

Cross-Systems Collaborative Infrastructure (Family Service System Reform [FSSR]) Grant Application for Fiscal Year 2005-06

County: _____

Collaborative Partnership Name: _____

GRANTEE (County Commissioner or County Executive) INFORMATION

Grantee:

Address:

Telephone:

Fax:

Email:

OTHER CONTACT INFORMATION

FSSR Coordinator or

County Contact:

Organization:

Address:

Telephone:

Fax:

Email:

Fiscal Contact:

Organization:

Address:

Telephone:

Fax:

Email:

	State Grant	Local Cash	Other	Budget Total
2005-2006 BUDGET:	_____	_____	_____	_____

SIGNATURE PAGE

The signature page must include the signatures of at least two county commissioners or the county executive, a school district superintendent, a health care representative, and at least three parents or customer representatives who participated in the planning and development of the application.

COUNTY: _____

All applications must be jointly developed through a community planning process including signatures by the following participants:

County Commissioner or Executive

Print Name

Address:

Phone:

Fax:

E-Mail:

County Commissioner

Print Name

Address:

Phone:

Fax:

E-Mail:

County Commissioner

Print Name

Address:

Phone:

Fax:

E-Mail:

Health Care Provider

Print Name

Address:

Phone:

Fax:

E-Mail:

County Human Service/C&Y/MH-MR Director

Print Name

Address:

Phone:

Fax:

E-Mail:

School Administrator

Print Name

Address:

Phone:

Fax:

E-Mail:

County Human Service/C&Y/MH-MR Director

Print Name

Address:

Phone:

Fax:

E-Mail:

Parent or Consumer Representative

Print Name

Address:

Phone:

Fax:

E-Mail:

Parent or Consumer Representative

Print Name

Address:

Phone:

Fax:

E-Mail:

Parent or Consumer Representative

Print Name

Address:

Phone:

Fax:

E-Mail

EXECUTIVE SUMMARY (*One year Plan – Total Seven Pages*)
Conditions, Outcomes and Implementation

Vision Statement

Current Needs and Conditions

EXECUTIVE SUMMARY
Conditions, Outcomes and Implementation *(Continued)*

Outcome Goal and Strategies

EXECUTIVE SUMMARY

Systems Change Accomplishments

(List 2004-05 accomplishments under the appropriate Systems Change Areas. Multiple accomplishments can be shown under one heading. Not all areas need accomplishments.)

Governance and Leadership

▪

Systems Change and Policy Reforms

▪

Results Based Accountability, Outcomes and Evaluation

▪

Capacity Building and Service Strategies

▪

Financing Strategies and Resource Development

▪

Communications/Developing Public Will

▪

Professional Development and Training

▪

EXECUTIVE SUMMARY

Collaborative Infrastructure Assessment and Next Steps

- **Cross-Systems Service Planning and Evaluation**
- **Collaborative Development and Training**

EXECUTIVE SUMMARY

Collaborative Infrastructure Assessment (*Continued*)

- **Family/Community Engagement and Partnerships**

FUNDING AND RESOURCE ALLOCATION - Budget Narrative

EXECUTIVE SUMMARY
Funding and Resource Allocation – Budget Worksheet

(Insert Identified Service/Resource category lines as needed)

Identified Service/Resource	Estimated Cost
Staffing	
Salary	_____
Benefits	_____
(Other)_____	_____
Sub-Total	_____

Planning and Evaluation	
(Specify service resource below)	
_____	_____
_____	_____
_____	_____
Sub-Total	_____

Collaborative Development and Training	
(Specify service resource below)	
_____	_____
_____	_____
_____	_____
Sub-Total	_____

Family and Community Engagement	
(Specify service resource below)	
_____	_____
_____	_____
_____	_____
Sub-Total	_____

Other	
_____	_____

Total Infrastructure Budget* _____

*Amount of the total infrastructure budget should crosswalk to the total budget identified on the Proposed FSSR Budget Form

COMMUNITY AND PROGRAM LEVEL OUTCOMES

Community-Level Outcome Chart – Community Outcome # 1

Community Outcome Area	Indicators	Population Involved	County/Community Baseline Data and Date	Outcome Goal	Outcome Goal – Performance Status	Community Strategies with Identified Program/Services

Program-Level Outcome Chart *(Program level outcomes listed on this chart must link to the community outcome listed above.)*

Program Outcome Area	Indicators	Program and Services Involved	Population Involved	Program Baseline Data	Outcome Goals	Program/Service Interim Implementation Measures	Measurement Tools/Vehicles

COMMUNITY AND PROGRAM LEVEL OUTCOMES (Continued)

Community-Level Outcome Chart – Community Outcome # 2

Community Outcome Area	Indicators	Population Involved	County/Community Baseline Data and Date	Outcome Goal	Outcome Goal – Performance Status	Community Strategies with Identified Program/Services

Program-Level Outcome Chart *(Program level outcomes listed on this chart must link to the community outcome listed above.)*

Program Outcome Area	Indicators	Program and Services Involved	Population Involved	Program Baseline Data	Outcome Goals	Program/Service Interim Implementation Measures	Measurement Tools/Vehicles

SYSTEMS CHANGE ENHANCEMENTS

Systems Change Chart

System Change Area	Indicators	Indicator Goal	Connecting to Community Outcomes

COLLABORATIVE INFRASTRUCTURE – NEXT STEPS

Infrastructure Development Plan

Cross-Systems Planning and Evaluation					
Indicators	Goals	Key Strategies	Person(s) Responsible	Key Actions and Target Date	Status as of Spring 2005

COLLABORATIVE INFRASTRUCTURE – NEXT STEPS

Infrastructure Development Plan *(Continued)*

Collaborative Development and Training

Indicators	Goals	Key Strategies	Person(s) Responsible	Key Actions and Target Date	Status as of Spring 2005

COLLABORATIVE INFRASTRUCTURE – NEXT STEPS

Infrastructure Development Plan *(Continued)*

Family and Community Engagement					
Indicators	Goals	Key Strategies	Person(s) Responsible	Key Actions and Target Date	Status as of Spring 2005

COLLABORATIVE INFRASTRUCTURE – NEXT STEPS

New Partnerships in FY 2005-06

Potential Collaborative Partner	Key Recruitment Strategies	Person(s) Responsible	Key Actions and Target Dates

EVALUATION

**CROSS-SYSTEMS COLLABORATIVE INFRASTRUCTURE
(FAMILY SERVICE SYSTEM REFORM)**

PROPOSED BUDGET FORM

Check Appropriate Box

SAP# _____

Funds managed directly by County

Federal ID # _____

Funds managed by Contracted Provider

FISCAL YEAR: <input type="checkbox"/> 2005-2006	COUNTY: DATE:
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	FSSR Funds	Local Cash*	Other**	Total Funds
110 - Wages and Salaries				
120 - Employee Benefits				
131 - Staff Development				
132 - Purchased Personnel Expenses				
210 – Subsidies				
310 – Occupancy				
320 – Communications				
330 - Administrative Supplies				
340 - Service Supplies				
350 – Transportation				
360 - Purchased Client Services				
370 - Consultant Services				
380 - Court Related Costs				
390 - Other Operating Costs				
399 - Indirect Administrative Costs				
Purchased Assets				
411 - Buildings and Land				
412 - Service and Office Equipment				
413 - Motor Vehicles				
414 - Data Processing Equip.				
420 - Repair/Improvement of Assets				
430 - Amortization of Assets				
TOTAL				

* Local Cash – represents direct local dollars being committed to the initiative. Federal funds may not be used as local cash match.

** Other – represents the fair market value of in-kind goods and services being committed

**CROSS-SYSTEMS COLLABORATIVE INFRASTRUCTURE
(FAMILY SERVICE SYSTEM REFORM)**

**LOCAL IN-KIND CASH AND OTHER GOODS/SERVICE
VERIFICATION LETTER**

(Duplicate this form as needed)

County: _____

Agency Managing Collaborative Funds: _____

CASH

I certify that \$ _____ has been designated by:
(Insert dollar amount)

(Name of Local Cash Contributor)

to be used solely for the purposes of the above-referenced grant for the period of

_____ To _____ AND/OR
(Date) (Date)

OTHER GOODS AND SERVICES

I certify that _____ has been designated by:
(Insert the type of goods or services amount)

(Name of Local Contributor)

to be used solely for the purposes of the above-referenced grant for the period of

_____ To _____
(Date) (Date)

In accordance with Department of Public Welfare; Office of Children, Youth and Families definitions and guidelines.

CONTRIBUTOR COMPLETING THIS FORM:

(Signature of the Contributor's Authorized Official)

(Attach one original form for each contributor.)