Proposal Submission Checklist

The proposal submission must include:

☐ Checklist
☐ Application form with original authorized signature
☐ Program Narrative (4-7 pages)
☐ Copy of Accreditation/CDA status
☐ Current copy of OCCS license
☐ Signed Program Assurances form
☐ Signed Service Provider Specification

Please double-check the following:

☐ You meet all eligibility requirements.
☐ Your application is legible
☐ You have answered all the questions and your answers are clear and concise.
☐ Your narrative is not less that 4 not more than 7 pages and is typed.

Remember:

1. Submissions must be received in the Cluster office by _________________ 2002.
2. Applications received after the deadline (regardless of date of postmark) will not be considered for funding. Faxed or emailed applications will not be accepted.
3. Proposals should be submitted to: __________________________ (Lead Agent)
   _____________________________________________________________(Address)

If you need a copy of this application you can download a copy from
www.dorchestercluster.umb.edu
Zer0 to Ei8ht Coalition
Direct Services Continuation Application (FY 03)

NARRATIVE QUESTIONS

1. Program/organization description(s):
   Describe your program's mission, goals, program activities, services provided and
   information on families you serve. Include the composition of your staff and
   languages spoken.

2. Program Quality
   Describe your program standards or guidelines of educational outcomes.

3. Comprehensive Service Delivery
   Describe how your program provides services to children using the
   comprehensive service delivery model.

4. Literacy
   Describe the literacy component in your program

5. Staff Development
   Describe the professional development of your current staff. Include how your
   program assists staff members with educational development.

6. Cluster Participation
   Name the staff member who attends the Cluster meetings. Include his/her
   committee participation. What was your level of involvement with the Cluster and
   the 0-8 Coalition in the last year?

7. Parent Involvement
   Describe how parents are involved in your program

8. Accreditation/CDA
   Describe your program status; with CDA/Accreditation.

9. Direct Service Allocation
   How many slots are you applying for? If you request an extension of slots please
   justify why
Zer0 to Ei8ht Coalition

Direct Services Continuation Application (FY 03)

Instructions:
• Complete all questions
• Type or print neatly and clearly on black ink

Provider Information

Applicant Name: _______________________________________________________
(Program site name/Family provider name)

Program Address: ______________________________________________________
(Number) (Street)
(City) (State) (Zip)

Mailing Address: ______________________________________________________
(Organization Name)
(Number) (Street)
(City) (State) (Zip)

On-site Contact Person: _________________________________________________
(Signature) (Name)

Person Responsible for Billing: ___________________________________________
(Signature) (Name)

Telephone: (___)___________________ Fax (___)__________________________

E-mail: ________________________ OCCS License # / Exp Date: ______________

Designated Authorized Signature: __________________________________________
(Program Director or Agency Signing Authority) (Signature) (Print Name)

Federal ID #: ____________________ Social Security #: ______________________

Number of current slots: ___________ Slots requested: _______________________
(Provide explanation if more or less than current)

Number of years this program has been operating: ______________

Type of program (Check only one)

☐ Head Start ☐ Child Care Center ☐ Family Child Care
☐ Family Child Care System