

Submitted
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Status
Started / Started 12/18/17 01:35 PM

Completed
- 2D1A8292-D864-FA72-E4B0120070E6EBE8 - 2492

AGENCY INFORMATION

LEGAL ENTITY (AGENCY_INFORMATION)

Legal Name: FEIN: Entity Type: Fiscal YearEnd Date: Date Established: COMPLETED W-9
SAMPLE FORM ONLY GOVERNMENT JAN

ADDRESS (AGENCY_INFORMATION)

Address Type for Entity: Address: City State Zip

LOCATION

CONTACT INFORMATION (AGENCY_INFORMATION)

Telephone: Fax: Email: Website

EXECUTIVE KEY CONTACT (AGENCY_INFORMATION)

Executive Position: First Name: Last Name: Telephone: Fax: Email:
CEO/ED

PROGRAM OVERVIEW

NARRATIVE (PROGRAM OVERVIEW)

Program Description:

DATES (PROGRAM OVERVIEW)

Time Frame: Total Date: End Date:

ENROLLMENT (PROGRAM OVERVIEW)

Criteria Criteria Narrative Program Fee Program Fee Narrative Recruitment Plan Narrative

PARTICIPANT INFORMATION

TARGET POPULATION (PARTICIPANT INFORMATION)

Grade Level: Prevention Level(s)
 ELEMENTARY SCHOOL (K - 5th GRADES) SELECTIVE
 MIDDLE SCHOOL (6th - 8th GRADES) INDICATED
 HIGH SCHOOL (9th - 12th GRADES)

RISK FACTORS (PARTICIPANT INFORMATION)

Indicators: Other (Description)
 LOW INCOME YOUTH LIVING IN HIGH NEED COMMUNITY
 YOUTH WITH DISABILITY
 YOUTH WITH ACADEMIC, ATTENDANCE, AND/OR BEHAVIOR IN SCHOOL
 YOUTH IN (OR DIVERTED FROM) DEPENDENCY/DELIQUENCY SYSTEMS
 OTHER (Describe)

SERVICE DELIVERY MODEL

LITERACY (SERVICE DELIVERY MODEL)

Attendance-based activities are ongoing intensive services with participants for whom demographics and individual attendance are reported. This table specifies the **unduplicated number of participants expected to complete the program** (i.e., attend the required number of sessions). The number of participants and the responsible staff/facilitator per activity are identified below in the the activities section.

Participant attendance requirements are based on these guidelines

- A **session** is defined as an event that meets all of the following requirements: (1) Involves face to face interaction with program staff and/or participants; (2) Engages participants for an hour or more; and (3) Involves a singular occurrence in a day (i.e... no more than one session can take place on the same day)
- Participants must attend at least 75% of the total number of session offered.

Programs are expected to serve at least their contracted number of youth each week the program is operational.

Literacy Component:	Literacy Description:	Other Description:
Delivery in Days per Week :	Hours per Session:	Start Date: End Date: Participant Count: % With Disability: Responsible Position(s):

FITNESS (SERVICE DELIVERY MODEL)

Fitness Component:	Fitness Description:	Other Description:
Delivery in Days per Week :	Hours per Session:	Start Date: End Date: Participant Count: % With Disability: Responsible Position(s):

OTHER ACTIVITIES (SERVICE DELIVERY MODEL)

Activity Name:	Activity Description	Delivery in Days per Week :	Hours per Session:	Start Date:	End Date:	Participant Count:	Responsible Position(s):	% With Disability:
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GROUP ACTIVITIES (SERVICE DELIVERY MODEL)

Group-based activities: Activities that are one or two time events for which demographics and individual attendance are not collected. These activities may be open to the public and do not require program enrollment. They are reported as aggregated attendance numbers. Examples of these activities include community events, health fairs, back-to-school events, etc.

Activity Name:	Activity Description	Event Date:	Per Event:	Youth:	Chaperones:	Adults/Parents:
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SITE INFORMATION

SERVICE LOCATIONS (SITE INFORMATION)

Name	Address:	City	State	Zip	Youth:	Staffing Count:
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EVALUATION INFORMATION

LITERACY MEASURE (EVALUATION INFORMATION)

Literacy Activity Outcome:	LIT_Assessment Points	Literacy Outcome (Other Description)	Meaningful Improvement Measure	Meaningful Improvement (Other Description)	Measurement Tool(s)	Measurement Tool Other (Other Description)
					<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (PLEASE DESCRIBE)	

FITNESS MEASURE (EVALUATION INFORMATION)

Fitness Activity Outcome:	FIT_Assessment Points	Fitness Outcome Expected	Meaningful Improvement Measure	Meaningful Improvement (Other Description)	Measurement Tool(s)	Measurement Tool Other (Other Description)
					<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (PLEASE DESCRIBE)	

OTHER(S) MEASURE (EVALUATION INFORMATION)

Other Activity Outcome:	OTHER_Assessment Points	Other Outcome Expected	Other Outcome (Other Description)	Meaningful Improvement Measure	Meaningful Improvement (Other Description)	Measurement Tool(s)	Measurement Tool Other (Other Description)
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- NONE
- OTHER (PLEASE DESCRIBE)

STAFFING INFORMATION

STAFF PLAN (STAFFING INFORMATION)

Position	Position Description	Minimum Qualifications	Key Position	Total # of Position	Total # Count to Ratio
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BUDGET INFORMATION

FUNDING OVERVIEW (BUDGET INFORMATION)

Funding Requested Amount:	Funding Match Amount:	Total Project Cost:	BUDGET
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SUPPORT ATTACHMENTS

SUPPORT ATTACHMENTS

AGENCY SUPPORTS	PROGRAM SUPPORTS	PARTICIPANTS SUPPORTS	SERVICE MODEL SUPPORTS	SERVICE SITE(S) SUPPORTS	EVALUATION SUPPORTS	STAFFING SUPPORTS	BUDGET SUPPORTS
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APPLICATION CERTIFICATION

AUTHORIZED OFFICIALS NAME AND TITLE:

Ensure the authorized official for the applicant agency is the official list on in the part of the application. Enter this person's first and last name and title in this section. This will indicate the applicant's agreement to the Certification Statement and Acknowledgment of Required Documents for Contracting that are acknowledged by checking below.

First Name:	Last Name:	Title/Position
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CERTIFICATION STATEMENT

I do hereby certify to the following statements and that all figures, and representations made in this application and supporting documents are true and correct.

- I have been duly authorized to act as the representative of the bank/ financial institution in connection with filing this application. Further, I understand that it is the responsibility of the bank/ financial institution head to obtain from its governing body the authorization for the submission of this application, if applicable.
- This proposal is subject to the rules of silence and Florida's conflict of interest laws (§112.311, et. seg). I further state that to the best of my knowledge, submission of this proposal is in compliance with the state and county conflict of interest laws.

Agreement:

- AGREEMENT