

Attachment 1

Attachment 1 - Applicant Information Form and Signature Page

**REQUEST FOR APPLICATIONS FOR
CHILDREN'S TRUST FUND
RFA # 17-21
Attachment 1**

Applicant Information Form and Signature Page

APPLICANT AGENCY INFORMATION

1a. Full Legal Name of Applicant Agency or Organization

1b. Legal Address

1c. County and CTF Region where Applicant Agency is located (See **Appendix B**)

1d. County(ies) and CTF Region(s) where Applicant Agency plans to provide services (See **Appendix B**)

1e. Applicant's Commonwealth SAP Vendor Number (See Section I-11 of RFA)

1f. Federal ID Number

2a. Program Contact: Please identify the main contact person for the grant program.

- Name, Title, Address, Phone, Email

2b. Fiscal Contact: Please identify the person responsible for fiscal compliance with the terms of the grant.

- Name, Title, Address, Phone, Email

2c. Data Contact: Please identify the person responsible for data compliance for the grant.

- Name, Title, Address, Phone, Email

Proposed Project Information

3. Name of Proposed Project

4. Length of Grant Application

1, 2, or 3 years

5. Short Description of Proposed Project

6. Anticipated Goal: Number of Families to be served by county (**Same chart as in Rider 2, Section 4: Services**)

County, Families, Parent(s)/Caregiver, Children

7. Experience with Child Abuse and Neglect Prevention Programs

Describe the agency's past experience delivering child abuse and neglect prevention and family support programs. Briefly explain how this history and experience will assist you in implementing the requirements of this RFA. Previous CTF grantees should describe how the prior CTF-funded program contributed to preventing child maltreatment in their community.

Attachment 1 - Applicant Information Form and Signature Page

PENNSYLVANIA CHILDREN'S TRUST FUND APPLICANT INFORMATION AND GRANT SIGNATURE PAGE FORM
RFA #17-21

Applicant Agency Information

1a. _____
Full Legal Name of Applicant Agency or Organization

1b. _____
Legal Address

City *State* *Zip Code*

1c. County and CTF Region where Applicant Agency is located (See Appendix B) _____

1d. County(ies) and CTF Region(s) where Applicant Agency plans to provide services (See Appendix B) _____

1e. Applicant's Commonwealth SAP Vendor Number (See Section I-11 of RFA) _____

1f. Federal ID Number _____

2a. Program Contact: Please identify the main contact person for the grant program.

Name *Title*

Address

City *State* *Zip Code*

Phone *Email*

2b. Fiscal Contact: Please identify the person responsible for fiscal compliance with the terms of the grant.

Name *Title*

Address

City *State* *Zip Code*

Phone *Email*

2c. Data Contact: Please identify the person responsible for data compliance for the grant.

Name

Title

Address

City

State

Zip Code

Phone

Email

Proposed Project Information

3. Name of Proposed Project

4. Length of Grant Application

1 Year

2 Years

3 Years

5. Short Description of Proposed Project

6. Anticipated Goal: Number of families to be served by county (Same chart as Rider 2, Section 4: Services)

| Year One | | | |
|-------------------|----------|--------------------|----------|
| County | Families | Parents/Caregivers | Children |
| | | | |
| | | | |
| | | | |
| Year Two | | | |
| County | Families | Parents/Caregivers | Children |
| | | | |
| | | | |
| | | | |
| Year Three | | | |
| County | Families | Parents/Caregivers | Children |
| | | | |
| | | | |
| | | | |
| Anticipated Total | | | |
| County | Families | Parents/Caregivers | Children |
| | | | |
| | | | |
| | | | |

Experience with Child Abuse and Neglect Prevention Program

7. Describe the agency’s past experience delivering child abuse and neglect prevention and family support programs. Briefly explain how this history and experience will assist you in implementing the requirements of this RFA. Previous CTF grantees should describe how the prior CTF-funded program contributed to preventing child maltreatment in their community.

Signature Page

*Please have all parties involved in the planning and implementation of the proposed program sign the following (add additional pages if necessary). Electronic signatures are acceptable. If serving more than one county, please have signatures from the Children and Youth Director or designee from each county. **Applications that do not include the county children and youth agency administrator signature(s) will not be reviewed.***

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 (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 (if applicable) |
| _____ Signature | _____ Signature |
| _____ Print Name | _____ Print Name |
| _____ Title/Agency | _____ Title/Agency |