COVER SHEET

regal Name of Agency: Type of agency (Check which one): () Private, nonprofit, 501© 3 () For-profit () Public Federal ID#:	Project Title:				
Federal ID#: Total agency budget: \$ and funding sources: List the specific EC profile indicator(s) criteria addressed by this project [see RFP Application packet]: Number of FTE Staff funded with Smart Start: Project Summary: In a few sentences, provide a brief project overview (250-500 words). Be sure to describe the client population of children, families, or professionals served by this project, and a brief description of how the project will be conducted. How many clients will be served? How does the proposed project help	Legal Name of Agency:				
In a few sentences, provide a brief project overview (250-500 words). Be sure to describe the client population of children, families, or professionals served by this project, and a brief description of how the project will be conducted. How many clients will be served? How does the proposed project help			() For-profit	() Public	
Number of FTE Staff funded with Smart Start: Project Summary: In a few sentences, provide a brief project overview (250-500 words). Be sure to describe the client population of children, families, or professionals served by this project, and a brief description of how the project will be conducted. How many clients will be served? How does the proposed project help					
Project Summary: In a few sentences, provide a brief project overview (250-500 words). Be sure to describe the client population of children, families, or professionals served by this project, and a brief description of how the project will be conducted. How many clients will be served? How does the proposed project help	List the specific EC profile indica	tor(s) criteria addressed by this pro	ject [see RFP Applica	ition packet]:	
Be sure to describe the client population of children, families, or professionals served by this project, and a brief description of how the project will be conducted. How many clients will be served? How does the proposed project help	Number of FTE Staff funded with	h Smart Start:			
	Be sure to describe the clien	nt population of children, families, or vill be conducted. How many clients w	professionals served will be served? How	by this project, and a b	-

	Year 1 (FY 21-22)	Year 2 (FY 22-23)
Total Smart Start funds		
received/requested		
Cash		
In-Kind		
Total matching funds provided:		
Program Income		
Total project cost:		

COVER SHEET

Application Contact:

Name:		Title:	
Address:			
Telephone:	Fax:	Email Address:	
Pro	ogram Director/	'Manager (if different):	
Name:		Title:	
Address:			
		E-Mail Address:	
Fi	scal Contact Info	ormation (if different):	
Name:		Title:	
Address:			
Telephone:	Fax:	Email Address:	
Name of Agency Director: _		Title:	
Signature of Chief	Officer or Agen black ink for ha	-	Date

Project Title:			
-			
Applicant:			

Partnersh for Childre

Please complete all sections of this Activity Application.

- 1. Program Summary (Please be sure to site all data sources provided):
 - a. Provide a brief summary of your project in 250-500 words.
 - b. Target Population: Identify how many individuals are served directly (children, parents, families, educators) and estimated to be served indirectly. Included relevant data related to Durham demographics. Be as specific as possible, including the frequency and duration of program interventions. Use demographic information to support why your activity targets the particular population you aim to serve. These figures may vary for different activities within the proposed programs.
 - c. Provide a brief description of how the project will be conducted. Please include evidence-based/evidence-informed practices with citations. (population served ->needs of population ->how your activity meets, supports and/or enhances those needs)
 - d. Describe how the proposed project will help children arrive at school healthy and ready to succeed.

2. Year 1 Updates

- a. Describe your progress with program implementation in Year 1.
- b. Describe barriers or concerns encountered in Year 1, including impacts from COVID-19. (*If you received reduced funding, please be sure to address any impacts that may have occurred/occurring as a result).
- c. Provide a success story from Year 1 that can be shared with community members.

3. Year 2 Strategies

- a. Include any significant intended changes, additions or deletions to your current (Year 1) activity being funded, including COVID-19 impacts.
- b. Identify strategies you plan to use to build on successes in Year 2. Please be specific (e.g., will activities change or be enhanced? staffing? collaborations? organizational management? budget? other details?) Please reference and cite any data used to quide these decisions.
- c. Identify strategies you will use to address barriers/concerns reported in question 2b, or that you anticipate to encounter in Year 2. Please be specific (e.g., will activities be modified? staffing? collaborations? organizational management? budget? other details?). Please reference and cite any data used to support these plans.
- 4. Describe specific strategies or program elements that relate to one or more of the priority areas identified by Durham's Partnership for Children's Board of Directors.
 - Providing and expanding access to teacher education (with special attention to teachers in infant, 1's, 2's, and 3's classrooms) and professional development, with a particular focus on increasing the percentage of children enrolled in child care centers that have at least 75% of lead teachers with college degrees.
 - Promoting the physical and mental health of young children, with a particular focus on early childhood obesity and social-emotional well-being, by improving access to preventive health care & improving children's environments.
 - Fostering the healthy development and learning of children by engaging and empowering families, with a particular focus on the reduction of child abuse and neglect.
- 5. If the Allocations Committee made recommendations for your activity or application for FY 21-22 funding, how have you addressed these recommendations?
- 6. Is your activity expected to meet projected outcomes for FY21-22? If not, please describe what changes will be implemented to meet outcomes during FY 22-23. If you are expecting to meet projected outcomes, describe how you will continue to meet your proposed projections in FY 22-23. Include any logic model and/or data collection changes that have been made thus far in FY 21-22.
- 7. If applicable, did your activity have any program monitoring findings or recommendations from FY 20-21? If so, please describe them and how it was addressed

Activity Name:	Direct Service Provider:
EC Profile Indicator (see application packet for EC Profile Indicator List):	DPfC Board Priority: (Listed in application packet & in Q4 above)

2. Logic Model: Please complete both parts of the Logic Model for FY 22-23: the Activity Logic Model and the Evaluation Logic Model. The Activity Logic Model describes the need for the activity, target population served, description of activity, outputs and outcomes. The Evaluation Logic Model describes how the data related to the activities will be collected and analyzed for client feedback, outputs and outcomes. The rows of the Evaluation Logic Model should correspond to the activities and rows in the Activity Logic Model.

	Example Logic Model				
Program or Activity Elements What and Where?	Target Population Who?	Outputs How Many?	Outcomes So What?	How does outcome impact children and families over time?	
 Include: Brief bullet points that describe strategies or activity components Include any grants/incentives for participants 	 Include: Target population for this specific activity. Descriptors of the target population. For example, 1-3 star child care homes. List risk factors specific to this target population. 	 Include: Outputs for each strategy or component such as number of participants served, and/or number of sessions offered. 	 Include: Anticipated changes in behavior, knowledge, skill, attitude Numbers with percentages. Example: 90% (9/10) of childcare providers who completed the seminar feel more competent to 	Explain out how outcomes lead to changes in PBIS or other long-term indicators of a strong early childhood system. Can forecast out for 2 or 3 years if appropriate	

	Logic Model Template Name of Strategy/ "Sub" Activity:							
Program or Activity Elements	Program or Activity Target Population Outputs Outcomes Outcome impact over							
1.	1.	1.	1.	1.				

Logic Model Template						
Target Population		Outcomes				
Z.	2.	2.	2.			
		Name of Strategy/ "Sub" Ac Target Population Outputs	Name of Strategy/ "Sub" Activity: Target Population Outputs Outcomes			

Logic Model Template Name of Strategy/ "Sub" Activity:								
Program or Activity Elements	Program or Activity Target Population Outputs Outcomes Outcome impact over time							
3.	3.	3.	3.	3.				

Please create additional boxes for up to 5 strategies/sub activities*

Evaluation Logic Model Template w/ Example				
What kind of feedback from clients will help us improve the				
services we offer? How do you plan to collect that		What will count as evidence of short-term change and		
information?	How will we track outputs?	how will we obtain that evidence?		
Client Feedback	Output Tracking	Short-Term Outcome Measurement		
1. This row should describe the evaluation measurement	1.	1.		
used for output/outcome tracking and short-term outcome	Example: Class attendance			
measurement for the activity described in Activity 1 of the	sheets will document the	Example: The ABC curriculum required evaluation survey		
Activity Logic Model	number of participants. Staff	will be completed at each session. Question 4 asks "The		
	will collect these sign-in sheets,	training provided me with new knowledge/skills" which		
1. Example: For activity 1, Participant feedback is gathered	tally the number of participants,	participants rate on a scale of 1-5. Staff will tabulate the		
through X survey which asks participants to provide feedback	and program manager will	results and the program manager will report the data.		
on how to improve services.	report the data.	Include names of specific evaluation/assessment tools.		
2. This row should describe the evaluation measurement	2.	2.		
used for output /outcome tracking and short-term outcome				
measurement for the activity described in Activity 2 of the				
Activity Logic Model.				
3. This row should describe the evaluation measurement	3.	3.		
used for output/outcome tracking and short-term outcome				
measurement for the activity described in Activity 3 of the				
Activity Logic Model.				
4. This row should describe the evaluation measurement				
used for output/outcome tracking and short-term outcome				
measurement for the activity described in Activity 4 of the				
Activity Logic Model. 5. This row should describe the evaluation measurement				
used for output/outcome tracking and short-term outcome				
measurement for the activity described in Activity 5 of the				
Activity Logic Model.				
7.00.11.1, 20010 1110dell				

3a.	Staffing Plan: Please provide actual Job Titles and Hours distributed for the project for each.	
	Job Title	Hours
3b.	Please include/attached an updated resume for all staff associated with this project	
	signing below, the Contractor commits to fulfillment of the activity and achieving the projected outcomes. All reports and suppormitted to the Partnership in a timely manner.	rtive documentation will be
(Co	ontractor's Name) (Signature) (Date)	