

# NORTH CAROLINA PARTNERSHIP FOR CHILDREN

## Smart Start Format for Activities

Partnership Name: _____	Submission Date: _____
Activity Title:	

**I. Activity begun in FY: \_\_\_\_\_ (Fiscal year - FY)**

**Reason for submission to NCPC:** *(Please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>New Activity</b>        | <input type="checkbox"/> <b>Revised continuing activity, no scope change</b><br><i>(minimal expansion or deletion of currently approved components )</i>           |
| <input type="checkbox"/> <b>NCPC 3 year request</b> | <input type="checkbox"/> <b>Revised continuing activity, scope change</b><br><i>(components added or deleted that change intent of original activity approval)</i> |

**II. Activity Codes:            A) PBIS ID -            B) PSC -**

- A) *List the PBIS ID number that best reflects your partnership’s strategy for implementing this activity. Please refer to the most recent “PBIS ID Numbers Chart” located on SmartNet.*
- B) *List the purpose service code (PSC) that best describes this activity. Please refer to the NCPC Fiscal Department’s “Chart of Accounts” located on SmartNet.*
- BI) *If this is a subsidy activity (PSC IXXX), please answer the following questions:*
- *What agency is the administrator? (will report into the Smart Start Reporting System-SSRS or More At Four-MAFKids)*
  - *Who is the responsible party? (supervisor)*
  - *Who will regularly report into the SSSRS? (specific person, not supervisor) and who will be the back-up?*
  - *Can the reporter and backup staff be available for training during July or August?*

**III. 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 all of 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.

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### C. Description of Services:

Please address the following in detail:

- the specific service to be offered, including the tasks/goals to be accomplished and when and where this service will operate
- the population to be served, including eligibility criteria for participation
- the staff that will be paid for with Smart Start funds
- the incorporation of effective practices into activity, if applicable

D. 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. *(Reminder – duplication/supplantation of services is not approvable: i.e. paying for a Medicaid eligible well child visit)*

E. Describe which organizations and agencies have collaborated in the development or delivery of this service to make it responsive to community need.

## IV. Program and Data Evaluation

**A. Projected Outputs (Numbers/Counts) for the upcoming FY:** *The Counts WebApplication is the primary vehicle for reporting "counts." Activities with specific Purpose Service Codes require data entry using a specific system:*

- *PSC 1xxx uses the State Child Care system, also called the Smart Start Reporting System except for More At Four*
- *More At Four, PSC 1322, requires the use of MAFKids;*
- *PSC 3414 requires the use of a different statewide electronic reporting system for Child Care Health Consultants.*

***Please talk with your Planning Consultant about what reporting systems are required for this activity, review the types of counts needed and adjust the following information for the specific database.***

*For the Counts WebApplication:*

*1) Review the "counts questions" for the current fiscal year (See SmartNet> Program & Data Evaluation>View All Documents>Quarterly Counts>FYxx xx). Identify questions that appear to be a "match" for strategies involved in this activity.*

*2) The "counts questions" are ONLY what is reported quarterly via the Counts WebApplication. A partnership may require the collecting and reporting of other information.*

***Both types of outputs may be entered into the chart below. At a minimum, identified outputs for #1 above must be entered into the chart below. You may also enter outputs for # 2 above.***

***If this activity has a Family Support PBIS ID (FS10, FS20 or FS40), please talk with your Planning Consultant about additional reporting requirements.***

List one output on each line of the following chart (insert lines as needed). Complete each column on the chart with the required information, deleting the example before submission.

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List one output per line	What documents will be used to measure output?	Who will be responsible for documentation?	Where will documentation be filed?
<i>Example: 100 centers will increase their star rating by at least 1 star</i>	<i>Quality Enhancement Site plan</i>	<i>QE Specialist</i>	<i>In notebook in QE area of partnership office</i>

### B. DOCUMENTED NEED and OUTCOMES

<p><b>Describe the NEED(s) to be addressed by this activity:</b> <i>(Remember to use recent local needs data. State and/or national data may also be included, all preferably less than 5 years old whenever possible.)</i></p> <p><b>Example:</b> <i>A January 2007 internet review of the Division of Child Development (DCD) Regulatory database indicated 50% of child care facilities in our county are less than 4 star; therefore child care quality improvement efforts continue to be a need in XX county so that all children will have the benefit of 4 or 5 star level care.</i> Please delete this example when you insert your activity specific need.</p>  
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#### Actual and projected OUTCOMES identified for this activity for the upcoming FY:

- Does this activity require **Standard Language Outcomes**? *(See Smart Net>Program & Data Evaluation>View all documents>Standard Language for Outcomes)* **If yes, those outcomes must be listed first.**
  
- The selected outcomes must be linked to the above documented need statement and relate to at least one of the projected counts in the previous section. Enter one outcome in a row with no more than 3 outcomes for each activity. For assistance in writing outcomes, refer to the Word document titled Smart Start Activity Outcome Checklist *(Smart Net>Policies and Procedures>View all documents>Program and Planning>Annual Plan documents>Basic documents> Supplementary Documents)*

#### Outcomes – Previous FY *(list year)*

Projected Outcome	Actual Outcome	How did the actual outcome compare with the projected outcome?			What factors explain why the actual outcomes exceeded or did not meet the projected outcomes?
		Exceeded	Met	Did Not Meet	

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### Outcomes – Current FY (*list year*)

Projected Outcome	How do you anticipate the actual outcomes will compare to the projected outcomes at the end of this FY?			What factors explain why the actual outcomes may exceed or may not meet the projected outcomes?
	Exceed	Meet	Will Not Meet	

### Projected Outcomes – Upcoming FY (*list year*)


**V. Projected Line Item Budget AND Narrative:**

Include a line item budget and narrative that details projected expenses in a line item budget format. *Please see the sample format in Excel. You may use the sample form or your own version as long as all required information is included.* Be sure to include specifics for each projected expense, *i.e. Personnel: 2 FT CCHCs at \$50,000/year per position including benefits.* If this activity has multiple funding sources, discuss within the narrative in-kind or matching funds that are being leveraged.

**VI. 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
- Who will receive the service
- What staff will Smart Start fund
- 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 within the CAD
- Be written in paragraph form (no bullet or numbered lists)
- Be free of spelling, grammatical and spacing errors
- Be free from apostrophes in the title