 20

Amount Requested from Senior Fund*

Enter the amount you are specifically requesting from the Senior Fund.

Character Limit: 20

Program Budget Spreadsheet*

Upload the Program Budget spreadsheet here. Worksheet can be downloaded from [this link](#).

- *Must use Excel Program Budget template linked here and on the Senior Fund's website.*
- *If you use Excel, please submit in the original file format. If you use Google Sheets, please download as a Microsoft Excel file to submit.*

File Size Limit: 1 MB

Grant Budget Narrative*

Complete the Grant Budget Narrative document and upload it below.

Template can be downloaded from [this link](#).

File Size Limit: 1 MB

Other Program Funding Sources*

What are the other sources of funding you are using to support your program or service for St. Louis City older residents at the time of this application and during the anticipated time period of a Senior Fund grant award?

Please be as specific as possible, including names and amounts of funding sources, as well as any pending funding or anticipated budget shortfalls.

Character Limit: 5000

Organization Finances

Fiscal Year Start*

Enter the start date of your current fiscal year

Character Limit: 10

Fiscal Year End*

Enter the end date of your current fiscal year.

Character Limit: 10

Organization Annual Budget*

Enter your organization's total annual budget for your current fiscal year.

Character Limit: 20

Organization Budget Upload*

Upload an internally prepared organization income statement for current fiscal year.

File Size Limit: 1 MB

Organization Funding Mix

What percentage of the organization’s budget is from public versus private and individual funding sources?

Funding Source	% of Funding
Federal	
State	
City Government/Levy Funds	
Federated Funding (e.g., United Way)	
Private Foundations	
Individual Donors & Fundraising Events	
Other Funding Sources	
Total (Should equal 100)	

Organization 990*

Upload your organization's most recent completed 990. If your organization does not have a 990, please include the reasons why in the text box below.

Character Limit: 1000 | File Size Limit: 3 MB

External Audit*

Does your organization complete an external audit?

Choices

Yes

No

External Audit Upload

External Audit Upload*

Upload a complete copy of your organization's externally audited/reviewed/compiled financial statements for the last fiscal year (which should include two (2) years of financial information)

File Size Limit: 2 MB

Documents if No Audit Exists

Statement of Activities*

If your organization **does not have an external audit**, upload a Statement of Activities (Income Statement).

File Size Limit: 1 MB

Statement of Financial Position*

If your organization **does not have an external audit**, upload a Statement of Financial Position (Balance Sheet).

File Size Limit: 1 MB

Statement of Cash Flow*

If your organization **does not have an external audit**, upload a Statement of Cash Flow.

File Size Limit: 1 MB

Additional Attachments

Board of Directors*

File Size Limit: 1 MB

Memorandum of Understanding or Contract

If you are contracting for a portion of your services with a specific organization(s).

File Size Limit: 2 MB

Memorandum of Understanding or Contract (2)

If applicable, upload any additional MOUs or Contacts here.

File Size Limit: 2 MB

Memorandum of Understanding or Contract (3)

If applicable, upload any additional MOUs or Contacts here.

File Size Limit: 2 MB

Executive Officer Acknowledgement

Executive Officer Acknowledgement*

For this section, the Executive Officer (or another person in your organization who has authority to sign contracts) must sign off before submission of the application. Attach a signed Acknowledgement form below. Template can be downloaded from [this link](#).

File Size Limit: 1 MB