

# Application: Smart Start Funds

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## Admin Fields

Name of Agency/Organization Applying for Funding

What is your Activity/Program Title?

Agency/Organization Address

Agency/Organization City

Agency/Organization State

Agency/Organization Postal Code

Agency/Organization Phone

Fax

Tax ID

## Program/Activity Director Information

Program/Activity Director First Name

Program/Activity Director Last Name

Program/Activity Director Email

## FY 2024-25 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.

Need Statement Research Upload

Need Statement Research Upload

Need Statement Research Upload

Need Statement Research Upload

Need Statement Research Upload

**2024-25 Funding Priorities: Early Care and Education** 1. Increase teacher education levels for all teachers, with special emphasis on infant and toddler teachers.2. Increase quality of teacher/child interactions in the classroom.3. Increase equitable access to high quality early care and education. **Health** 1. Increase access to developmental enrichment and early intervention for children with special needs, with emphasis for 3 – 5 years2. Remove barriers that create disparities in maternal and infant health outcomes.3. Increase the adoption of evidenced based practices that support the healthy weight and activity levels of young children, at home and in care. **Family Support** 1. Increase parenting skills among parents/caregivers.2. Offer navigation supports to link families to services. **Early Literacy**. Support activities that develop and promote evidence based emergent literacy.

Please specify the Area of Focus for FY24-25 (listed in the instructions).

Which Early Childhood Indicator does this activity address?

## 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.

Research Activity Upload

Do you have more research to upload?

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

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

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.

Why are you the best organization to do this work?

a. What barriers do you anticipate and how do you plan to overcome?

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

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?

How do you invest in your staff?

a. Investing in Staff: How do you ensure that your staff is staying current with research and practice developments related to this activity?

b. Investing in Staff: How do you support their wellbeing and encourage retention.

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 NCPD. You can request a detailed document outlining these by emailing [programs@smartstartofmeck.org](mailto: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 FY24-25

What is the total budget for this activity or program?

How much funding are you requesting from Smart Start for this activity in FY24-25?

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

Budget: The excel workbook to be completed is on our

[webpage](#)

. 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-24-25 Budget Worksheet. (do not embed in application narrative).

**Completed RFA 24-25 Budget Worksheet**

## ADDITIONAL DOCUMENTATION

Presentational Text

**W-9 Form**

**Board of Directors**

**Activity Logic Model (template on webpage)**

**Audited Financial Statement**

**IRS Tax Exempt Letter (501c3 Organizations)**

**Other (EB/EI data/research)**

**Activities completing Line 35 (On Budget Template) Cost Allocation Plan Worksheet FY 2023-24 Application**

**Cost Allocation Plan (template on webpage)**

**Board Minutes Approving Cost Allocation Plan**

**Activities applying as a five star facility, please upload your license**

**Additional Attachments**

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**Submission Date**

**Summary**