2017 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 2017 Subcontract
___ Attached Additional Subcontractor Letter of Intent or 2017 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.

Please include the names of local, state and community based organizations you will partner with to provide services. Please include a short narrative describing the services each organization will provide.

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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