Please upload these forms to your SurveyMonkey Application. If signatures of Fiscal Lead Agency Representatives (Section 1), collaborating agencies (Section 2 and 3), or Partner Agencies (Section 4) are not available at the time of application, include the name and all contact information (address, phone, email) at the time of application, and submit an updated form with signatures within 10 working days of contract execution.

Please use the appropriate forms matching the county’s type of HVC Funding.

* Section 1 – All counties
* Section 2 – Counties applying for Implementation and Integration funds
* Section 3 – Counties applying for Integration funds
* Section 4 – Counties applying as a Multi-County Partnership

Attach signature page with contact information for required and optional agencies, as appropriate. The signatures confirm:

* The signatories have read and agreed to, to the extent applicable, the funding terms and conditions associated with the HVC Funding.
* Fiscal Lead Agencies, and their collaborators and partners will follow all requirements and conditions of the RFA.
* HVC funds supplement and do not supplant existing investments.

*Section 1. Required for all applicants*

|  |  |
| --- | --- |
| Fiscal Lead Agency: | Click or tap here to enter text. |
| Agency Name: | Click or tap here to enter text. |
| Agency Address: (Street, City, Zip Code) | Click or tap here to enter text. |
| Home Visiting Program: | Click or tap here to enter text. |
| Name of Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |

*Section 2. For counties applying for implementation and integration funds*

Obtain signatures from at least two county agencies committed to collaborating on coordination activities, including, at minimum, a local leader(s) whose agency oversees implementation of DSS- or DPH-funded home visiting program(s) and the agency leader overseeing implementation of the evidence-based home visiting program, if different. Electronic signatures are acceptable

*Agency implementing a State-funded home visiting program*

|  |  |
| --- | --- |
| Agency Name: | Click or tap here to enter text. |
| Agency Address:(Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |

*Agency implementing an evidence-based home visiting program*

|  |  |
| --- | --- |
| Agency Name: | Click or tap here to enter text. |
| Agency Address: (Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |

*Section 3. Other agencies implementing home visiting programs*

* Optional for counties applying for **Implementation funds**: include signatures of other home visiting agencies committed to coordination
* Required for counties applying for **Integration funds**: include signatures from all home visiting lead agencies in the county
* Electronic signatures are acceptable

|  |  |
| --- | --- |
| Requested field | Fill in field |
| Agency Name: | Click or tap here to enter text. |
| Agency Address:(Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |
|  |  |
| Agency Name: | Click or tap here to enter text. |
| Agency Address: (Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |
|  |  |
| Agency Name: | Click or tap here to enter text. |
| Agency Address: (Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |

Please duplicate this page as needed.

*Section 4. For counties applying as a multi-county partnership*

Applications by partnering counties must include a signature of a lead agency within each county. Use this page for other counties’ lead agencies. Electronic signatures are acceptable

Signatures on this page also indicate lead agencies in partnering counties have knowledge of and agree with the Application. All forms required to be submitted as part of the Application are certified to be true and binding on the applicants.

|  |  |
| --- | --- |
| Requested field | Fill in field |
| Partner County 1: | Click or tap here to enter text. |
| Lead Agency Name: | Click or tap here to enter text. |
| Agency Address:(Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |
|  |  |
| Partner County 2: | Click or tap here to enter text. |
| Lead Agency Name: | Click or tap here to enter text. |
| Agency Address: (Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |
|  |  |
| Partner County 3: | Click or tap here to enter text. |
| Lead Agency Name: | Click or tap here to enter text. |
| Agency Address: (Street, City, Zip Code) | Click or tap here to enter text. |
| Agency Representative: | Click or tap here to enter text. |
| Representative Title: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Signature: |  |
| Date Signed: | Click or tap here to enter text. |

Please duplicate this page as needed.