Community Action Partnership of Northeast Missouri
215 North Elson Street - Kirksville, MO 63501
Phone: 660-665-9855
Website: http://www.capnemo.org

Overview

The Community Partnership Fund supports the mission of the **Community Action Partnership of Northeast Missouri (CAPNEMO)** by funding community-based projects that address priority needs identified in the agency's **Community Needs Assessment (CNA)**. Funding is intended to strengthen local partnerships and expand services that benefit low-income individuals and families in **Adair, Clark, Knox, Schuyler, and Scotland Counties**.

Projects should demonstrate how activities support **documented community needs** and improve outcomes related to economic stability, health, education, housing stability, food security, transportation access, or other locally identified priorities.

Funding is available **quarterly** with awards up to **$1,000 per project**.

Eligibility Requirements

Applicants must:

- Serve a population that is at least **50% low-income**
- Address a need identified in CAPNEMO's **Community Needs Assessment (CNA)**
- Be located within **Adair, Clark, Knox, Schuyler, Schuyler, or Scotland Counties**
- Use funds to directly benefit program participants

Funds **cannot** be used for:
- Capital improvements
- Salaries or administrative costs
- Services already provided by CAPNEMO (utility assistance, emergency housing, weatherization)

Organization Information

Organization Name: _____

Contact Person: _____

Email: _____Phone: _____

Address: _____

501(c)(3) Status: ☐ Yes ☐ No

Project Information

Project/Program Name: _____

Estimated number of individuals served: _____

Estimated % low-income served: _____

Priority Area Addressed (select all that apply)

☐ Employment / Economic Stability
☐ Education / Youth Development
☐ Health / Mental Health
☐ Housing Stability
☐ Food Security / Nutrition
☐ Transportation Access
☐ Other community need identified: _____

Project Description (3–5 sentences)

Describe the community need being addressed and how the project supports CNA priorities. Include how funds will directly benefit participants.

Budget Summary

Brief description of how funds will be used:

Amount Requested (up to $1,000): $_____

Certification

I certify that this request supports services aligned with CAPNEMO Community Needs Assessment priorities and will directly benefit low-income individuals or families.

Signature: _____ Date: _____

Submission Information

Completed applications and supporting documentation may be submitted by mail or email:

ATTN: Community Partnership Fund
Community Action Partnership of Northeast Missouri
PO Box 966
Kirksville, MO 63501

Email: **ewhitlock@capnemo.org**
Phone: **660-665-9855 ext. 1012**

Funding Disclosure

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