



City of Pell City
Application for Funding – FY 2019-2020

Name of Organization/Agency: St. Clair Children's Advocacy Center, Inc.
Mailing Address: 18200 Alabama Highway 174 Pell City, AL 35125
Street Address (if different from above): _____
Name & Title of Contact Person: Pam Kelley
Contact Phone #: 205 338-8847 Email Address: pKelley01@centurylink.net
Federal Tax ID #: 58-2027454 Website: www.thechildrensplace.com
Is your Organization/Agency a corporation? yes If so, is it a non-profit organization? yes
Amount of funds requested: 4,000.00

Detailed description of the reason for the requested funds:

The Center provides forensic interviews for children involved in sexual or severe physical abuse cases. We offer counseling to all victims. The center is child friendly and serves as the location and other agencies are able to view interview (law enforcement and DHR)

Benefits (if any) provided to the Citizens of Pell City, including the number of residents receiving service in the last operating year:

We coordinate with law enforcement and DHR as part of the sexual abuse investigation. Children who have been sexually abused receive therapy and learn healthy coping skills and receive support throughout investigative and treatment process.

Did you receive funds from the City in previous years? ☒ yes ☐ no

If so, what year and what were the uses of the funds:

Trauma Focused Cognitive Behavioral Therapy - All children whom are seen at the center are offered therapy free of charge.



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Who is your Chief Financial Officer: Melissa Fraser Phone #: 205-640-0307

In addition to this application, the following items are required:

- an annual budget for the year in which the funds are requested
- most recent tax return
- most recent audited financial statements
- a list of direct funding or in-kind services received from other governmental entities
- any additional information that addresses the priorities set forth in the Appropriation Policy
- if your organization serves a population outside of Pell City, please quantify the proportion of services that benefit the residents of Pell City

I hereby approve the submission and contents of this application and agree that any grant awarded pursuant to this application will be subject to the review of the City and will be administered in conformity with the purposes stated above.

Signature: Melissa Fraser Title: Board Treasurer Date: April 29, 19