

Applicant Data Form

Virginia Department of Social Services, Division of Child Care and Early Childhood Development,
 801 East Main Street, 8th Floor, Richmond, Virginia 23219-2901
 Request for Proposal Number: CECD-12-042

Sub-grant Program:	Infant & Toddler Specialist Network		
Applicant Name:			
Applicant Mailing Address: Physical Location: (if different from mailing address)			
CCR Number and Expiration Date			
Sub-grant Period:	July 1, 2012 through June 30, 2013		
Program Director/ Administrator*			
Program Coordinator*		Finance Officer*	
Name:			
Title:			
Address (if not the same as above):			
Phone:			
Fax:			
E-mail:			
Project Budget Summary			
VDSS Funds	Other Funds**	Grand Total	
\$	\$	\$	

* The *program director/administrator* is generally the person responsible for the overall sub-grant administration and compliance with sub-grant guidelines. This could be the agency's executive director, CEO, etc. The project director should be kept up to date on both the financial and project success since this is the person VDSS holds accountable for the sub-grant. The *program coordinator* is responsible for the day-to-day management and implementation of the sub-grant project. This person may actually run the project or may supervise a staff member who is doing the hands-on work. The *finance officer* is the agency's designated financial officer or grants officer who is responsible for tracking sub-grant expenses and ensuring financial compliance with the sub-grant guidelines.

** It is *only* necessary to complete this space when fees are charged for services.

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INCLUDED?	RFP SUBMISSION CHECKLIST
	<p>Three (3) full proposals with original authorized signatures (signed in ink); full proposal includes:</p> <ul style="list-style-type: none"> • complete copy of RFP and all addenda acknowledgements, if any, signed and filled out as required • project narrative (limited to 25 pages, double spaced) • completed attachments F–K • SF 424B – Assurances – Non-Construction Programs (completed and signed in ink by authorized representative) • letters of support (minimum of 3)
	<p>Four (4) copies of original signed proposal; copies include:</p> <ul style="list-style-type: none"> • project narrative • completed attachments F–H • letters of support
	COMPLETE RFP (page 1 completed and signed, page 41 signed, authorized representative to sign in ink)
	ALL ADDENDA (signed to acknowledge change(s), authorized representative to sign in ink)
	ATTACHMENT F– Applicant Data Form (completed and signed in ink by program director/administrator or program coordinator and finance officer)
	<p>PROJECT NARRATIVE (25 page limit, double spaced); includes and is organized in the following order:</p> <ul style="list-style-type: none"> • current track record of positive impact • financial track record and strength • capacity, skills and experience of leadership who would be involved with oversight or implementation of the plan • understanding of market context, including analysis of existing services, delivery and systems for infants and toddlers as well as existing gaps • description of your plan and approach/process to accomplish the goals of the RFP including how new regional ITSN offices will be established • projections for expanding the infant & toddler specialist network
	ATTACHMENT G – Overview of Activities and Outcomes (use instructions; chart completed)
	ATTACHMENT H – Itemized Budget Summary (any income and justification of expenses included (explain expenses and how costs were determined), may attach narrative for the justification except for salary and benefit justifications)
	SF 424B – Assurances – Non-Construction Programs (signed in ink by authorized representative)
	ATTACHMENT I – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (use instructions, signed in ink by authorized representative)
	ATTACHMENT J – W-9 Form (completed, signed in ink by authorized representative)
	ATTACHMENT K – State Corporation Commission Form
	LETTERS OF SUPPORT (at least 3 current letters)

REQUIRED SIGNATURES

Program Director/Administrator or Coordinator **Date** **Finance Officer** **Date**