

**Form #1 - APPLICATION COVER**

**FFY2020 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:	

<b>Select only one service model.</b>	If application is for an FFY2019 program reapplying for FFY2020, provide current PSSF Program ID#:	
<b>PSSF Family Support Services</b>	<b>Funding Request</b>	
1. Prevention/Early Intervention (PEI)	<b>Federal Award</b>	
2. Home Visiting (HVS)	<i>Calculated at 75% of Total Cost</i>	
3. Healthy Relationship/Co-Parenting (HMI)	<b>Cash Match Commitment</b>	
4. Supports/Svcs for Homeless Youth & Families (SHY)	<i>Calculated at 25% of Total Cost</i>	
	<b>ENTER Proposed Total Cost of Services</b>	
	<i>(from corresponding box on the Budget, Form #6)</i>	
<b>PSSF Family Preservation Services</b>	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 of Services.	
1. Placement Prevention Services (PPS)		
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)	<b>Service Area</b>	
	<b>Primary</b> - Identify <b>county</b> where majority of services will be provided (list only one county):	
<b>PSSF Family Reunification Services</b>	<b>Secondary</b> - List additional counties where services will be available:	
1. Supervised Family Visitation (SFV)		
2. Child and Family Advocacy (CFA)		
3. Parent Reunification Services (PRS)		
<b>PSSF Adoption Promotion/Permanency Services</b>	<b>Caseload</b>	
1. Adoption Promotion/Post-Perm. Support (APS)	Proposed Average Caseload per Month	
2. Transition and Emancipation Support (TES)	Proposed Number of Families/Cases per Year	

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

<b>Communications</b>		
<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> NOTE: Notify PSSF Technical Assistance team at <a href="mailto:communications@pssfnet.com">communications@pssfnet.com</a> if this contact information changes after proposal submission.		
Name:	Title:	Email:

<b>Signature</b>		
<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>		Date
Signature of AUTHORIZED Officer	Printed Name of Officer	Title of Officer
<b>(Electronic signature not acceptable)</b>		<i>For non-profit applicants, name and title must be same as individual is identified on SoS registration.</i>