2018 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 2018 Subcontract
___ Attached Additional Subcontractor Letter of Intent or 2018 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 organizational philosophy.
**Part E: Referrals from the Child Support Agency**
Provide a one-page summary outlining the child support agency’s prioritization of cases referred for CF services and explaining 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 employment status, number of -noncompliant participants, and reasons for -noncompliance.

**Part H: Authorized Contractor Signature:**

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