**Checklist for Proposals 2019-2020**

Agency Name:

Activity Name:

Date turned in: Time turned in:

|  |  |
| --- | --- |
| **Please check that the following documents are included in the bidding packet** | **√** |
| **1. Application Cover Page** |  |
| **2. Submission signed & dated by authorized official** |  |
| **3. Smart Start Activity Logic Model** (application page ) |  |
| **4. Contract Activity Description** (application page ) |  |
| **5. Budget Narrative – Excel Worksheet**  |  |
| **6. CD, Flash Drive, or E-mail** (electronic copy of all information) |  |

Application Reviewed by: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ CCPC Staff Member

Date \_

**Smart Start
Continuation Bid
2017-18**

# Application Cover Page

Activity Title:

Name/Agency:

Address:

City, State, Zip:

Contact Person: Telephone:

1. mail Address: Fax Number:

Signature of Authorized Applicant:

Printed Name:

Title:

#### For all agencies or individuals: [Check one]

|  |  |
| --- | --- |
| Public Government Institution | * Private for profit agency
 |
| * 501 (c)(3) Non-profit with tax exempt status
 | * Private individual
 |
| * Applied for Non-profit status
 | * Other
 |
| * Sponsored by a 501 (c)(3) Organization
 |

**Agency:**
**Activity Name** **PBIS ID: PSC:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Need Statement Why? | Target Population Who? | Program or Activity ElementsWhat? | Outputs How Many? | Outcomes So What? | How does outcome impact PBIS or other long term goal? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **Staffing Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title | FTE | Key Roles and Responsibilities | Minimum Education & Experience Requirements |
|  |  |  |  |



Smart Start Activity Proposal

**Agency Name: Activity Title: Submission Date:**

* 1. **Activity Title:**

**Smart Start’s Measures of Impact ID:** **Purpose/Service Code:**

1. **Contract Activity Description (CAD)** 200 words maximum
2. **Output Results:**

We would like you to update us on your project’s progress. List below the output results you have accomplished in the past and what you anticipate will be accomplished this year.

1. **Outputs - Previous FY (2017-18)** if applicable

|  |  |  |
| --- | --- | --- |
| **Projected Outputs** | **Actual Outputs** | **Completion %\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Divide actual output by projected output and then multiply by 100 to get completion %.

1. **Expected Outputs – Current FY (2018-19)**

|  |  |  |
| --- | --- | --- |
| **Projected Outputs** | **Actual Outputs** | **Completion %\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Divide actual output by projected output and then multiply by 100 to get completion %.

1. **Projected Outputs (Number/Counts) for the upcoming FY: (2019-20)**

*List below the outputs for the 19-20 fiscal year using at least one of the standard Smart Start Output statements*

|  |  |  |  |
| --- | --- | --- | --- |
| **FY 17-18** | **What documents will be used to measure output?** | **Who will be responsible for documentation?** | **Where will documentation be filed?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Outcome Results:**

We would like you to update us on your project’s current year impact. List below the outcome results you anticipate will be accomplished this year.

A. Outcomes – Current FY (18-19)

|  |  |  |
| --- | --- | --- |
| Projected Outcome | Expected Outcome | How do you expect the actual outcome will compare with the projected outcome? |
| Exceeded | Met | Did Not Meet |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| What factors explain your expectations for progress this year as listed above? |
|  |

1. **Projected Outcomes Upcoming FY: (19-20):**
2. List below the outcomes for the next fiscal year from your originally approved 3 year bid.
Indicate any changes you would like to propose, show/track changes

|  |
| --- |
|  |
|  |
|  |

### Proposed/Requested Line Item Budget AND Narrative

* Include a line item budget and narrative that details projected expenses in a line item budget format. **Use the required budget form on the next page.**

#### An MS EXCEL version of the budget spreadsheet is available upon request.

* Be sure to include details for each projected expense in the budget narrative column, *i.e., Personnel: 2 FT CCHCs at $50,000/year per position including benefits.*
* If this activity has multiple funding sources, show anticipated amounts of in-kind or cash matching funds in the budget narrative.
* See line item descriptions to know what to include on each line.
* Refer to the Smart Start Cost Principles for costs that are not allowed.