

## 2016 CHILDREN FIRST PROGRAM PLAN

### **Part A: Eligible Contractor**

- Wisconsin County Agency, County Department \_\_\_\_\_
- Wisconsin Tribal Agency
- Wisconsin W-2 Agency

#### **Contractor (Administrative) Agency Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contract Signer's Name: \_\_\_\_\_

Contract Signer's Title: \_\_\_\_\_

Contract Signer's Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### **Part B: Subcontractor for Children First Case Management Services**

- No subcontractor proposed

#### **Subcontractor Agency Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

- Attached Subcontractor Letter of Intent or copy of 2016 Subcontract
- Attached Additional Subcontractor Letter of Intent or 2016 Subcontract

### **Part C: Proposed Service Area**

The contractor must serve all counties/tribes specified in the proposed service area.

County/Tribe	√	Child Support Agency Letter of Support Attached
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Additional Counties/Tribes and Letters of Support Attached

### **Part D: Background and Philosophy of the Organization**

Provide a one-page summary that includes the proposer's organizational background and the philosophy of the organization.

**Part E: Referrals from the Child Support Agency**

Provide a one-page summary that outlines the Child Support Agency's prioritization of cases referred for CF services and how the referrals will be made to the administering agency.

**Part F: Proposed Children First Services**

Provide a one-page summary that includes proposed Children First services. Include the number of participants the administering agency anticipates being able to serve and justification for the number requested.

**Part G: Methodology to Identify Outcomes**

Provide a one-page summary of the methodology administering agency will use to identify outcomes, including the number of participants served, number of compliant participants and their status of employment, and number of non-compliant participants and reasons for non-compliance.

**Part H: Authorized Contractor Signature:**

---

Administering Agency Representative	Title	Date
-------------------------------------	-------	------