**ARPA EARLY CHILDHOOD APPLICATION**

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| Agency Name: | | Contact Person: |
| Address: | | Email Address: |
| City: | | Phone: |
| State: WI | Zip: |  |
| **Project Overview: Please provide an overview of the proposed project, including a description of project goals, the purpose and intended impact, how the project incorporates evidence-based/informed strategies** | | |
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| **Need and Rationale: Describe the current need for the population being served with the proposed activities.** | | |
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| **Partnerships and Collaborations: Describe any existing or planned collaborations for your project. Include how you will engage your partners in shared decision making.** | | |
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| **Evaluation and Measurement: Explain how will you measure the success and impact of your program.** | | |
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**ACTION PLAN**

What goals and objectives do you aim to achieve through your project? Complete the action plan template below (duplicate the table as needed) or provide your own action plan. This will serve as your work plan throughout the grant period.

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| **Goal (long term goal):** Ex: Improve Relationships between parents/guardians and their children | | | |
| **Objectives (short term goal)**  Ex: Serve 100 families | **Activities you will implement**  Ex: Implement 6- week family strengthening curriculum | **Timeline for implementation**  Ex: Classes will be held quarterly starting in April 2024 through August 2025 | **How will you evaluate outcomes?**  Ex: Pre and Post surveys will be taken by families participating |
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