Submit this form to DCYF AFTER Community Vetting and Approval is done. Feedback and technical assistance are available.

|  |  |
| --- | --- |
| Name of Priority Project:  |       |
| SFC Locale/Facilitator:  |       |
| Date of Proposal:  |       | Total Priority Project Budget: |  |

What agency(ies) or community volunteers will be carrying out this Priority Project? (Who is the fiscal sponsor, and other partnering agencies or individuals.)

Brief description of this Priority Project - Include activities, the intended audience, and impact.

Is this a new project, or a continuation of an existing project?

Selection process - why was this project selected? What need will it support for families?

Community Vetting and Approval: What process has this proposal been through to receive community input and buy-in?

What is the rough timeline for implementing this project?

What do you hope will come out of this project? (e.g., Outcome/s)

How will you know that the outcome is happening? (e.g., Measurement/s)

Would it make sense to collect Protective Factors Surveys from families and/or exit interviews from implementors of this project

Please attach any additional planning documents (work plans, proposals, budgets) that have been developed for this project.

|  |  |
| --- | --- |
| DCYF Approval Given By:      | Date:      |