

2b. **Fiscal Contact** – please identify the person responsible for fiscal issues for the grant.

Name

Title

Address

City

State

Zip Code

Phone

Fax

Email

3. **Name of Proposed Evidence Based or Promising Practice Program**

Length of Grant Application

1 Year

2 Years

3 Years

Current or former CTF Grantee Statement

Has the applicant agency received a CTF Grant in prior years?

Yes

No

If yes, provide the following information in the spaces below. (Use additional pages if necessary)

- Indicate which year(s) you received CTF Funding and provide a description of each former CTF project (spanning the last 10 years);

- Provide information about whether or not the project continued after CTF funding expired/will expire;

- Provide a summary of the program evaluation or evaluations/outcomes achieved; and

- Compare the former or current project with the newly proposed project and describe the reasons for developing the new project.

Signature Page

Please have all parties involved in the planning and implementation of the proposed program sign the following (add additional pages if necessary). Original signatures must be included in the application.

I/We have reviewed the CTF grant application and are in agreement with its submission.

Signature of Applicant Agency representative (required:)

Signature

Print Name

Title/Agency

Signature of other party involved in planning and implementation (if applicable):

Signature

Print Name

Title/Agency

Signature of Program Contact if different from above (required):

Signature

Print Name

Title/Agency

Signature of other party involved in planning and implementation (if applicable):

Signature

Print Name

Title/Agency

Signature of County Children and Youth Director or designee (required):

Signature

Print Name

Title/Agency

Signature of other party involved in planning and implementation (if applicable):

Signature

Print Name

Title/Agency

Signature of chair or head of local or county community collaborative board (if applicable)

Signature

Print Name

Title/Agency

Signature of other party involved in planning and implementation (if applicable)

Signature

Print Name

Title/Agency