

**Great Start Collaborative of Kent County**

2021 Request for Proposal for Local Program Funds Grant

**Application**

**Due date:** Click here to enter text. **Submission date:** Click here to enter text.

**Name of Preparer:** Click here to enter text.

**Position:** Click here to enter text.

**Agency/Organization:** Click here to enter text.

**Address:** Click here to enter text.

**Program Summary (10 points):**

**Attach proof of non-profit status or non-profit fiscal sponsor.**

**Primary focus of program:**

Click here to enter text.

**Age group of children/families served:**

Click here to enter text.

**Qualifications to participate in program:**

Click here to enter text.

**Geographic area served:**

Click here to enter text.

**Number of children/families currently enrolled:**

Click here to enter text.

**Demographics of those currently enrolled in the program:**

Click here to enter text.

**Is this considered an Evidence Based Program?**  Yes  No

**If so, by whom?**

Click here to enter text.

**Total current budget of the program and cost per service unit if possible:**

Click here to enter text.

**With what other agencies/programs does your program collaborate and how?**

Click here to enter text.

**Project Description (40 points)**:

**Identify target population.**

Click here to enter text.

**Describe proposed project with goals to address the needs of this population.**

Click here to enter text.

**What is the frequency and length of services for those enrolled?**

Click here to enter text.

**What data will be collected and the collection process?**

Click here to enter text.

**How will success be measured and evaluated?**

Click here to enter text.

**How will you collaborate and coordinate with other local programs?**

Click here to enter text.

**What experience does program/agency have in serving children pre-natal to age eight and low-income families?**

Click here to enter text.

**What infrastructure is in place to support this proposal?**

Click here to enter text.

**How will your agency sustain this work beyond the grant period?**

Click here to enter text.

**Identify and describe how this program aligns with the goals of the Great Start Collaborative and Office of Great Start four outcomes (25 points)**:

**Of the GSC goals cited above, which are addressed by this program and how?**

Click here to enter text.

**How does this program connect to the Office of Great Start Early Childhood Outcomes?**

Click here to enter text.

**Supporting data and source(s) (15 points):**

Click here to enter text.

**Budget narrative (10 points)**:

Click here to enter text.

Please attach excel spreadsheet with budget detail.