

**PENNSYLVANIA CHILDREN'S TRUST FUND
APPLICANT INFORMATION FORM RFA #3-14**

1. Applicant Agency Information

1a. Full Legal Name of Applicant Agency	
1b. Legal Address	
1c. County and CTF Region where applicant agency located (see App. B)	
1d. Applicant's Commonwealth SAP Vendor Number (see Section I-11 of RFA)	
1e. Type of Agency (i.e. private non-profit, 501(c)(3) status, private for-profit, public)	

2. a. Program Contact – please identify the main contact person for the grant program

<i>Name</i>	
<i>Title</i>	
<i>Address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>E-mail</i>	

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

<i>Name</i>	
<i>Title</i>	
<i>Address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>E-mail</i>	

WS Section 1 Program Design**Target Population**

Briefly and succinctly describe the specific target population that the applicant agency proposes to serve. Examples could include: Pregnant and parenting teens, Parents of adolescents, etc.

Estimate the number of families, parents / caregivers, children, and/or others that the applicant agency proposes to serve each year. The projected target numbers should reflect people who would not otherwise receive services in the absence of CTF funding. (Add lines and/or columns as needed).

Year One

Year Two

Year Three

Total served over three years

3. Program Information

3a. Name of Program	
3b. Name of evidence-based or evidence-informed program	
3c. Program Type (Indicate all that apply)	<input type="checkbox"/> Home Visiting <input type="checkbox"/> Skills-Based for Children <input type="checkbox"/> Parent Education/Support <input type="checkbox"/> Public Awareness
3d. Check the number of years, up to three years, of funding requested from CTF:	<input type="checkbox"/> One Year <input type="checkbox"/> Two Years <input type="checkbox"/> Three Years
3e. Name the geographic area(s) that will be served by the proposed program.	

Service Strategies

Indicate the location where services will be delivered corresponding to the specific type of anticipated contact: Home, Agency, School, Other.	Frequency of contacts: Weekly, Bi-weekly, Monthly, etc.	Duration of services:
<i>Individual Parent Sessions</i>		
<i>Individual Child Sessions(as a component of a family program)</i>		
<i>Family Sessions (parent(s) with child)</i>		
<i>Parent Group Sessions</i>		
<i>Children Group Sessions(as a component of a family program)</i>		
<i>Family Group Sessions (parent(s) with child)</i>		
<i>Other: (please list the location)</i>		

WS Section 2 Outcomes, Indicators and Evaluation

Evaluation

<i>List and designate with an asterisk (*) any assessment tools specific to the applicant agency's evidence-based or evidence-informed program. Include additional assessment tools that the applicant agency proposes to administer during the course of the grant.</i>	1.
	2.
	3.
	4.
	5.

WS Section 3 Collaborative Relationships and Coordination of Services

Name(s) of community group(s) with which you are affiliated and discussed this proposed program	Names of Partners (not sub-contractors) who may be affiliated with the proposed program

WS Section 4 Agency Experience and Human Resources

Program supervision and Full-Time Equivalent (FTE) staffing needed to provide the services.			
<i>Positions (Add lines as needed)</i>	<i>% FTE Year One</i>	<i>% FTE Year Two</i>	<i>% FTE Year Three</i>

Subcontracting Agencies List all subcontracting agencies and the amount and percent of the CTF award each will receive as a subcontracting collaborating agency in the project. Please indicate if a subcontracting agency currently receives its own CTF grant. Add lines as needed.		
Subcontracting Agency Name	Amount/Percent of CTF Award	Subcontractor currently a CTF grantee?

WS Section 5 Program Sustainability ---no chart required

III-1. Cost Guidelines

Match Contributors (Year One)

List all local match contributors for the first grant year only. Indicate the amount and type (cash/in-kind) of local match that will be provided. Add lines as needed.

Match Contributor	Amount of Local Match (\$)	Type of Local Match (cash/in-kind)

Budget Summary

Year One	CTF Grant	25% Local Match	Total
Personnel			
Operations			
Fixed Assets			
Total			
Year Two	CTF Grant	50% Local Match	Total
Personnel			
Operations			
Fixed Assets			
Total			
Year Three	CTF Grant	25% Local Match	Total
Personnel			
Operations			
Fixed Assets			
Total			

Executive Summary

On this page, please describe the implementing organization's or agency's overall mission and how it aligns with the proposed program described in this RFA. Include information about the mission of any subcontracting agencies as well. *Do not use additional pages.*

Current or Former CTF Grantee Statement

Has the applicant agency received a CTF grant in prior years? _____ Yes _____ No

If yes, in the space below: (Use additional pages if necessary)

- indicate which year(s) you received CTF funding and provide a description of the former CTF project;
- provide information about whether or not the project continued after CTF funding expired/will expire;
- provide a summary of the program evaluation; and
- compare the former or current project and 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):

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

Signature of Applicant Agency representative (required):

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

Signature

Signature

Print Name:

Print Name:

Title/Agency:

Title/Agency:

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

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

Signature

Signature

Print Name:

Print Name:

Title/Agency:

Title/Agency:

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

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

Signature

Signature

Print Name:

Print Name:

Title/Agency:

Title/Agency:

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

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

Signature

Signature

Print Name:

Print Name:

Title/Agency:

Title/Agency: