



# Smart Start

*of Mecklenburg County*

## Application ▾

Save Draft

Mark Complete

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Please complete all required fields.

You can save as a draft and return later to complete by clicking "Save Draft" at the bottom of the page.

When you are ready to submit this step, please click the blue "Save" button at the bottom of the page.

**What is your Activity/Program Title?**

## Program/Activity Director Information

**Program/Activity Director First Name**

**Program/Activity Director Last Name**

**Program/Activity Director Email**

# FY 2026-2027 Application for Funding

Is this a previously funded Smart Start activity? \*

Does your program model require you to work with families or children for more than one year? \*\*Even if your program is multi-year, if this is your first year with Smart Start you can only apply for one year. \*

Yes

No

## \*\*2026-2027 Funding Priorities:\*\*

**2026-2027 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 years 2. 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 FY26-27 (listed in the instructions).

Which Early Childhood Indicator does this activity address? \*

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

All Activities are required to select at least one Smart Solution.

<https://smartsolutionscatalog.com/nc/browse> Please list which Smart Solutions your Program wishes to use. (No limit to the number of Smart Solutions per activity.)

# 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. \*

Word Count: 0 / 510

## Need Statement Research Upload

+ Select a file

?

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+ Select a file

?

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# ACTIVITY QUESTIONS

What will you do to address this need? 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. \*

Word Count: 0 / 510

### Research Activity Upload

+ Select a file

?

### Do you have more research to upload?

Please upload the most relevant research

- Yes
- No

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

Word Count: 0 / 500

**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 \***

Word Count: 0 / 500

### Attach letter of support / collaboration

+ Select a file

?

### Attach letter of support / collaboration

+ Select a file



**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. \***

Word Count: 0 / 500

**Why are you the best organization to do this work? \***

Word Count: 0 / 500

**What barriers do you anticipate and how do you plan to overcome?**

Word Count: 0 / 500

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

Word Count: 0 / 500

**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). \***

Word Count: 0 / 500

**How do you invest in your staff? \***

Word Count: 0 / 500

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

Word Count: 0 / 500

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

Word Count: 0 / 500

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

Yes

No

## 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, mid-year and end-of-year outcomes. 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 and noted in Smart Solutions. 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. \***

- 2
- 3
- 4
- 5+

## 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. \***

- 2
- 3
- 4
- 5+

## ACTIVITY BUDGET FORMS FY26-27

**What is the total budget for this activity or program? \***

\$

**How much funding are you requesting from Smart Start for this activity in FY26-27? \***

\$

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

\$

Budget: The excel workbook to be completed is on our webpage (<https://www.smartstartofmeck.org/funding-application/>).

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).•

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-26-27 Budget Worksheet.

**Completed RFA 26-27 Budget Worksheet**

# ADDITIONAL DOCUMENTATION

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

Attach one copy per agency

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

Attach one copy per agency

**Activities completing Line 35 (On Budget Template) Cost Allocation Plan Worksheet FY 2026/2027 Application**

Attach one copy per agency

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

Attach one copy per agency

**Board Minutes Approving Cost Allocation Plan**

Attach one copy per agency

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

Attach one copy per activity

**Job Description (1)**

**Job Description (2)**

**Additional Documentation**

**Closing remarks, (optional)**

POWERED BY



(<http://www.submittable.com/>)