

# 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><b>REMINDER: Applications that fail to meet the criteria below will be automatically disqualified from the review and approval process.</b></p> <p>In order for any application to be considered for funding, it must:</p> <ol style="list-style-type: none"> <li>1. Meet the specific criteria for IT Infrastructure as set forth in the guidelines.</li> <li>2. Include a completed and signed application cover page. Application must be signed by Executive Director.</li> <li>3. Provide complete, specific, and adequate answers to all questions.</li> <li>4. Include all required supporting documents.</li> <li>5. IT Plan as specified in the Guidelines</li> </ol>
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><b>Application and attachments <u>must</u> be submitted as a single PDF document.</b></p> <p>Email completed application to:  <a href="mailto:CII@cscpb.org" style="color: blue; text-decoration: underline;">CII@cscpb.org</a></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. If applicable, identify the staff that will benefit from these supports and indicate how this staff supports the entire organization.
  - 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
<b>NOTE:</b> If total exceeds request limit (\$20,000), explanation must be provided in narrative Q.6.					<b>TOTAL:</b>	