

2016-2017 APPLICATION FORM

Proposal Cover Page
SMART START OF FORSYTH COUNTY, INC.

Applicant / Organization / Agency

Proposed Project Title

Tax Status [] Private, Non-Profit (501-C (3)) [] Public [] For-Profit

Federal ID#

Total Funding Requested for Activity

Which area is addressed? [] Early Care and Education [] Family Support and Engagement [] Health [] Literacy or [] Other

Is the activity evidence-based [] or evidence-informed []? If so, please check applicable box.

If not, please check No [].

If evidence based or informed, state the name of the Program Model:

[]

Is it rated as [] Well-Established [] Established [] Promising [] Emerging

If no, in what additional EB/EI resource is it listed? []

Our signature acknowledges that our agency understands and will abide by SSFC funding principles, and program and fiscal monitoring requirements. To the best of our knowledge, all information contained herein is correct.

Print Name: Agency Executive Director

Sign Name: Agency Executive Director

Date

Print Name: Agency Board Chair/President

Sign Name: Agency Board Chair/President

Date

PROPOSAL DUE DATE: January 8, 2016 at 5:00 PM

Late or significantly incomplete proposals will not be considered.

(To be completed by SSFC staff)

Date & Time Proposal Received: []

By: []

Program Information Sheet

Contract Administrator Information

(Contact information of person authorized to answer questions or provide information about contract-related matters.)

Name and Title of Contract Administrator:

Mailing Address:

Phone Number: _____ **Fax:** _____ **E-Mail:** _____

Fiscal Agent Information

(Contact information for person authorized to receive and approve all financial status reports.)

Name of Fiscal Agent:

Mailing Address:

Phone Number: _____ **Fax:** _____ **E-Mail:** _____

Contract Signatory Information

(Contact information for person authorized to sign all legally-binding documents for your agency.)

Name and Title of Contract Signatory:

Mailing Address:

Phone Number: _____ **Fax:** _____ **E-Mail:** _____

TECHNICAL PROPOSAL

Please address all sections contained in this proposal.

A. Background and Experience of Prospective Contractor (only complete if you are a new program)

In 200 words or less, provide background information on your organization and its experience with administering the proposed program(s).

B. Project Description (to be used as Contract Activity Description (CAD))

In 200 words or less, provide a summary of the proposed program that includes:

- What services will be provided
- Who will receive the services
- What Smart Start will fund
- How services will be delivered

Optional:

- Where services will be delivered
- When services will be delivered

Please spell out all acronyms and abbreviations when first used. **If you have been funded for this program before, indicate changes, if any, from last year's CAD.**

C. Logic Model

Please provide the following information for each proposed program activity seeking Smart Start funds. This information will be used to construct a logic model for your program, if funded.

Please contact Ms. Charlette Lindell/Ms. Sarah Heinemeier (charlettel@smartstart-fc.org or sarahhei@compasseval.com) for more information or guidance about the SSFC logic model.

Agency Name:

Activity Name:

PBIS ID:

Need Statement:

Target Population:

Program or Activity Elements:

Outputs:

Outcomes:

Long-term program goal:

Proposed Staffing

Job Title	FTE	Minimum Education & Experience

D. Program Implementation Plan

Please provide detailed information about how you will ensure full implementation of your program, with attention to model fidelity. Please be sure to include a timeline of management and program activities, as well as your approach to using data to inform and manage program implementation. Sample spreadsheets or forms may be included as attachments to this proposal. Please contact Ms. Charlette Lindell/Ms. Sarah Heinemeier (charlettel@smartstart-fc.org or sarahhei@compasseval.com) for assistance or further information. New programs will be asked to construct or provide Quality Assurance Guidelines for their projects.

E. REQUIRED: Budget and Budget Narrative

Please note: there are three excel spreadsheet documents that agencies must submit along with their proposal application. They are:

1. Agency Budget Information
2. Budget w/ Full Narrative
3. Personnel & Contracted Services

Conclusion of Formal Proposal Application