**Partnership: Orange County Partnership for Young Children**

***Remember to include grants/bonuses and Medicaid related strategies in the Program Elements.***

**Activity Name**:

**CECP ID:**

**PSC:**

**1. Logic Model: Program Activities**

| **Logic Model** | | | | | |
| --- | --- | --- | --- | --- | --- |
| *If this condition exists* | *For this Population* | *And we implement these strategies* | *This many times, for these individuals* | *We expect this short-term change* | *And we expect this long-term change* |
|  | | | | | |
| **Need Statement**  **Why?** | **Target Population**  **Who?** | **Program or Activity Elements**  **What and Where?** | **Outputs**  **How Many?** | **Outcomes**  **So What?** | **How does outcome impact children and families over time?** |
| *Include:*   * *Information about overall eligible target population for this activity.* * *Specific need the strategies in this activity address.* * *Numbers along with percents. Estimate where needed.* | *Include:*   * *Target population for this specific activity.* * *Descriptors of the target population. Example, 1-3 star homes.*   *Use a separate row to align each target population with strategies, outputs, and outcomes.* | *Include:*   * *Brief bullet points that describe strategies or activity components* * *For each strategy or component, there should be outputs and outcomes.* * **Please remember to include grants/bonuses and Medicaid related strategies in the Program Elements.** | *Include outputs for each strategy or component.* | *Should include changes the activity expects for participants.*  *Include:*   * *Name of surveyor other data source for outcome.*   *Numbers with percents. Example: 90% (9/10).* | *Forecast out how outcomes lead to changes in PBIS and other long term goal this project will impact.* |
| **1.** | **1.** | **1.** | **1.** | **1.** | **1.** |
| **2**. | **2**. | **2**. | **2**. | **2**. | **2**. |
| **3**. | **3**. | **3**. | **3**. | **3**. | **3**. |
|  | **↓** | **↓** | **↓** | **↓** |  |

**Additional Information**

**2. Staffing Plan**

|  |  |  |
| --- | --- | --- |
| **Job Title** | **FTE** | **Minimum Education & Experience Requirements** |
|  |  |  |
|  |  |  |
|  |  |  |

**3.** **Community Collaboration**

Describe how this activity will fit into the continuum of services available to your selected target population.

**4. Contract Activity Description (CAD), 200 words maximum:**

The following information must be addressed when writing the CAD: What services will be provided, who will receive the service, what staff will Smart Start fund, how will the service be delivered. In addition, the Contract Activity Description (CAD) must: Be written in the future tense, 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 and be free from apostrophes in the title.