

CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY CONTINUOUS IMPROVEMENT INITIATIVE APPLICATION

CONTACT INFORMATION
Agency:
Contact:
Title:
E-mail:
Phone:
Address:
CURRENT REQUEST
Agency's operating budget:
Amount Requested:
REQUEST HISTORY
Have you received a Continuous Improvement Initiative grant for IT Infrastructure in the past 12 months? Yes No
APPLICATION CHECKLIST
<p>REMINDER: Applications that fail to meet the criteria below will be automatically disqualified from the review and approval process.</p> <p>In order for any application to be considered for funding, it must:</p> <ol style="list-style-type: none"> 1. Meet the specific criteria for IT Infrastructure as set forth in the guidelines. 2. Include a completed and signed application cover page. Application must be signed by Executive Director. 3. Provide complete, specific, and adequate answers to all questions. 4. Include all required supporting documents. 5. IT Plan as specified in the Guidelines
SIGNATURE
<p><i>The CEO/Executive Director's signature below indicates the organization's commitment to following the guidelines, purchasing the resources requested in this application, and providing a Project Completion Report</i></p>
Name:
Signature:
Date:
SUBMISSION INSTRUCTIONS
<p>Application and attachments <u>must</u> be submitted as a single PDF document.</p> <p>Email completed application to: CII@cscpb.org</p> <p>Subject line of the email should read: Continuous Improvement Initiative Application – <i>Name of Your Agency</i></p>

DIRECTIONS

Answer the following questions and be as specific and succinct as possible. All questions must be answered. Please reference the Guidelines for eligible and ineligible expenses before submitting your application.

Incomplete Applications will automatically be disqualified from the review and approval process.

1. Provide a brief overview of the IT Infrastructure needed. This should be consistent with your IT Plan submitted:

2. Provide information about the anticipated impact of this IT Infrastructure support:

3. Provide the following information:
 - a. A numbered list of IT Infrastructure supports being requested.
 - b. Identify the staff that will benefit from these supports, if applicable.
 - c. If supports requested will be utilized by specific staff, provide their name and title.

5. Explain which vendor/consultant your agency has chosen and why:

6. If applicable, describe how the agency will fund the difference for any request greater than the maximum funding allowed (\$20,000) and/or how the agency will cover the cost of any annual subscription beyond year one.

7. Provide a budget for the requested support, using the table below. For more information on how to complete this question and the required attachments see Section 5 of the Guidelines.

Budget for the requested resources (only include the vendor chosen)

Qty	Hardware, Software or Service	Description	Vendor/Manufacturer	Staff Title of Recipient	Unit Price	Total
NOTE: If total exceeds request limit (\$20,000), explanation must be provided in narrative Q.6.					TOTAL:	