

## **ATTACHMENT 3**

**REQUEST FOR APPLICATION FOR  
CHILDREN'S TRUST FUND  
COHORT 31  
RFA 13-23  
ATTACHMENT 3  
APPLICANT INFORMATION SUMMARY**

**Directions:**

**Attachment 3: Applicant Information Summary**

Please complete **Attachment 3**. Attachment 3 will not be counted towards the 15-page limit.

- **Within Attachment 3: Applicant Agency Information**

Complete all identifying information requested in this section of **Attachment 3**. The Applicant must note the CTF Region(s) in which they are applying to provide a Program. A map of CTF Regions is available as **Appendix 1**.

- **Within Attachment 3: Proposed Project Information**

List the proposed Evidence-Based or Informed Program, state the duration of the grant being applied for, and provide a short description of the project. Specify the number of families and parents/caregivers served per county both annually and as unduplicated totals for the three-year grant period. This chart must match the chart in the Work Statement.

- **Within Attachment 3: Signature Page**

Include the signatures of all parties involved in the planning, design, and implementation of the program. The signatures of the Applicant Agency contact person and the county children and youth agency administrator or designee are required. Electronic signatures are acceptable. If an Applicant plans to serve more than one county, the signatures from the children and youth administrators in each county must be included. **Please see mandatory requirements regarding the County Children and Youth Commissioners signature in Part II, Section II-2.**

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**Applicant Agency Information**

- Full Legal Name of Applicant Agency or Organization
- Legal Address
- Operating Address if different than legal address
- County and CTF Region where Applicant Agency is located (See **Appendix 1**)
- County(ies) and CTF Region(s) where Applicant Agency plans to provide services (See **Appendix 1**)
- Primary Program Contact: Please identify the main contact person for the grant program.
  - Name
  - Title
  - Street Address
  - City, State and Zip Code
  - Phone
  - Email
- Primary Fiscal Contact: Please identify the main contact person for fiscal compliance with the grant.
  - Name
  - Title
  - Street Address
  - City, State and Zip Code
  - Phone
  - Email
- Primary Data Contact: Please identify the main contact person for data compliance for the grant.
  - Name
  - Title
  - Street Address
  - City, State and Zip Code
  - Phone
  - Email

**Proposed Project Information.**

- Name of Proposed Project
- Length of Grant Application
  - ☐ 1 Year      ☐ 2 Year      ☐ 3 Year
- Short Description of Proposed Project
- 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

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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 am/are in agreement with its submission.**

<b>Signature of Applicant Agency representative (required):</b>	<b>Signature of other party involved in planning and implementation (if applicable):</b>
Signature	Signature
Print Name	Print Name
Title Agency	Title Agency

<b>Signature of Program Contact if different from above (required):</b>	<b>Signature of other party involved in planning and implementation (if applicable):</b>
Signature	Signature
Print Name	Print Name
Title Agency	Title Agency

<b>Signature of Children and Youth Director or designee (required):</b>	<b>Signature of other party involved in planning and implementation (if applicable):</b>
Signature	Signature
Print Name	Print Name
Title Agency	Title Agency

<b>Signature of chair or head of local or county community collaborative board (if applicable):</b>	<b>Signature of other party involved in planning and implementation (if applicable):</b>
Signature	Signature
Print Name	Print Name
Title Agency	Title Agency