

Children First Trust Fund

Multiple Needs Child Office ()

201 Monroe Street
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Montgomery, AL 36130

O: 334-206-6238

Donna Glass

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Application Form

About the Agency

Project Name*

Please provide the name of your agency.

Agency Contact*

Name of person to contact for questions about CFTF reporting.

Donna Glass

To Whom Should Plan of Investment Approval be Addressed*

Please provide name and full address of person to whom the Plan of Investment approval letter should be sent.

Donna Glass ; 201 Monroe Street Suite 1610; Montgomery, AL 36130

Amount of Funds

Provide the amount of your allocation from CFTF for 2015-16*

\$3,264,106.00

If you will carry over funds from previous year, please provide that amount.

Plan of Investment

According to the law that establishes the Children First Trust Fund, each agency will submit a "Plan of investment [that includes] but [is] not... limited to, a minimum of four (4) quality assurance items...Quality assurance items shall include the number of children receiving service, an identifiable measure of success of services provided and a prioritized standard of successful measures for future plans of investment." (Section 5) Please complete the questions below as they specifically relate to the Children First Trust Fund money allocated to your department and how you will measure and report success.

Overall Impact Statement*

Explain what overall impact the CFTF allocation to your department will have on children, families, and/or the overall well being of the state. What need(s) will be met and/or what impact will your agency's actions have?

The SCSFT & CSFTs serve children identified as Multiple Needs Children (MNC). They strive to serve these children in the least restrictive setting possible to address their special needs. Children served thru the State level are assigned a MNC Office contact person to consult with the County contact person to assist in movement to lesser restrictive services. Upon discharge from services funded by the SCSFT, discharge tracking is provided quarterly for 1 year. Training/consultation are provided.

Quality Assurance Item 1

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Provide funding at the State level for services for children identified as Multiple Needs Children and referred by the County Children's Services Facilitation Teams.

Measurement*

How will you measure the activity and/or the impact of the activity?

Number of children served.

Provide the amount budgeted for this quality assurance item.*

\$1,562,556.00

How often will you measure the success of this quality assurance item?*

Annually

Quality Assurance Item 2

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Provide quarterly disbursements based on current child census population data and as needed at the County level to fund services for children identified as Multiple Needs Children by the County Children's Services Facilitation Teams.

Measurement*

How will you measure the activity and/or the impact of the activity?

Number of children served.

Provide the amount budgeted for this quality assurance item.*

\$1,375,000.00

How often will you measure the success of this quality assurance item?*

Quarterly

Quality Assurance Item 3

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Provide training, consultation, and/or technical assistance to County Children's Services Facilitation Teams, agencies, and others as requested. This activity includes Administrative costs (including staff)

Measurement*

How will you measure the activity and/or the impact of the activity?

Number provided.

Provide the amount budgeted for this quality assurance item.*

\$163,275.00

How often will you measure the success of this quality assurance item?*

Quarterly

Quality Assurance Item 4

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Provide consultation and/or discharge tracking services to County Children's Services Facilitation Teams, agencies, and others for children served through the SCSFT. This activity includes Administrative costs (including staff)

Measurement*

How will you measure the activity and/or the impact of the activity?

Number served.

Provide the amount budgeted for this quality assurance item.*

\$163,275.00

How often will you measure the success of this quality assurance item?*

Quarterly

Quality Assurance Item 5 (optional)

Activity

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

[Unanswered]

Measurement

How will you measure the activity and/or the impact of the activity?

Provide the amount budgeted for this quality assurance item.

How often will you measure the success of this quality assurance item?

Quality Assurance Item 6 (optional)

Activity

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Measurement

How will you measure the activity and/or the impact of the activity?

Provide the amount budgeted for this quality assurance item.

How often will you measure the success of this quality assurance item?

File Attachment Summary

Applicant File Uploads

No files were uploaded