



Anoka County Children and 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. If your application is approved, we ask that your organization acknowledges our involvement and/or uses our logo, which we will provide.

Requirements:

The project/activity must benefit children and families in Anoka County and address at least one of the two goals of the Council:

- 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.

Our primary funding source is the Local Collaborative Time Study (LCTS), a federally funded and state administered program. Use of the funds is limited to activities that focus on intervention and prevention activities. The committee is most likely to approve requests for financial help with educational speakers, educational materials, and networking efforts. Requests may not be for more than \$250.

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, 2100 Third Ave., 4th Floor, Anoka, MN 55303-2264.

The ACCFC reviews requests for sponsorships at regularly scheduled management meetings. The ACCFC Management Committee meets monthly. You will be notified of the status of your request after the 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 again for three years.

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 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?

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

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

Other funding sources and budget plan (may attach separate sheet)

Office Use Only

Approval for sponsorship:

(Date)



**Anoka County
Children and
Family Council**

Anoka County Children and 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 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?

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 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.

____ 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.

Submit the completed report to ACCFC, 2100 Third Avenue, 4th Floor, Anoka, MN 55303. Questions? Call 763-323-6159 or 763-323-6034. Visit the ACCFC website at: www.AnokaCountyChildrenFamilyCouncil.org