

2019 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 2019 Subcontract
- Attached Additional Subcontractor Letter of Intent or 2019 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 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:

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