

NORTH CAROLINA PARTNERSHIP FOR CHILDREN

Smart Start Format for Activities

Partnership Name: Stanly County Partnership For Children Submission Date: _____

Activity Title:

I. Activity begun in Fiscal Year: _____

____ Revised continuing activity, no scope change
(minimal expansion or deletion of currently approved components)

____ New Activity

____ Revised continuing activity, scope change
(components added or deleted that change intent of original activity approval)

____ NCPC request

II. **Full Activity Description (FAD):** After reading this section, the reader should have knowledge of the activity and how it will operate. Assume the reader has little familiarity with the partnership or the county and answer as completely and in as much detail as possible. Please be sure to address the following using either narrative style or specifically answering the questions:

A. Grants:

Yes No

Does this activity contain grants of any kind or incentives to participants? What is being given to participants? If you have checked yes, describe in detail.

B. Medicaid Reimbursement:

Is any portion of this activity Medicaid reimbursable? If you have checked yes, describe in detail.

C. What specific service will be offered? If it is similar to other services in the county please explain how this service will enhance, expand or work with the service currently offered.

D. Describe the population to be served. Eligibility criteria for participation must be included.

F. What specific services/tasks will be done and by whom? Include staff that will be paid for with Smart Start funds and describe what they will be doing.

G. Describe in full how the service will operate.

H. Describe when and where this service will operate.

I. Collaborations: What collaborations were necessary to implement this activity? List organizations and agencies that have collaborated in the development or delivery of this Service.

III. **Projected Line Item Budget and Narrative:**

Include a budget and narrative for 14-15, 15-16, 16-17 that details projected expenses in a line item budget format. Be sure to include specifics for each projected expense, *i.e. Personnel: 2 FT CCHCs at \$35,000/year including benefits*. If this activity has multiple funding sources, discuss within the narrative in-kind or matching funds that are being leveraged.

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IV. Contract Activity Description (CAD), 200 words maximum:

This section will be used in developing service contracts. Write the CAD after you complete the full activity description (FAD). Refer to the Smart Start Cost Principles for additional items to be included. The following information must be addressed when writing the CAD:

- What service will be provided
- For whom will the service will be done
- Who will provide the service
- How will the service be delivered

Optional with Planning Consultant input:

- Where will the service be delivered
- When will the service be delivered

In addition, the contract activity description (CAD) must:

- Be written in the future tense
- Be limited to 200 words or less in length
- Spell out all acronyms and abbreviations when first used
- Be written in paragraph form (no bullet or numbered lists)
- Be free of spelling, grammatical and spacing errors