 **New Program Application**

**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 eligibilty 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**

**PROJECT ABSTRACT**

 ***Provide an overview of your program.***

Provide an overview of your project 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. 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. If this is a new program with no data history, list the anticipated numbers served or other benchmarks for the program.**

0 Children 0 Families 0 Providers 0 Visits/Services

Other benchmarks for the program

**BUDGET & JUSTIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Expense Description***(Justification-Narrative)* | **Amount Requested From LFC** | **Other Funding Sources***Specify Kind & Amount* | **Total Dollar****Amount For Project** |
| **Salaries** |       | $0.00 | $0.00 | $0.00 |
| **Personnel Benefits** |       | $0.00 | $0.00 | $0.00 |
| **Travel** |       | $0.00 | $0.00 | $0.00 |
| **Supplies**  |       | $0.00 | $0.00 | $0.00 |
| **Contracted Services** |       | $0.00 | $0.00 | $0.00 |
| **Equipment**  |       | $0.00 | $0.00 | $0.00 |
| **PD/Training** |       | $0.00 | $0.00 | $0.00 |
| **Other** |       | $0.00 | $0.00 | $0.00 |
| **Admin. Cost**  |       | $0.00 | $0.00 | $0.00 |
| **TOTAL** |  | **$0.00** | **$0.00** | **$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 this application. I attest that, to the best of my knowledge, the information contained in this application is correct and complete and the I agree to uphold the assurances as listed in **Exhibit C: Assurances**.

**Signature of authorized agency person**

                                       **Title:**Title of authorized signatory **Date: 3/2/2023**

**Organization:** Name of Organization