

What is your Activity/Program Title?

Name of Agency/Organization Applying for Funding

Smart Start of Mecklenburg

Program/Activity Director Information

Program/Activity Director First Name

Program/Activity Director Last Name

Program/Activity Director Email

FY 2023-24 Application for Funding

Does your program model require you to work with families or children for more than one year?

NEED STATEMENT & PROPOSED ACTIVITY

What need are you targeting? Address who, what, where and why of need. Is there research that supports this assessment? If so, please upload.

Please keep word count to 500 words

Need Statement Research Upload

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Please specify the Area of Focus for FY23-24 (listed in the instructions).

Which Early Childhood Indicator does this activity address?

(See the Early Childhood Profile Definitions tab for the list)

ACTIVITY QUESTIONS

What will you do to address this need? How is your proposed activity either evidence-based or evidence-informed? Please provide a brief narrative and then attach the research or model information that supports your statement. For NEW Applicants only: Please provide evidence that your organization and your proposed activity has a record of success.

Please keep word count to 500 words

Research Activity Upload

Do you have more research to upload?

Please upload the most relevant research

How will you target your audience or make the community aware of this service / opportunity? How will diversity, equity, and inclusion inform these efforts?

Please keep word count to 300 words

Who will you collaborate with in the community to be successful? How do you and these organizations work together to achieve success in this activity? Include practical details like referral process, how often you meet, etc... if applicable

Please keep word count to 300 words

Attach letter of support / collaboration

Attach letter of support / collaboration

How will you engage your participants and ensure participation? If you plan to provide incentives, please describe here (and note on budget narrative). How will you ensure your program is equitable and inclusive? Please provide examples.

Please keep word count to 200 words

Why are you the best organization to do this work?

Please keep word count to 200 words

How is diversity, equity and inclusion addressed in your organization?

Please keep word count to 200 words

Describe the relevant education, experience and credential requirements for positions funded by Smart Start or counted as a Smart Start match. If your activity uses a specific model, note staff requirements. (Please note that Level 11 Certification is required for TA activities). How do you ensure that your staff is staying current with research and practice developments related to this activity?

Please keep word count to 300 words

How do you invest in your staff?

Please keep word count to 200 words

Will this activity provide grants, stipends, scholarships and/or materials provided for free?

Is this a previously funded Smart Start activity?

EVALUATION PLAN

How will you measure your impact/change? List below what you will be tracking and reporting to us. We ask for quarterly outputs and mid-year and end-of-year outcomes; if you have more than you can list here, contact Smart Start staff. Please make them SMART - specific, measurable, attainable, relevant and time based.

For some model based programs, your outputs and outcomes are pre-defined by NCPC. You can request a detailed document outlining these by emailing programs@smartstartofmeck.org.

In addition to your measures, please indicate any evaluation costs (software, training, etc.) on your budget narrative.

OUTPUTS

Please outline how many output measurements you will report.

OUTCOMES

What change can we expect in the need that you originally identified? Outcomes can measure changes to people, organizations, and/or systems (including access and delivery of systems for parents). Which one(s) are you targeting and what do you expect to see improve as a result of your efforts? *Typically, this is a percentage to calculate the change.

If you're using a validated measurement tool, please provide us the name. (Ex. Parent Protective Factors Survey)

Please outline how many outcome measurements you will report.

ACTIVITY BUDGET FORMS FY23-24

How much funding are you requesting from Smart Start for this activity in FY23-24?

What is the total budget for this activity or program?

What is your organization's annual budget for this fiscal year?

Budget: The excel workbook to be completed is on our [webpage](INSERT URL HERE). Please review all tabs listed on the spreadsheet and fill in accordingly. Some additional tips include:

- Line 11 must include all Smart Start-funded positions (with salary and benefits listed for each position).
- All positions on Lines 11 and 12 must be referenced in the application narrative.
- Requests for training and travel must be specific.
- Line 35 may not equal more than 8% of the total funds requested and cannot include Lines 45, 46, 47.
- In-kind/Cash Match must be specified and must equal at least 19% of the total grant funds requested.
- Attach completed RFA-22.23 Budget Worksheet. (do not embed in application narrative).

Completed RFA-21.23 Budget Worksheet