

2025-2026 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 Subcontract

Attached Additional Subcontractor Letter of Intent or 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 for Providing Services

Provide a one-page summary that includes the proposer's organizational background and organizational philosophy. Please explain how providing CF services fits into your core mission for providing services.

Part E: Referrals from the Child Support Agency

Include a summary which outlines the agreement with the Child Support Agency (CSA) for the referral of noncustodial parents (NCP) for Children First (CF) services.

Please describe how the CSA and the CF services provider will collaborate in the provision of services. Include information about scheduled meetings for face to face discussions between the CSA and CF staff as well as information describing how the CF agency will communicate with and provide updates to the child support agency. Include timelines for providing the CSA with updates on the NCP's status and level of compliance.

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 describe any formal and informal partnerships and/or collaborations your agency has with local, state and community organizations.

Part G: Methodology to Identify Outcomes

Provide a summary of the methodology the 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.

Please describe your plan for early intervention to reduce noncompliance.

Part H: Authorized Contractor Signature:

Administering Agency Representative Title Date