|  |  |
| --- | --- |
| FS logo.jpeg  **[[Insert Name]] County First Steps *FY18 Grant Renewal Application:***  ***Fiscal Year 2018***  **Board Chair:**  **[[Insert name]]**  **Executive Director:  [[Insert name]]**  **Contact Information:**  **[[Insert street address]]**  **[[Insert city, state zip]]**  **Phone: [[Insert phone]] FAX: [[Insert fax]]**  **Email: [[Insert email]]**  **Web Site: [[Insert web address]]** |  |

**FINAL DEADLINE FOR SUBMISSION: 5:00pm, Friday, May 5, 2017 (no extensions)**

Email this renewal plan application, budget spending plan and ALL required attachments to your assigned Technical Assistant (TA). Please email all documents with signatures as scanned pdfs.

**By signing below, the Board Chair and Executive Director each attest that:**

* To the best of our knowledge, all information contained herein is an accurate portrayal of the [[Insert Name]] County First Steps Partnership’s programs, activities and expenditures.
* The [[Insert Name]] County First Steps Partnership Board met on [[DATE]] and voted to approve the enclosed renewal plan application, which was provided to board members in advance of the meeting for review. Meeting minutes reflecting this action are attached.
* [[Insert Name]] County First Steps Partnership Board met on [[DATE]] and reviewed the projected data for FY17 and compared it to its actual data and strategy performance relative to SC First Steps Program Accountability Standards. Minutes reflecting this action are attached.
* The **SC First Steps Partnership and Program Accountability Standards** detail requirements governing the operation of local partnerships and their funded strategies. By submitting this Grant Application/Renewal to the First Steps Board of Trustees, the [[Insert Name]] certifies its familiarity with these requirements and its commitment to their fulfillment.
* [[Insert Name]] County First Steps Partnership is responsible for entering complete and accurate data for the FY17 program year into the First Steps Data Collection System by **May 5, 2017** for all data through April 30, 2017. Final data for client visits and assessments must be entered by **June 1, 2017** for determining strategy approvals for the coming year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Board ChairSignature of Board ChairDate

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Printed Name of Executive Director Signature of Executive Director Date

**Table of Contents**

Cover Signature Page 1

Table of Contents 2

Required Attachments Checklist 3

Partnership Needs and Resources Assessment 4

Use of FY17 State Funding Increase 4

Guidance on Developing the FY18 Budget Spending Plan 5

Progress toward 2016-17 Goals and Objectives 6

Program Standards Section 7

FY18 Strategy Summary 7

FY17 Performance Summary, by Strategy 8

Instructions: Performance Summary Table 9

New Strategies 10

Partnership Standards Section 12

Core Functions and Community Engagement 12

Governance 13

Board Members List 14

Resource Development 15

Fiscal Signatories Form for FY18 16

**Required Attachments Checklist**

**For all partnerships:**

FY18 Renewal Application in Word

FY18 Budget Spending Plan (BSP) in Excel

FY18 Resource Development Plan

Signed copy of the following documents (scanned as pdf):

Renewal Plan cover page

BSP Summary Page

Approval of Fiscal Signatories for FY18

**Board minutes**, signed by the Board Chair and Executive Director (in Word or pdf, signature pages scanned as pdf), reflecting:

Approval of the partnership’s FY18 Renewal Application

Approval of the partnership’s FY18 Budget Spending Plan

Approval of proposed use of estimated carry-forward funds for FY18 (optional)

Approval of partnership’s fiscal signatories for FY18

Review of FY17 projected and actual data, as well as strategy performance relative to SC First Steps Program Accountability Standards.

Adoption of the partnership’sFY18 Resource Development Plan

**For Partnerships contracting with one or more school districts**:

Letter from school board chair(s) certifying:

* + the need for First Steps funding for the 2017-2018 school year;
  + that partnership funds will be used to supplement, not supplant, other federal/state/local funding; and
  + what matching resources will be provided to the partnership’s strategy(ies).

**For Partnerships funding Early Education strategies in one or more school districts**:

Letter from school district confirming:

* that the Power School file of each child enrolled in a First Steps funded 4K classroom during FY17 (2016-17) has been flagged to reflect (as appropriate) that his/her classroom was fully/partially funded by SCFS, and
* the need for First Steps funding to provide/maintain services to *children qualifying for free- or reduced-lunch and/or Medicaid* during FY18 (2017-18)

**[[Insert Name]] First Steps**

**Partnership Needs and Resources Assessment Update**

Per First Steps legislation, local partnerships must update their Needs and Resources Assessment every three years (Section 12. Section 59-152-70(A)(5)).

Partnerships whose latest Needs and Resources Assessment will be **older than 3 years** **at some point during the 2017 calendar year**, must update their Needs and Resources Assessment by December 31, 2017.

A Needs and Resources Assessment template, as well as updated data sources, will be available on the SC First Steps web site to assist partnerships with meeting this requirement.

|  |  |
| --- | --- |
| **Enter the date that the partnership’s most recent Needs and Resources Assessment was approved by the partnership board:** |  |
| **Enter the date that the partnership’s NEXT Needs and Resources Assessment will be due:** | December 31, 20\_\_ |

**How Your Partnership Used Its Increase in State Funding During FY17**The General Assembly provided additional funding for local partnerships for 2016-17, which enabled SC First Steps to raise the minimum grant funding level from $138,000 to $200,000 and provide remaining partnerships with funding based on the current funding formula. Please complete the table below so that SC First Steps may report to the General Assembly how this increased state funding was used to expand and/or enhance services to children and families.

|  |  |  |  |
| --- | --- | --- | --- |
| **Use of Increased State Funding in 2016-17** | | | |
| **How much did your partnership’s allocation increase, from FY16 to FY17?** | **$62,000 (example)** | | |
| **Program** | **Amount of increased funding that you will SPEND by 6/30 (estimate)** | **Increase in # served from FY16, if applicable** | **Description** | |
| Example: Parents as Teachers | $40,000 | 20 | Added 2nd parent educator to serve 20 additional families | |
| Example: Child Care QE | $20,000 | NA | Provided an additional $2,000 in materials funding to 10 QE centers | |
| Example: General | $2,000 | NA | Upgraded staff computer system | |
|  |  |  |  | |

**Guidance on Developing the FY18 Budget Spending Plan**

* **FY18 Funding Amount:** Use the preliminary allocation amount for FY18 for developing your partnership’s Renewal Plan and Budget Spending Plan.
* **Carryforward from FY17 (Fund 56):** Do not include Fund 56 in your Budget Spending Plan at this time. Once the FY17 fiscal year closes, SCFS will certify carryforward amounts and partnerships will then use the reallocation process to add Fund 56 into their BSP.   
    
  Partnership boards must approve the use of carryforward funding. Boards may choose to approve the use of carryforward at renewal (attach minutes), or wait until the partnership receives its official carryforward amount from SCFS. If your partnership board has approved use of carryforward, please indicate below:

|  |  |  |
| --- | --- | --- |
| **Proposed Use of Carryforward  (if approved by your partnership board)** | | |
| **Program or Service** | **Estimated amount of CF** | **What funds will be used for (remember ALL state funds, including carryforward, must adhere to EB/EI policies effective July 1, 2017)** |
| Example: Parents as Teachers | $40,000 | Add parent educator to serve 20 additional families |
|  |  |  |
|  |  |  |
|  |  |  |

* **Administrative Expense Limitation:** Per legislative requirements, an external study is currently underway regarding the 8% limitation on partnerships’ administrative expenses. The recommendations of this study are to be considered by the SC First Steps Board of Trustees, and new administrative policies set by the state board, prior to June 30, 2017.

Partnerships are advised to develop their FY18 Budget Spending Plan using the current 8% limitation on administrative expenses. BSPs may be modified at a later time, in accordance with board-adopted policies.

**[[Insert Name]] First Steps**

**Progress Toward Priority Goals and Objectives for 2016-17**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please restate your Priority Goals and Objectives that were approved by your partnership board for 2016-17, and provide an update on your progress to date. Note that for any goal or objective you plan to continue into 2017-18, you will be asked to provide a progress update as part of your Annual Report, due October 1.** | | | | |
| **GOAL** | **AREA (strategy performance, resource development, etc.)** | **OBJECTIVE(S): Measurable outcomes that will demonstrate progress towards the Goal** | **ACTION STEPS TAKEN to date RESULTS to date**  **Any remaining activities to be done before June 30** | **How well do you think your partnership performed relative to this Goal?**  **(If applicable) What prevented you from achieving 100% success? What could you have done differently?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**[[Insert Name]] First Steps**

**FY18 Strategy Summary**

**Please include all partnership strategies proposed for 2017-18, including those funded without state dollars**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Strategy Area**  **(Parenting/Family Strengthening, Early Education, School Transition, Child Care, or Healthy Start)** | | **Strategy Name** | **New or Continuing Strategy for FY18?** | | **Program Code** |  | **Procurement**  **(in-house or vendor contract)** | | | **Projected to Serve (FSDC) for FY17** | **Actual Served in FY17** |  |
| **Will state funds be used for this strategy?** | **Over $10,000? Y/N** | **In-house**  **Y/N** | **Date this Strategy was Last Bid, if applicable** | **Projected to Serve for FY18** |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  | |  |  | |  |  |  |  | **\_\_/\_\_/20\_\_** |  |  |  |
|  |  | | |  | | | | | | | |  |

**.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[[Insert Name]] County First Steps**  **Performance Summary for 2016-17, by Strategy**  **(see INSTRUCTIONS below)** | | | | | |
| **Program Code and Strategy Name** | **Continue in FY18?**  **Y/N**  **(if “N”, why?)** | **Strategy Description  (client targeting, unique features or partners, etc.)** | **Population Served** | **Strategy Outcomes and Success Stories** | **Strategy Challenges and Improvements Made (include progress on conditional approvals and PAT ER)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Instructions for Completing the Performance Summary Table** | |
| **Continue in FY18?** | Complete the entire table for all strategies implemented in 2016-17, including strategies discontinued during the year or will be discontinued for 2017-18. Please provide an explanation for any discontinued strategies. |
| **Strategy Description** | Provide a brief description of this strategy, based on how the strategy was implemented in 2016-17.  Do not copy/paste a description of the program model. Instead, include information about how this strategy meets the needs of your community. Points you should include:   * How you target clients for this strategy: how you recruit clients, are you focusing on specific populations (ex., teen parents) or geographic areas within your county, etc. * How you integrate this strategy with other programs or services provided by your partnership or other partners * Unique features of your program that make it stand out from other programs using the same model: include collaborations and partners, special activities/events, etc.   If this strategy falls under “Other” Strategy Standards or Community Education, please provide a more detailed description of your program, including what services clients received, curriculum model(s) used, strategy activities etc. |
| **Population Served** | Provide a brief summary of clients served by your program – demographics, risk factors, geography, etc. Include the number of clients you projected to serve, how many have been served to date, and additional expected numbers to be served by June 30. Provide an explanation of the difference between projected vs. actual served, if necessary. If applicable, describe any additional populations (besides enrolled clients) served directly or indirectly by this strategy. |
| **Strategy Outcomes and Success Stories** | BRIEFLY summarize the results of your strategy. Include client outcomes, results of partnerships and collaborations, etc. What are you particularly proud of achieving with this strategy in 2016-17? **Outcomes described should match, if applicable, data entered in the FSDC.** |
| **Strategy Challenges and Improvements Made** | No strategy is 100% successful, 100% of the time. What didn’t go as planned? What areas of program implementation (ex. targeting, client retention, attendance/participation, staffing) presented challenges for your program, and what steps did you take to address them? Were any of your program outcomes (ex. pre to post change, connections to services) less than expected, and what improvements have you or will you make to improve them?  Make sure you address: a) progress on any conditional approvals or unmet PAT Essential Requirements; and b) any non-compliance with one or more First Steps Program Accountability Standards.  Your description should match, if applicable, data collection within the FSDC. Note the SC First Steps TA staff will check each standard for which there should be data in the FSDC, as well as related online sources (ex. CCCCD TAP registry, DSS registry of child care providers by ABC level) and other documents provided by the partnership such as last year’s Renewal Plan, Priority Goals and Objectives, and Child Care Training Plan.  Data deadlines: **May 5** for activities through April 30; **June 1** for final determination of strategy approvals. Please have as may post-assessments complete and entered as possible.  It is recommended that partnerships refer to their mid-year data check results, as well as the Strategy Self-Assessment Checklists available on the First Steps web site, to assist with ensuring compliance with standards and data collection requirements. |

**[[Insert Name]] First Steps**

**NEW Strategies Proposed for 2017-18**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategy Name** |  | | | **Program Code** |  |
| **Strategy Description**  **Provide a brief description of this NEW strategy, based on how your partnership proposes to implement the strategy in 2017-18.**  **If this strategy is one for which there are First Steps Program Standards, DO NOT COPY/PASTE THE DESCRIPTION OF THE PROGRAM MODEL. Instead, include information about how this strategy meets the needs of your community. Points you should include:**   * **How you target clients for this strategy: how you recruit clients, are you focusing on specific populations (ex., teen parents) or geographic areas within your county, etc.** * **How you integrate this strategy with other programs or services provided by your partnership or other partners** * **Unique features of your program that make it stand out from other programs that use the same model: include collaborations and partners, special activities/events, etc.**   **If this strategy falls under “Other” Strategy Standards or Community Education, please provide a more detailed description of your program activities, including what services clients will receive, curriculum model(s) to be used, etc.** | | | | | |
|  | | | | | |
| **Strategy Rationale**  **Why are you proposing to add this strategy? What data from your partnership’s strategic plan and needs and resources assessment suggests that this strategy is the best fit to fill service gaps and collaborate with existing agencies and organizations in your community?** | | | | | |
|  | | | | | |
| **Describe the staff and resources (financial, in-kind) to be allocated to this strategy.** | | | | | |
|  | | | | | |
| **For New “Other” or Community Education Strategies ONLY: Strategy Implementation Plan (otherwise leave BLANK)** | | | | | |
| **Strategy Goals** | | **Strategy Objectives, Output and Outcome Measures, and Assessment Tools Used to demonstrate Goal achievement** | **What data will be collected, and when, to determine if the strategy is meeting its goal? How will the data be entered into the First Steps Data System?** | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |

**COPY/PASTE THIS NEW STRATEGY FORM AS NEEDED**

**[[Insert Name]] First Steps**

**Partnership Core Functions and Community Engagement**

**2016-17 Results**

|  |
| --- |
| **Local Portal for Services**  The local partnership shall serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children (Section 12. Section 59-152-70(4)(a)). |
| **Describe how your local partnership served as a “local portal for services” in 2016-17 (refer to Collaboration/Community Engagement standard 3., items a.-e.).** |
|  |
| **Community Convener**  Local partnerships shall serve as a community convener around the needs of preschool children and their families (Section 12. Section 59-152-70(4)(b)). |
| **Describe how your local partnership served as a “community convener” in 2016-17 (refer to Collaboration/Community Engagement standard 2.a), items i.-iii.).** |
|  |
| **Community Engagement and Public Awareness** |
| **Does your partnership have a board-approved Community Education and Outreach Plan (note a board-approved Community Education strategy may serve as this plan)?** |
| **Yes, date adopted:**  **No, explain:** |

|  |  |
| --- | --- |
| **[[Insert Name]] First Steps**  **GOVERNANCE REVIEW**  **2016-17** | |
| **Did the Partnership conduct board elections in FY17?** | **Did your Partnership conduct a board orientation in FY17?** |
| **Yes, date of board election:**  **No, explain:** | **Yes, date:   No, explain:**  **Percentage of board members having participated in a board orientation: %** |
| **How often does the Partnership Board conduct its meetings?** | **Does your Partnership Board have approved Conflict of Interest (COI) and Whistleblower policies?** |
| **What is your typical meeting calendar?**  **Monthly**  **Every other month**  **Once a quarter**  **Other, specify:**  **How many times has your full board met in 2016-17?**    **How many total full board meetings will take place in 2016-17?**  **How many times in 2016-17 did your board meet without a quorum, or had to reschedule board meetings due to not having a quorum:** | **Yes COI, adoption date:**  **Yes Whistleblower, adoption date:**  **No, explain:** |
| **Describe your Partnership Board composition.** | |
| **Total # of current board members:**  **Does your board have any vacancies?  Yes  No**  **If yes, please indicate which position categories are currently vacant:**  **Elected members: Specify which categories you are seeking to fill:**  **Designated members: Specify which agencies:**  **# of elected board members currently serving with expired terms:**  **# of appointed board members currently serving with expired terms:**  **# of designated board members currently serving with expired terms:**  **In what areas (if applicable) do you feel your board needs to improve in terms of membership inclusion, such as: geography, gender, race/ethnicity, age, area(s) of expertise, or other?** | |
| **Please describe your Board’s committee structure, if applicable, and how often they met in 2016-17:** | |
|  | |
| **List the names of your Board officers beside their correct title.** | |
| **Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # consecutive years as Chair: \_\_\_\_\_\_\_\_**    **Past Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Vice Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # consecutive years as Vice Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[[Insert Name]] First Steps**  **BOARD MEMBERSHIP COMPOSITION and TERMS**  **As of May 2017**  **Board member rosters shall be published in the partnership’s annual report, be reported annually to the partnership’s legislative delegation and be on file with the Office of First Steps (Section 11. Section 59-152-60(A)).** | | | | | |
| **Name** | **Organization** | **Board Category** | **Date First Elected to the Board (mo/yr)** | **Date of Last Re-election to the Board (mo/yr)** | **Email Address** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **[[Insert Name]] First Steps**  **RESOURCE DEVELOPMENT**  **2016-17** | |
| **Does the Partnership have a board-approved Resource Development Plan for FY18?** | **Does the Partnership have a written process or plan to accept donations, as required by the Internal Revenue Service? Does this process include handling donor confidentiality requests?** |
| **Yes (Required Attachment)**  **No, explain why you do not have a board adopted Resource Development Plan:** | **Yes**  **No, explain why you do not have a board adopted policy:** |
| **Did the Partnership apply for grants in FY17 (either as the lead applicant or a partner organization)?** | |
| **Yes, specify:**  **No** | |
| **Did the Partnership receive any grants to implement its strategies in FY17 (either as a lead applicant or partner organization)?** | |
| **No**  **Yes, as follows:**   |  |  | | --- | --- | | **Name of Grant Received** | **Amount** | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | | **Total Grants Received in FY17** | $ | | |
| **Did the Partnership raise funds other than grants to implement its strategies in FY17?** | |
| **No**  **Yes: Total number of fundraising appeals/solicitations in FY17:**  **Did the partnership participate in a local or regional “Giving Day” campaign?  Yes  No**  **Did the partnership conduct a year-end (by Dec. 31) giving appeal?  Yes  No**  **Amount raised in FY17: $**  **Percentage of board members that contributed and/or solicited funds on behalf of your partnership: %**  **Percentage of staff members that contributed and/or solicited funds on behalf of your partnership: %**  **Is the partnership a current member of TogetherSC (formerly SCANPO)?  Yes  No**  **Does the partnership plan to join TogetherSC (formerly SCANPO) in FY18?  Yes  No** | |

**FY18 Local Partnership Board Official Approval Signatures**

**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Board Chairperson**  NAME (PRINT): |  |
| TITLE: | **Board Chair** |
| SIGNATURE: |  |
|  |  |
| Executive Director *(Must be designated by board)* NAME (PRINT): |  |
| TITLE: | **Executive Director** |
| LIMITATION:  Budget Re-Allocation Form  Invoice Payment Authorization Form  Contract Authorization | *[ Please choose an option for each ]*  $**\_\_\_\_\_\_\_\_\_** amount or no limitations  **NO CHANGES ALLOWED. Limitation amount set by SCFS.**  $**\_\_\_\_\_\_\_\_\_** amount or no limitations |
| SIGNATURE: |  |
|  |  |
| Board Member #1 NAME (PRINT): |  |
| TITLE: |  |
| SIGNATURE: |  |
|  |  |
| Board Member #2 NAME (PRINT): |  |
| TITLE: |  |
| SIGNATURE: |  |

|  |  |
| --- | --- |
| |  | | --- | | Local partnerships (LP) may choose to require the Board Chair’s signature, a Board member’s signature or to delegate authority to the Executive Director either entirely or up to a specified amount of funding. LP re-allocation forms will not be approved by SCFS without at least one of the above signatures. The LP board shall determine how many members have signature authority. Please send a completed copy of this form and a copy of the LP board minutes approving the above authorizations with your renewal plan.  **REMEMBER:**  Send a copy of this form to your **RFM** | |