

Linking Families and Communities Application Cover Page



APPLICANT INFORMATION

Name of Applicant Organization: Legal Name of Organization

Address: Insert Address, City, State and Zip Code

Phone: Insert phone number **Email:** Insert email address

Program Contact Person: Insert program's contact person's name

The organization is a: Government Entity Private Not for Profit Private For-Profit Other:

Tax Exempt Status: Federal ID #:

PROGRAM INFORMATION

Name of Project: Insert project name.

This project is evidence or research based: Yes No

Target Population or Eligibility Criteria: Describe the target population or program eligibility criteria.

Outcome Statement: (i.e.) *The purpose of (insert name of your program here) is to provide/produce (service, activity or product) to/for (customer/stakeholder) so they can/in order to (outcome/planned benefit).*

Which of the Linking Families and Communities Priorities does the program address?

Quality of Child Care Family Support/ Education Mental Health Access to Resources

Total Amount Requested from Linking Families and Communities:	\$0.00
In-Kind Contributions:	\$0.00
Other funding secured for this project:	\$0.00
TOTAL PROGRAM COST:	\$0.00

CERTIFICATION

I certify that I am duly authorized to commit assurances for the applicant, and therefore agree to comply with all the provisions of the Renewal Application, and to the best of my knowledge, the information contained in this application is correct and complete.

Signature of authorized agency person

Title: Title of authorized signatory

Date: 2/22/2022

Project Abstract

Provide an overview of your program.

Provide an overview of your project here.

What changes to the program are you planning to make that were not part of the application submitted for last year?

- This program **did not receive funding** from Linking Families and Communities last year.
- The program **IS NOT** proposing any changes to this project.
- The program **IS** proposing changes, as described: Describe proposed changes here.

Rationale

Why should the board provide funding the program? What is the local need for the program? How is this program meeting that need? What gap(s) do you fill? Will you utilize other funding sources to expand this program? If so, please describe the funding source and process.

Provide your narrative here.

Program Benchmarks

Please attach a concise data summary (input, output, quality/efficiency and outcome measures) for the program for past two years to this application. Identify the anticipated number of children, families, providers, visits/services and/or other benchmarks to be served/achieved by this program for upcoming fiscal year.

0 Children

0 Families

0 Providers

0 Visits/Services

Other benchmarks for the program

BUDGET & JUSTIFICATION FORM

Category	Expense Description <i>(Justification-Narrative)</i>	Amount Requested From LFC	Other Funding Sources Specify Kind & Amount	Other Funding Sources Specify Kind & Amount	Total Dollar Amount For Project
Salaries		\$0.00	\$0.00	\$0.00	\$0.00
Personnel Benefits		\$0.00	\$0.00	\$0.00	\$0.00
Travel		\$0.00	\$0.00	\$0.00	\$0.00
Supplies and Operating Expense		\$0.00	\$0.00	\$0.00	\$0.00
Contracted Services		\$0.00	\$0.00	\$0.00	\$0.00
Equipment		\$0.00	\$0.00	\$0.00	\$0.00
Professional Development/ Training		\$0.00	\$0.00	\$0.00	\$0.00
Other		\$0.00	\$0.00	\$0.00	\$0.00
Administrative Cost		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION AND ASSURANCE

I CERTIFY that, to the best of my knowledge, the information contained in this application is correct and complete and that the applicant agrees to comply with and uphold the assurances as listed in **Exhibit C: Assurances**.

Name of Organization

Name of Agency

2/22/2022

Date

Type name of authorized signatory

Signature of Authorized Official