

PENNSYLVANIA CHILDREN'S TRUST FUND
APPLICANT INFORMATION FORM RFA #24-18

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 App.B)

1d. County(ies) and CTF Region(s) where applicant agency plans to provide services

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

Fax

Email

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 Evidence-Informed Program**

Length of Grant Application

1 Year

2 Years

3 Years

4. **Short Description of Proposed Project**

5. Anticipated Goal: Number of Families to be Served by County

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

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;

- 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. 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

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