

**2023-2024 BETTER TOMORROWS**

**CONTRACT RENEWAL APPLICATION**

Submit an electronic copy of your proposal to [director@bettertomorrowseci.org](mailto:director@bettertomorrowseci.org) by 4:30 p.m. on April 10, 2023.

|  |  |
| --- | --- |
| Program Name: |  |
| Organization Name: |  |
| Program Service Area: |  |
| Contact Name: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Amount of Funding Request: |  |
| If you are requesting a funding increase or decrease with this contract renewal, please explain why. For example, an increase in specific needs, an added service or support, a decrease in demand or staffing, etc. |  |
| What are your projected outputs for this contract renewal? Add to list as needed. Leave blank if not applicable. | Number of families served:  Number of children served:  Number of home visits:  Number of group meetings:  Number of on-site visits/consultations:  Number of TA contacts:  Number of professional development trainings provided: |
| Summary of proposed changes to contract, if any: (FTE/staffing, services, credentialing, licensing, etc.) |  |

Provide line-item expenses for the program, even if a unit cost will be billed. It is preferred that Family Support programs charge a per visit unit cost. Line-item descriptions may be added or deleted as needed.

|  |  |  |
| --- | --- | --- |
| **Description of Expense** | **Better Tomorrows**  **Funding Request** | **Other Support for This Program (include in-kind and financial)** |
| ***Per visit unit cost:***  ***($\_\_\_\_\_ visit x #\_\_\_\_ visits) =*** | ***$*** |  |
| ***Breakdown of expenses:*** | ***\_\_% Program Costs***  ***\_\_% Administration Costs (indirect rate)*** |  |
| **Salaries/Wages**  Director  Coordinator  Supervisor  Home Visitor | **$** | **$** |
| **Personnel Benefits** calculated at **\_\_\_%** | **$** | **$** |
| **Contracted Services** | **$** | **$** |
| **Travel** | **$** | **$** |
| **Mileage** Reimbursement calculated at **$\_\_\_\_\_** | **$** | **$** |
| **Staff Professional Development** | **$** | **$** |
| **Program Supplies including curriculum** | **$** | **$** |
| **Operational Expenses**  Office Supplies  Data/Communication  Postage  Occupancy/Rent  Printing | **$** | **$** |
| **Other (Specify)**  Participant incentives  Client Assistance  Group meeting supplies/activities | **$** | **$** |
| **Subtotal** | **$** | **$** |
| **Indirect Costs/Administrative Costs**  Federally Approved Indirect of **\_\_\_\_\_%**  **Provide copy of (or link to) documentation for federally approved rates** | **$** | **$** |
| **Total Funding Request** | **$** | **$** |