

Form #1 - APPLICATION COVER

FFY2022 PSSF Statement of Need Proposal

See instructions in Section E of Statement of Need.

Scan, save as a pdf and identify as "son#####_Cover".

Identification of non-profit agencies must be consistent with SoS Registration screenshot.

SoN #

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Agency Name:		
Program Name:		
Agency Mailing Address:	City:	County:
	Zip Code:	
Agency Street Address:	City:	County:
	Zip Code:	
Executive Director:	Telephone:	
	Email:	

Select only one service model.	If FFY2021 program reapplying, report current PSSF Program ID#: <i>(leave blank if uncertain or if requesting a service model change for this program)</i>	
PSSF Family Support Services	Funding Request	
1. Prevention/Early Intervention (PEI)	Federal Award (75%)	
2. Home Visiting (HVS)		
3. Healthy Relationship/Co-Parenting (HMI)	Cash Match Commitment (25%)	
4. Supports/Svcs for Homeless Youth & Families (SHY)		
PSSF Family Preservation Services	Proposed Total Cost of Services (100%)	
1. Placement Prevention Services (PPS)		
2. Relative Caregiver/Kinship Family (RCS)	<i>Enter corresponding Total Cost of Services from Form #6, Budget.</i>	
3. Crisis Intervention Services (CIS)	<i>Applicant must provide non-federal cash match of 25% of Total Cost of Services.</i>	
4. Residential /Post-Placement After-Care (RAC)	<i>Federal Award and Cash Match amounts calculate automatically. Do not override auto calculations.</i>	
5. Substance Abuse Family Recovery & Support (STR)	Service Area	
	Primary – Identify county where majority of services will be provided (<i>list only one county</i>):	
PSSF Family Reunification Services		
1. Supervised Family Visitation (SFV)	Secondary - List additional counties where services will be available:	
2. Child and Family Advocacy (CFA)		
3. Parent Reunification Services (PRS)		
PSSF Adoption Promotion/Permanency Services	Caseload	
1. Adoption Promotion/Post-Perm. Support (APS)	Proposed Average Caseload per Month:	
2. Transition and Emancipation Support (TES)	Proposed Number of Total Families/Cases per Year:	

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

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 ContractSupport@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>		Date
Signature of AUTHORIZED Officer (as per Resolution or Authorization)	Printed Name of Officer	Title of Officer *
(Electronic signature not acceptable)		<i>*For non-profit applicants, name and title must be same as individual is identified on SoS registration or Authorization for public entity.</i>