

APPLICATION COVER - Form #1
FFY2019 PSSF Statement of Need Proposal

See instructions in Section D of Statement of Need.
 Scan, save as a pdf and identify as "son####_Cover".

SoN #

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Agency Name: <i>For non-profit agencies, must include name as it appears on the SoS registration.</i>	Program Name:		
Agency Mailing Address:	City:	Zip Code:	County:
Agency Street Address: <i>(Physical location. If confidential check this box)</i>	City:	Zip Code:	County:
Executive Director:	Telephone:	Email:	

Select only one service model.	If application is for a PSSF program funded this year (FFY2018), provide current PSSF Program ID#:	
PSSF Family Support Services	Funding Request	
1. Prevention/Early Intervention (PEI)	Federal Award	
2. Home Visiting (HVS)	Calculated at 75% of Total Cost	
3. Healthy Relationship/Co-Parenting (HMI)	Cash Match Commitment	
4. Supports/Svcs for Homeless Youth (SHY)	Calculated at 25% of Total Cost	
	Total Cost	
PSSF Family Preservation Services	Should EXACTLY match Total Expenses on Budget Form #6	
1. Placement Prevention Services (PPS)	Maximum Total Cost of \$100,000.00 (or \$50,000.00 for new programs). Applicant must provide non-federal cash match of 25% of Total Cost.	
2. Relative Caregiver/Kinship Family(RCS)		
3. Crisis Intervention Services (CIS)		
4. Residential /Post-Placement After-Care (RAC)		
5. Substance Abuse Family Recovery & Support (STR)		
	Service Area	
	Primary - Identify county where majority of services will be provided (list only one county):	
PSSF Time-Limited Reunification Services		
1. Supervised Family Visitation (SFV)	Secondary - List additional counties where services will be available:	
2. Child and Family Advocacy (CFA)		
	Caseload	
PSSF Adoption Promotion/Permanency Services		
1. Adoption Promotion/Post-Perm. Support (APS)	Average Caseload per Month	
2. Transition and Emancipation Support (TES)	Number of Families/Cases per Year	

Applicant's Organizational Status (select one)		
Public Entity (city, county or state agency or institution)	SAO/Vendor #:	ORI/OAC #:
Private Non-Profit Agency/Organization	EIN #:	E-Verify #:
Agency Year End:	DUNS #:	

Communications		
<i>All communications with respect to this proposal including award notices, contract negotiations, contract preparation and distribution, will be done electronically. Identify individual to whom all PSSF communications related to this proposal should be sent.</i>		
<i>NOTE: Notify PSSF Technical Assistance team at communications@pssfnet.com if this contact information changes after proposal submission.</i>		
Name:	Title:	Email:

Signature		
<i>The undersigned confirms that the applicant meets the criteria described in the Statement of Need; has provided accurate information regarding the agency, program and services described in the application; and is able to meet contract requirements if awarded a contract with DFCS.</i>		<i>Date</i>
Signature of AUTHORIZED Officer	Printed Name of Officer	Title of Officer
<i>(Electronic signature not acceptable)</i>		<i>For non-profit applicants, name and title must be same as individual is identified on SoS registration.</i>