



The Governor's Task Force on Children at Risk

Grant Application

Name of Agency or Organization:

Contact Name:

Email:

Requested Amount:

Date:

Cycle 1_____ Cycle 2_____

www.IDCARTF.org

idcartf@gmail.com

Grant Program Information:

Cycle One runs February 1-January 31

Cycle Two runs August 1-July 31

Grant Purpose:

The purpose is to improve the quality of investigative, administrative, and judicial handling of child abuse and neglect cases, particularly child sexual abuse and exploitation throughout the state.

Funding Priorities:

Preference will be given to applicant projects and funding requests that meet one or more of the following strategic goals:

- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation
- The handling of cases of suspected child abuse or neglect related fatalities; and
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation
- The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect
- The formation, improvement, strengthening, and/or training of county multidisciplinary teams and members

Who is eligible?

- Programs must be located in Idaho or provide services to residents of Idaho.
- Grants are available to serve local prosecutors and multidisciplinary teams (MDT) throughout the state. This includes prosecutors, law enforcement, Department of Health and Welfare child protection staff, representatives from the Guardian ad Litem program, juvenile and adult probation, medical personnel, school officials, and any other persons deemed beneficial because of their roles in cases concerning child abuse and neglect.
- Programs must have an Employer Identification Number (EIN) and an identified fiscal agent.
- Projects or programs that focus solely on prevention are not eligible for funding under this grant. However, programs that include investigative, assessment, prosecutorial, or intake-related activities—even if they also involve prevention efforts—may be eligible. Additionally, collaborations with prevention-focused organizations are encouraged, as long as the primary focus of the proposed project aligns with the allowable funding areas. For further clarification regarding project eligibility, please contact the CARTF coordinator.
- Grant funds may only be used for direct project implementation. Funds may not be used for fundraising activities, grant writing, or lobbying/influencing legislation.

Amount and Frequency:

- Between \$1,000 and \$10,000 per CARTF grant cycle
- A fiscal organization cannot exceed \$24,999 in CARTF grant awards within a 5-year timespan

Timeline: Cycle 1

February 1	Annual Application Available
April 5	Applications due to CARTF by 5 p.m. MT
May	Award Decisions
June	Award Letters Distributed
July 15	Grants Funded
September 15	Mid-Project Use of Funds Report or Exception Letter
January 15	Funds Liquidated
January 31	Project Period Ends/ Final Report Due

Timeline: Cycle 2

August 1	Annual Application Available
September 23	Applications due to CARTF by 5 p.m. MT
November	Award Decisions
December	Award Letters Distributed
January 15	Grants Funded
March 15	Mid-Project Use of Funds Report or Exception Letter
July 15	Funds Liquidated
July 31	Project Period Ends/ Final Report Due

How To Apply:

- Send one electronic copy of application to Mindy Peper at idcartf@gmail.com by 5 p.m. MT on April 5 for Cycle One or September 23 for Cycle Two

Evaluation:

Applications will receive a technical review by the CARTF administrative support prior to scoring by the grant subcommittee. All scored grants will be forwarded to CARTF for final evaluation and award determination.

CARTF Annual Grant Application
Due: Cycle One- April 5 and Cycle Two- September 23
Grant Award Range: \$1,000 - \$10,000

Name of Applicant Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Website URL (address), if available: _____

Phone: _____ Fax: _____ E-mail: _____

Federal Employer Identification Number (EIN): _____

DUNS number (if applicable): _____

Project Title _____

Program Contact Person/Phone: _____

Fiscal Agent Contact Person/Phone: _____

Have you received CARTF grant funding in the past 5 years? If so, date and amount:

Official Authorized to Sign Grant Application- **THIS MUST BE SIGNED BY YOUR AGENCY LEAD BEFORE SUBMITTING**

By signing this you agree to the guidelines and reporting requirements set forth by CARTF upon funding.

Name and Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Authorized Signature _____ Date _____

Project Information

1. Please summarize the project and how it meets one or more of the CARTF funding priorities

CARTF Funding Priorities:

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2. Briefly describe who this project will serve. Who are the intended participants in your project (target population) and how does this project address the specific challenges or needs of this target population? Please discuss how you identified this need (ie, court filings, agency data, anecdotal observation or experience, etc...)

3. How will you measure the success of this project proposal? Using a SMART goal format, list 2-5 specific and measurable objectives. This is required.

Measurable objectives include an activity and timeline. *SMART goals are a structured way to set and achieve objectives effectively. They are **Specific**, clearly defining what needs to be accomplished; **Measurable**, allowing progress to be tracked; **Achievable**, ensuring the goal is realistic; **Relevant**, aligning with broader priorities; and **Time-bound**, with a clear deadline for completion. This method helps improve focus, accountability, and success in goal setting. Visit <https://www.smartsheet.com/blog/essential-guide-writing-smart-goals> for more guidance.*

Budget: Please use the following budget form to show all expenses and income for the project.

Expenditure Categories	Funds Requested From CARTF	Other Funds Available for this Project (Specify Cash or In-Kind).	Budget Justification/Narrative	Total
Personnel				
Supplies				
Equipment				
Training/Training Materials				
Printing/Copying				
Travel				
Marketing / Communication				
Other (specify)				
Other (specify)				
TOTAL				

Budget Narrative

Include any other additional information pertinent to your budget request.

Funding Recognition

Describe how you will recognize the Governor's Task Force on Children at Risk (CARTF) if your project is funded.

W-9

- ✓ Complete and include a W-9 form. (Available on CARTF website under grants tab)

Closing Date

- ✓ Send one copy of application electronically-in pdf format- to idgetf@gmail.com by 5 p.m. MT April 5 for Cycle One or September 23 for Cycle Two
- ✓ Save your file as: yourorganization_CARTFgrant_CYCLEandYEAR
For example: helpingkids_CARTFgrant_CYCLE12021

Technical assistance is available by emailing Mindy Peper at idgetf@gmail.com

FOR CARTF USE ONLY:

Date and Time Application Received:

Date Technical Review Complete:

Date Task Force Review Complete:

Award Decision:

Date Letter Submitted to Organization:

Date Use of Fund Report Received:

Date Final Project Report Received: