**Partnership Performance Renewal Plan and Grant Application**

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| FS logo.jpeg | **[[Insert Name]] County First Steps*for Fiscal Year 2018-2019***  |

**Board Chair:**

**[[Insert name]]**

**Executive Director:**

**[[Insert name]]**

**Partnership 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 11, 2018 (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, financial resources, and partnership functioning.
* The [[Insert Name]] County First Steps Partnership Board met on [[DATE]] and voted to approve the enclosed Partnership Performance Renewal Plan and Grant 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 FY18 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 and the First Steps legislation detail requirements governing the operation of local partnerships and their funded strategies. By submitting this Partnership Performance Renewal Plan and Grant Application 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 FY18 program year into the First Steps Data Collection System by **May 11, 2018** for all data through April 30, 2018. Final data for client visits and assessments must be entered by **June 1, 2018** for determining strategy approvals for the coming year.

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Printed Name of Board ChairSignature of Board ChairDate

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

Printed Name of Executive Director Signature of Executive Director Date

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**Required Attachments Checklist**

**For all partnerships:**

**[ ]** FY19 Renewal Application in Word

**[ ]** FY19 Budget Spending Plan (BSP) in Excel

**[ ]**  FY19 Resource Development Plan

**[ ]**  FY19 Community Education and Outreach Plan (***optional***)

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

**[ ]** Renewal Plan cover page

**[ ]** BSP Summary Page

**[ ]** Approval of Fiscal Signatories for FY19 (***also submit to Finance Manager***)

**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 FY19 Partnership Performance Renewal Plan and Grant Application

**[ ]** Approval of the partnership’s FY19 Budget Spending Plan

**[ ]** Approval of proposed use of estimated carry-forward funds for FY19 (***optional at this time)***

**[ ]** Approval of partnership’s fiscal signatories for FY19

**[ ]** Review of FY18 projected and actual data, as well as strategy performance relative to SC First Steps Program Accountability Standards.

**[ ]** Adoption of the partnership’sFY19 Resource Development Plan

**[ ]** Adoption of the partnership’sFY19 Community Education and Outreach Plan (***optional***)

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

**[ ]** Letter from school board chair(s) certifying:

* + the need for First Steps funding for the 2018-2019 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 (2017-18) 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 FY19 (2018-19)

Plan Introduction and Alignment with First Steps Legislation

This 2018-19 **Partnership Performance Renewal Plan and Grant Application** contains both similarities and differences from prior years. There are two main reasons for these changes:

1. **Align with legislative requirements**

The First Steps legislation contains many requirements for local partnership accountability, as well as requirements for the State Office of First Steps to provide technical assistance, consultation, and support to local partnerships based on their needs. In order to streamline these requirements and minimize duplication, the “Renewal Plan” has been re-designed to meet three sets of legislative requirements:

1. Grant application requirements
2. Annual performance review requirements
3. Identification of technical assistance, consultation and support needs

The following page includes excerpts from the First Steps legislation documenting each of the above requirements.

1. **Reduce duplication of reporting by local partnerships**

In 2018, each local partnership board completed a three-year (2018-2020) Comprehensive Plan, based on local needs and resources, which included objectives and action items for each program strategy and core function. For the enclosed document, partnerships need only reference what objectives and action items they intend to implement in the coming year (July 1, 2018 – June 30, 2019) within their strategies and core functions. More detail is necessary only if the activities proposed are not included within their Comprehensive Plan.

Per First Steps legislation, local partnerships must submit an Annual Report by October 1 each year, detailing program effectiveness and client satisfaction for the previous fiscal year as well as progress towards achieving the goals and objectives of their Comprehensive Plan. Therefore, in order to reduce duplication of accountability requirements:

* Data for current year programs and core functions are not requested in this document, as data is available through the First Steps Data Collection System to determine grant application requirements (i.e., if programs were implemented as planned and according to First Steps program standards).
* Data for other areas of partnership functioning – program evaluation, core functions, governance, resource development, and fiscal accountability - are requested both as part of the grant application and annual performance review requirements, and/or to identify areas of strength and opportunities.

**First Steps legislative requirements met by the
Partnership Performance Renewal Plan and Grant Application:**

**Grant Application requirements:**

Section 59-152-90 (A) A local partnership’s grant may be funded annually by the First Steps to School Readiness Board of Trustees and must be contingent on the General Assembly’s appropriation of funds to use for offering grants.

Section 59-152-90 (B) To obtain a grant, a First Steps partnership must qualify by meeting the grant requirements established pursuant to subsection (C). A First Steps Partnership shall submit an application to the Office of First Steps in a format specified by the First Steps to School Readiness Board. The application shall include the level of funding requested, a description of needs of children and families; assets and resources available; and the proposed strategies to address needs as they relate to the goals of South Carolina First Steps to School Readiness.

Per Section 59-152-90 (C), partnership grant qualification requirements must also include: adherence to partnership bylaws, utilization of South Carolina First Steps to School Readiness benchmarks and objectives (Profile of the Ready Kindergartner); implementation of programs and activities that are effective and contributing to the state First Steps goals; and fulfilment of all duties of local partnership boards as contained in 59-152-70 (needs assessment, comprehensive plan, program implementation, core functions, fiscal accountability, record keeping, annual report, performance review)

(use of grant funds specified under 59-152-100, 59-152-120, 59-152-130)

**Annual performance review requirements:**

Section 59-152-70 (F) As a condition of receiving state funds, each local partnership must be subject to performance reviews by South Carolina First Steps, including, but not limited to, local board functioning and collaboration and compliance with state standards and fiscal accountability. If any significant operational deficiencies or misconduct is identified within the partnership, the South Carolina First Steps Board of Trustees must identify a remedy with input from the local legislative delegation.

Progress evaluations (Section 59-125-160) (A) The South Carolina First Steps to School Readiness Board of Trustees shall establish internal evaluation policies and procedures for local partnerships for an annual review of the functioning of the partnership, implementation of strategies, and progress toward the interim goals and benchmarks.

**Review partnership needs for technical assistance:**

Section 59-152-50 (2) review the local partnerships’ plans and budgets in order to provide technical assistance and recommendations regarding local grant proposals and improvement in meeting statewide and local goals;

Section 59-152-50 (3) provide technical assistance, consultation, and support to local partnerships to facilitate their success including, but not limited to, model programs, strategic planning, leadership development, best practice, successful strategies, collaboration, financing, and evaluation.

**Data Collection and Evaluation**

**First Steps Data Collection System**

Partnerships will report final numbers impacted and outcomes achieved for their 2017-18 strategies as part of their Annual Report submission, due October 1, 2018. **Therefore, that information is not requested at this time.**

To assist in determining approval recommendations to the SC First Steps Board of Trustees for the coming year (2018-19), the State Office of First Steps will use data entered in the First Steps Data Collection (FSDC) system to determine if the partnership met the standard for projected vs. actual served (min. 75%) as well as compliance with First Steps Program Accountability Standards, to the extent that data is available in the FSDC. Other program information that may impact approval status include meeting PAT Essential Requirements, program site visits, and other program data and information collected to date by SC First Steps.

The following chart lists the program standards that will be checked in the FSDC. Program staff and EDs are strongly encouraged to check their data in the FSDC prior to submitting their Renewal Plan. The Strategy Checklists available at <http://scfirststeps.com/partnership-self-assessment-checklists/> include the name of the FSDC report or screen(s) used to determine standards compliance. **Please contact your TA as soon as possible if you need assistance with the data system.**

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| **Home Visitation (Parents as Teachers, Parent-Child Home, Early Steps)** | **Cases Data:** Family data entered; staff and required training entered; Risk Factors 100% 1+, 60% 2+; VPM 1.8+ (6+ PCH); Visit Duration 45min (30min PCH); Retention 6+ months current year/9+ months cumulative; Connections 50% (PAT, PCH); ASQ-3 80% active clients; ASQ:SE2 80% active clients (PAT); KIPS 75% active clients; ACIRI 75% active clients (PAT, PCH); LSP (PAT); Health Screenings (PAT); Group Meetings and attendance entered (PAT, ESSS) |
| **LENA** | **Cases Data:** Family data entered; staff entered; Risk Factors 100% 1+, 60% 2+; visits entered; LENA assessments entered |
| **Family Literacy** | **Cases Data:** Family data entered; staff entered; Risk Factors 100% 1+, 80% 2+; parenting education/events and attendance entered as Group Meetings; Retention 75% of clients get 120+ hrs; Connections 50%; ASQ-3 80% active clients; HS diploma/GED goals and outcomes entered; TABE and/or BEST entered for adult outcomes; PPVT (36mo+) or other entered for child outcomes; KIPS, PEP or other entered for parenting outcomes; LSP optional for family goal setting  |
| **Group Parent Training (Triple P, IY, etc.)** | **Cases Data:** Family data entered; Risk Factors entered; sessions and attendance entered as Group Meetings; Triple P assessments entered; Connections optional |
| **Child Care Scholarships** | **Cases Data:** Family data entered; scholarship info entered; Risk Factors 100% 2+ or have waiver; child care providers B level+ (ABC web site checked) or have waiver; ASQ-3 80% active clients; Connections 50%; training on quality child care entered as Group Meeting**DSS Report for 7031 scholarships**: amount paid vs. scholarships allocated |
| **Early Identification and Referral** | **Cases Data:** Family data entered; staff entered; ASQ-3 entered; MCHAT entered; Connections 50% |
| **Countdown to Kindergarten** | **Cases Data:** Summer 2017 families entered; Risk Factors 100% 1+, 60% 2+; CTK visits 5+; 5K teacher as home visitor Y/N; **(NEW):** name of CTK home visitor and 5K teacher**Survey Monkey:** pre/post parent surveys entered; teacher surveys completed |
| **Child Care Quality Enhancement** | **Child Care Data:** staff entered (TAP certification checked); Center Info up to date; child care staff completing ECD101 and attending training; VPM 2+; Visit Duration long enough for impact; Site Visits properly divided among admin and classroom visits; ERS done per standards in focus classrooms |
| **Child Care Training** | **Outputs Data:** entered accurately**Child Care Data:** Site visits to providers as follow-up to training (if partnership provides follow-up visits to training participants not in QE) |
| **EXEMPT from FSDC** | Early Head Start center based, 4K through school district, NFP |
| **ALL OTHER STRATEGIES** | **Outputs Data:** entered accurately |

Please complete the chart below and include ALL strategies that the partnership implemented in 2017-18 that require FSDC data collection, including strategies that have been/will be discontinued for 2018-19 or strategies that were added mid-year. **Partnerships receiving one or more conditional approvals for 2017-18: it is important that conditionally approved strategies achieve compliance with all applicable program standards by the data deadlines listed below.**

|  |
| --- |
| **[INSERT NAME] First Steps FSDC Data for 2017-18** |
| **Strategies entered in CASES DATA**Includes: PAT, PCH, ESSS, Family Literacy, LENA, EI&R, multi-session parent training (Triple P, Incredible Years, etc.), Child Care Scholarships, Countdown to Kindergarten. |
| **Strategy**  | **CASES Data Entry Status (Enter “X” for all that apply)** |
|  |  | Data entry is **complete and accurate** in the Cases Data of the FSDC for program activities and assessments through April 30, 2018. Activities and assessments through May 31 **will be entered by 5:00 pm June 1** to determine compliance with program standards for this strategy. |
|  | Data is incomplete at this time (explain):  |
|  |  | Data entry is **complete and accurate** in the Cases Data of the FSDC for program activities and assessments through April 30, 2018. Activities and assessments through May 31 **will be entered by 5:00 pm June 1** to determine compliance with program standards for this strategy. |
|  | Data is incomplete at this time (explain):  |
|  |  | Data entry is **complete and accurate** in the Cases Data of the FSDC for program activities and assessments through April 30, 2018. Activities and assessments through May 31 **will be entered by 5:00 pm June 1** to determine compliance with program standards for this strategy. |
|  | Data is incomplete at this time (explain):  |
|  |  | Data entry is **complete and accurate** in the Cases Data of the FSDC for program activities and assessments through April 30, 2018. Activities and assessments through May 31 **will be entered by 5:00 pm June 1** to determine compliance with program standards for this strategy. |
|  | Data is incomplete at this time (explain):  |
| **Strategies entered in CHILD CARE DATA**Includes: Child Care Quality Enhancement (QE), child care training on-site follow-up (if no QE strategy). |
| **Strategy**  | **CHILD CARE Data Entry Status (Enter “X” for all that apply)** |
|  |  | Data entry is **complete and accurate** in the CHILD CARE Data of the FSDC for provider information, program activities and assessments through April 30, 2018. Activities and assessments through May 31 **will be entered by 5:00 pm June 1** to determine compliance with program standards for this strategy. |
|  | Data is incomplete at this time (explain):  |
| **Strategies entered in OUTPUTS DATA\***Includes: Child Care Training, Imagination Library, Raising a Reader, Reach Out and Read, Library Based Programs, Community Education, Health/Nutrition Programs, other programs that don’t collect cases data*\*If clients entered in Cases Data are also receiving one or more of these strategies, those connections should be entered as Interventions in the Cases Data.* |
| **Strategy**  | **OUTPUTS Data Entry Status (Enter “X” for all that apply)** |
|  |  | Data entry is **complete and accurate** in the OUTPUTS Data for program activities through April 30, 2018. Activities through May 31 **will be entered by 5:00 pm June 1** to determine compliance with FS standards. |
|  | Data is incomplete at this time (explain):  |
|  |  | Data entry is **complete and accurate** in the OUTPUTS Data for program activities through April 30, 2018. Activities through May 31 **will be entered by 5:00 pm June 1** to determine compliance with FS standards. |
|  | Data is incomplete at this time (explain):  |
|  |  | Data entry is **complete and accurate** in the OUTPUTS Data for program activities through April 30, 2018. Activities through May 31 **will be entered by 5:00 pm June 1** to determine compliance with FS standards. |
|  | Data is incomplete at this time (explain):  |
|  |  | Data entry is **complete and accurate** in the OUTPUTS Data for program activities through April 30, 2018. Activities through May 31 **will be entered by 5:00 pm June 1** to determine compliance with FS standards. |
|  | Data is incomplete at this time (explain):  |

**The information requested below is not being used to evaluate partnership performance.** This information is being requested in order for SC First Steps to better understand the data/evaluation capacity and resource needs of local partnerships, and to inform the future development of state level data systems and evaluation support.

The FSDC is just one of several data collection methods used by local partnerships to track program effectiveness and client satisfaction. Please describe briefly other data collection and evaluation methods that the partnership or its vendors currently use (or will use starting in 2018-19) to measure impact and improve performance.

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| **[INSERT NAME] First Steps** |
| **How does/will the partnership track CLIENT SATISFACTION with programs and services? How frequently is client satisfaction assessed?** |
|  |
| **What pre/post assessments or surveys does/will the partnership or its vendors use, that are NOT tracked within the FSDC?** |
|  |
| **What other “data systems” does/will the partnership or its vendors use to collect data? These can be commercial systems such as Child Plus and Penelope, as well as in-house Excel spreadsheets, logs, etc.**  |
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| **Does the partnership contract with its own external evaluators?**  |
|  |
| **How useful are the external evaluations of SC First Steps (ex. Compass 5-Year Evaluation 2015; Compass PAT Evaluation, 2017) to your local partnership? How has the partnership used results of First Steps evaluations?** |
|  |
| **How are data and data system reports (both FSDC and non-FSDC) used by the partnership for decision-making? For sharing with stakeholders and policymakers?** |
|  |
| **Has the partnership been able to track longitudinal outcomes of children and/or adults after they leave the partnership’s program(s), either on its own or in collaboration with its local school district(s) or other partners? If yes, please describe.** |
|  |

**[INSERT NAME] First Steps
Proposed Program Strategies for 2018-19**

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| **Strategy Area****(Parenting/Family Strengthening, Early Education, School Transition, Child Care, or Healthy Start)** | **Strategy Name** | **New or Continuing Strategy for FY19?** | **Program Code** | **Will state funds be used for this strategy?** | **Procurement****(in-house or vendor contract)** | **Projected to Serve FY19****(UNDUPLICATED)****Please include unit (children, adults, providers)** | **Continuing strategies: how would you describe your plans for implementation next year, as compared to the current year:*** **About the same**
* **Expanded or enhanced**
* **Reduced**
 |
| **Over $10,000? Y/N** | **In-house****Y/N** | **Date this Strategy was Last Bid, if applicable** |
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| **Briefly describe how your proposed strategies for 2018-19 support Year 1 implementation of your Comprehensive Plan and/or the results of your strategy self-assessments. Explain in particular any CHANGES FOR NEXT YEAR, such as: adding new strategies, discontinuing strategies, expanding or enhancing strategies, or reducing a strategy’s size or scope.** |
|  |

**[INSERT NAME] First Steps
2018-19 Plan for Core Functions and Community Engagement**

*Partnerships will report CURRENT YEAR results for Core Functions as part of their Annual Report submission, due October 1, 2018. Therefore, that information is not requested at this time.*

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| **Core Function: 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)). **Partnership Standards: Collaboration/Community Engagement standard 3., items a.-e.** |
| **Please briefly describe your plans for serving as a local portal for 2018-19. Include in your response how your activities will support the Year 1 implementation of your Comprehensive Plan.**  |
|  |
| **Core Function: 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)). **Partnership Standards: Collaboration/Community Engagement standard 2.a), items i.-iii.** |
| **Please briefly describe your plans for serving as a community convener for 2018-19. Include in your response how your activities will support the Year 1 implementation of your Comprehensive Plan.**  |
|  |
| **Community Education and Outreach** |
| **Partnerships with current Community Education and Outreach Plans: Describe briefly your successes and challenges with implementing your CURRENT plan. You may want to refer to your Community Education/Outreach self-assessment results.** |
| *(Partnerships that operate a separate Community Education strategy in 2017-18: you may skip this question for activities you plan to include in your 2017-18 Annual Report.)*  |
| **Please briefly describe your plans for community education and outreach for 2018-19, OR attach an updated Community Education and Outreach Plan. Include in your response how your activities will support the Year 1 implementation of your Comprehensive Plan.****Consider updating your partnership’s Community Education and Outreach Plan to reflect your Comprehensive Plan. Template available at http://scfirststeps.com/communityeducation/** |
|  |
| **[Insert Name] First StepsGovernance Review 2017-18** |
| **Did the Partnership conduct board elections in FY18?** | **Board Orientation, Member Agreements** |
| **[ ]  Yes, date of board election: [ ]  No, explain:** **How many board members are new to the board in FY18?**  | **Did board members receive a board orientation in FY18?****[ ]  Yes, date: [ ]  No, explain:** **Percentage of board members having participated in a board orientation: %****Do board members sign a board member agreement annually?** **[ ]  Yes [ ]  No If no, how often?**  |
| **How often does the Partnership Board meet?** | **Conflict of Interest, Whistleblower, Client Confidentiality** |
| **What is your typical meeting calendar?****[ ]  Monthly****[ ]  Every other month****[ ]  Once a quarter (minimum per bylaws)****[ ]  Other, specify:** **How many times has your full board met so far in 2017-18?****How many total full board meetings will take place in 2017-18?** **How many times in 2017-18 did your board meet without a quorum, or had to reschedule board meetings due to not having a quorum:** **Does your board use a consent agenda? [ ]  Yes [ ]  No** | **Has your board adopted the 2017-18 FS COI Policy? (FS grant agreement, item 18)****[ ]  Yes, adoption date: [ ]  No****Has the COI Policy been reviewed with partnership staff?**  **[ ]  Yes [ ]  No****Has your board adopted a Whistleblower Policy?(FS grant agreement, item 11.z.)****[ ]  Yes, adoption date: [ ]  No** **Has the Whistleblower Policy been reviewed with partnership staff? [ ]  Yes [ ]  No****Have all partnership employees signed the FS Confidentiality Form for 2017-18? [ ]  Yes [ ]  No (FS grant agreement, item 17)****Do your board members sign the First Steps Confidentiality Form each year (recommended)?** **[ ]  Yes [ ]  No****Do your vendor staff sign the First Steps Confidentiality Form each year (recommended)?** **[ ]  Yes [ ]  No** |
| **Please describe your partnership’s goals for board composition:****Make sure to ACCURATELY complete the attached board list, which will be used to determine compliance with First Steps legislation and by-laws regarding board composition (# members, designated member vacancies, expired terms)** |
| **What is your desired board size: [ ]  What it is now [ ]  Other (explain):** **Please list any categories currently vacant or underrepresented on your board, that you are trying to fill:** **In what areas (if applicable) do you feel your board needs to improve its membership in terms of diversity, equity, and inclusion, such as: race/ethnicity, gender, age, geography within the county, area(s) of expertise, or other?**  |
| **Please describe your Board’s committee structure, if applicable, and how often they met in 2017-18:** |
| **[ ]  Executive [ ]  Governance [ ]  Finance**  **[ ]  Development/Fundraising [ ]  Other**  |

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| **List the names of your Board officers beside their correct title.** |
| **[ ]  Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # consecutive years as Chair: \_\_\_\_\_\_\_\_**  **Month/year first elected as Chair (current cycle): \_\_\_\_\_\_\_\_\_\_\_\_** **[ ]  Past Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  Vice Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # consecutive years as Vice Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_** **Month/year first elected as Vice Chair (current cycle): \_\_\_\_\_\_\_\_\_\_****[ ]  Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***The information requested below is not being used to evaluate partnership performance. This information is being requested in order to better understand capacity and resource needs of local partnerships.*****Governance Plans for 2018-19****Recommended: partnership board provides input for this section.** |
| **Briefly describe how the partnership board will support Year 1 of its Comprehensive Plan, including how the board will monitor progress toward achieving the plan’s objectives and action steps.** |
|  |
| **Board Development****Briefly describe your board’s self-identified strengths and areas for improvement.****You may use results of recent board surveys – many partnerships did a board survey in 2016 as part of their needs and resources assessment – or any other self-assessment process your board uses. If your board would like to complete a new self-assessment – recommended if there has been membership turnover - contact Kate Roach (****kroach@scfirststeps.org****) to administer the survey via SurveyMonkey.** |
|  |
| **What board development activities does your board plan to participate in, for 2018-19? A listing of free, optional board development resources offered by the SC First Steps Partnership Technical Assistance Team is available at** [**http://scfirststeps.com/partnershipresources/**](http://scfirststeps.com/partnershipresources/) **and click on “Partnership Support Flyer”. Partnership EDs and board chairs are encouraged to contact the partnership’s SC First Steps TA to develop a plan.** |
|  |
| **Is your partnership a member of TogetherSC?** |
| **[ ]  Yes [ ]  No****If yes, please list briefly how the partnership staff and board use TogetherSC resources, including participating in the Nonprofit Summit, attending trainings/webinars, utilizing member benefit discounts, etc. This information helps SC First Steps better understand the benefits of TogetherSC membership to local partnerships:**  |

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| **[Insert Name] First Steps****BOARD MEMBERSHIP COMPOSITION and TERMS (as of May 2018)****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:-Elected (include representation)****-Appointed****-Designated (which agency)** | **Date First Elected to the Board (mo/yr)** | **Date of Last Re-election to the Board (mo/yr)** | **Email Address** | **TOTAL # Years Served Since FS Began** |
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| **[Insert Name] First Steps****Resource Development Review 2017-18** |
| **FS legislation requires local partnerships to provide a match of at least 15% to their state allocation each year.** |
| **What is the partnership’s target match percentage for 2017-18?** | **??%** |  | **Target $ for 2017-18** | **$ Spent to Date/Reported to FM** |
| **How much of that target match is to be in-kind contributions (Fund 25)?** | **$** | **$** |
| **How much of that target match is to be expenditures of non-state funds? Note this amount differs from non-state funds received or available.** | **$** | **$** |
| **Please describe briefly the partnership’s main sources of in-kind support.** |
|  |
| **If the partnership did not meet the match requirement last year (2016-17), what steps has the partnership taken, or will take by June 30, to ensure that the match requirement will be met for 2017-18?** |
|  |
| **2017-18 Resource Development Plan Results to Date*****This information is requested in order to report partnership successes to the state board for leveraging their state allocation, and to identify areas for technical assistance and support.*** |
| **Did the partnership include grants in its Resource Development Plan, either as a lead organization or a partner?** |
| **[ ]  Yes: target for 2017-18 is to receive grants totaling $** **[ ]  No** |
| **If yes above, please list the grants applied for and amount received, if applicable** |
|

|  |  |  |
| --- | --- | --- |
| **Name of Grant** | **Status (Funded, Pending, Not Funded)** | **Amount Funded (if applicable)** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total Grant $ Received in 2017-18** | **$** |

 |
| **Did the partnership include special events or fundraisers (receiving a % of items sold) in its Resource Development Plan, either as a lead organization or a partner?** |
| **[ ]  Yes: target for 2017-18 is to have special events/fundraisers, raising $** **[ ]  No** |
| **If yes above, please list the special event or fundraiser and amount raised (after expenses)** |
|

|  |  |  |
| --- | --- | --- |
| **Name and Date of Event or Fundraiser** | **Lead Responsibility (Staff, Board, or Both)** | **Amount Raised (net)** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total $ Received in 2017-18 from Events/Fundraisers** | **$** |

 |
| **Did the partnership include other development campaigns in its Resource Development Plan, either as a lead organization or a partner?** |
| **[ ]  Yes: target for 2017-18 is to implement campaigns, raising $** **[ ]  No** |
| **If yes above, please list the partnership’s development activities and amount raised, if applicable** |
|

|  |  |  |
| --- | --- | --- |
| **Name of Campaign** | **# Donations or % Response** | **Amount Raised** |
| Board member giving |  | $ |
| Board solicitations |  | $ |
| Online giving (Giving Day or through web site, social media) |  | $ |
| Direct mail |  | $ |
| Staff giving |  | $ |
| Other (specify) |  | $ |
| Other (specify) |  | $ |
| Other (specify) |  | $ |
| **Total Campaign $ Received in 2017-18** | **$** |

 |
| **Resource Development for 2018-19** |
| **Please include your board-approved 2018-19 Resource Development Plan as an attachment to your Renewal Plan. Partnerships may use the plan template located at** [**http://scfirststeps.com/resource-development/**](http://scfirststeps.com/resource-development/) **or use their own format.****[ ]  Resource Development Plan for 2018-19 is attached.****[ ]  Partnership requests assistance with its Resource Development Plan** |
| **How does your 2018-19 Resource Development Plan support the goals and objectives of the partnership’s Comprehensive Plan?** |
|  |

|  |
| --- |
| **[Insert Name] First Steps****Fiscal Review 2017-18** |
| **Effective July 1, 2017, the SC First Steps Board of Trustees set a maximum administrative cap for local partnerships at 13% of all STATE allocation funds (55, 56) expended by the partnership during the fiscal year.**  |
| **What is the partnership’s CURRENT administrative percentage, based on Fund 55 and Fund 56 expenditures to date?** | **??%****as of date** |
| **What steps is the partnership taking to ensure it will not exceed the 13% administrative cap on state fund expenditures? Has the partnership completed, or will it complete, a cost allocation study of ED and staff time to determine the appropriate percentages of salary/benefits and operations costs to be allocated to Administration (1012)?** |
|  |
| **If the partnership received one or more findings in its most recent fiscal audit, describe steps taken in 2017-18 to address those findings.** |
|  |
| **Did the partnership exceed the carryforward limit of 15% (2016-17 to 2017-18)?** |
| **[ ]  Yes, first year [ ]  Yes, 2nd year [ ]  No****If yes, describe the steps the partnership is taking to reduce the amount of carryforward from 2017-18 to 15% or less for 2018-19.**  |
| **2018-19 Partnership Budget** |
| **The partnership shall include a board-approved 2018-19 Budget Spending Plan, with Summary Page signed by the board chair, as an attachment to the Renewal Plan.****Check that the partnership’s 2018-19 Budget Spending Plan complies with the following:****[ ]  Fund 55 total equals the partnership’s proposed allocation amount for 2018-19****[ ]  All proposed strategies for 2018-19 are included in the BSP****[ ]  Fund 56 (carryforward) funds are NOT included. If the partnership board chooses to approve the use of carryforward at this time, please include in the chart below the partnership’s board-approved plan for allocating carryforward once the amount is finalized by the SC First Steps Finance Office.****[ ]  The percentage of state funds allocated to Evidence-Informed Programs does not exceed 25% (consider the impact of adding Fund 56 later in the fiscal year)****[ ]  Follow guidance on new cost allocation procedures (to come from SC First Steps)****[ ]  The percentage of state funds budgeted to Administration (1012) does not exceed 13% (consider the impact of adding Fund 56 later in the fiscal year)** |

|  |
| --- |
| **Proposed Use of Carryforward for 2018-19 (optional)****Partnership boards must adopt the use of carryforward funding before it can be added to the partnership’s budget. If the partnership board chooses to adopt the future use of carryforward funding at this time, enter that plan here. Note if significant changes are made to this plan later on, the board must adopt those changes.** |
|

|  |  |  |
| --- | --- | --- |
| **Program or Service** | **Fund 56 Amount** | **What funds will be used for** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Estimated State Carryforward for 2018-19** | **$** | **Does this estimated amount exceed 15% of the partnership’s FY19 state allocation?****[ ]  Yes [ ]  No** |

 |
| **If your partnership anticipates carryforward of more than 15% from 2017-18 to 2018-19, please indicate the reason(s) why below.** |
|  |

**FY19 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 #1NAME (PRINT): |  |
| TITLE: |  |
| SIGNATURE: |  |
|  |  |
| Board Member #2NAME (PRINT): |  |
| TITLE: |  |
| SIGNATURE: |  |

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| 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 the **Finance Manager** |

 |