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  
__________________________             ___  
__________________________             ___  
__________________________             ___  
__________________________             ___  

___ 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:

<table>
<thead>
<tr>
<th>Administering Agency Representative</th>
<th>Title</th>
<th>Date</th>
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