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Application for 2025-2028 Smart Start Funding

Due March 13, 2025 – 12 p.m.

**Applicant Information:** (*Click and type to complete each blank*.)

Name of organization: Click or tap here to enter text.

Name of activity: Click or tap here to enter text.

Address: Click or tap here to enter text.

County, City and Zip: Click or tap here to enter text.

Contact Person for application: Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax: Click or tap here to enter text.

Email: Click or tap here to enter text.

Legal and tax-exempt status:

☐501(c)(3) organization(non-profit) ☐Government ☐Community Based ☐Institution of Higher Education

Years organization in operation: Click or tap here to enter text.

Does your organization have a board of directors? ☐ Yes ☐ No

Explain any possible conflict of interest that may exist between the applying entity, its staff, officers or directors

and the Partnership. Click or tap here to enter text.

List other expected funding sources for this program. Click or tap here to enter text.

**Is this your first time applying for Smart Start funding:** ☐Yes ☐No

**If not, when did you last apply for funding:**Click or tap here to enter text.

Attach the most current audited financial statement. **If a current audited financial statement is not available, please explain:**

Click or tap here to enter text.

**Complete the following ONLY if you are a CURRENTLY FUNDED Applicant:**

Number of years this program funded by the Partnership: Click or tap here to enter text.

Do you plan to change the scope, staffing, or any other key factors in your activity? ☐Yes ☐No

If yes, please describe in detail: Click or tap here to enter text.

**Signatures of Chief Executive Officer and Board Member authorized to sign on behalf of the Board:** Signature indicates Board approval of the request and willingness to comply with Smart Start Application Agreement.

***Signature Date***

***Print Name and Title***

***Signature Date***

***Print Name and Title***

**HAVE YOU COMPLETED AND ENCLOSED:**

ALL APPLICANTS NEW APPLICANTS ONLY

☐RFP Application (including signatures) Attachment A ☐Three (3) letters of support

☐RFP Attachment B (Excel workbook – separate attachment) ☐Written Program Guidelines (required)

☐Logic Model tab (3 yrs) ☐Most recent audited financial statement

☐Detailed and Narrative Budget tab (3 yrs)

☐Summary budget tab (this will auto populate)

☐Job descriptions of funded and in-kind staff

☐List of Board of Directors (if applicable)

☐Other optional materials

**APPLICATION NARRATIVE – Please answer each item below.**

**Page limit for Narrative should not exceed 9 pages – Do not change font size**

1. **Contract Activity Description (CAD):** Please follow **Sample Contract Activity Descriptions** available at [www.columbussmartstart.com/job-opportunities-1](https://columbussmartstart.com/job-opportunities-1). You may include more than one Smart Solution in your proposal.

Click or tap here to enter text.

1. Activities funded with Smart Start dollars must be **Evidence-Based or Evidence-Informed.** Check below if the proposed activity fits either description. Link to Smart Solutions Catalog is available at <https://www.smartsolutionscatalog.com/nc/browse>.

☐Evidence-Based ☐Evidence-Informed

Identify the program name(s) from Smart Solutions here:

Click or tap here to enter text.

1. 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 model for implementation include the staff requirements for model fidelity. Attach job descriptions of funded or in-kind match staff (see Smart Solutions Program Card).

Click or tap here to enter text.

Is training and professional development related to this program or practice readily available? Is training culturally sensitive?

Click or tap here to enter text.

1. How will you ensure your program is **inclusive** and **equitable** and marketed in a way that reaches and serves diverse populations?

Click or tap here to enter text.

1. Describe the **collaborations** necessary to implement this activity. Include organizations and agencies that have collaborated in the development or delivery of your service. Please be as specific as possible to demonstrate awareness of other funded efforts, and to show intent to align efforts so that collectively partners can serve as many children as possible.

Click or tap here to enter text.

1. Will this activity include **grants, stipends, or scholarships** of any kind (refer to budget line items 45, 46 and 47 in Excel workbook)?

☐Yes ☐No

If YES, explain what they are and why these are necessary for the successful delivery of the activity.

Click or tap here to enter text.

1. Please list ALL **materials** that are intended to be given away free of charge to participants in your program and the intended purpose of those materials.

*Example: Healthy Families Manual for families attending training w/exercises in manual*

Click or tap here to enter text.

1. Do you have an **evaluation method** in place to track services? If so, what service tracking system do you use and what measurement tools do you use to collect feedback on services and to improve practices?

Click or tap here to enter text.

What processes do you have in place for maintaining any changes that occurred as a result of continuous quality improvement (CQI)?

Click or tap here to enter text.

Do you know the number of children birth to five years old, not yet in Kindergarten, who need your specific service in Cabarrus County? Please describe your current level of reach. Include any data that may be relevant to your estimated figures.

Click or tap here to enter text.

1. Complete logic model in Attachment B (which includes needs statement, target population, activity elements, outputs, outcomes and long-term outcomes). Required outputs and outcomes are identified in Smart Solutions. If elaboration is needed for activity service elements, describe below in full what specific services you will be implementing. What specific services/tasks will be done and by whom? Describe how and where the service will be delivered (e.g. center-based, home visiting, mobile unit).

Click or tap here to enter text.

Which Partnership priorities does this program address (refer to Purpose of Request in RFP for Partnership priorities)?

Click or tap here to enter text.

If this program has a prescribed model, how will model fidelity be ensured?

Click or tap here to enter text.

If the program, or any program element, is similar to other activities in Cabarrus County, please list those and explain how your service differs or will enhance, expand or work with other similar services being currently offered.

Click or tap here to enter text.

**Application as of February 1, 2025**