**ACTIVITY TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. PROGRAM DESCRIPTION**

1. **Statement of Need:** Please describe the need to be addressed by this activity. Include county level information, statistics and/or research on the issue. (350 word limit)

**B. Description of Services:** (one page limit)

Please address the following in detail:

* specific service to be offered including frequency of interventions
* population to be served, including recruitment strategies and eligibility criteria
* location of services
* model and/or curriculum being utilized
* how the activity fits into the local service continuum and does not represent a duplication of effort

**C. Ensuring Program Effectiveness**

1. Is your proposed program **evidence-based**? Yes \_\_\_\_ No \_\_\_

 *An activity is considered evidence-based for Smart Start funding if the model:*

* *is included on at least one source or registry that rates evidence-based interventions;*
* *has been rigorously evaluated in experimental or quasi-experimental studies with demonstrated positve outcomes;*
* *has been replicated in multiple sites/settings;*
* *is being followed as researched in your program, included all componets such as frequency, duration, target population, staff qualifications and training*

a. Give the name of the evidence-based program.

b. Indicate how you know it is evidence-based *(please attach supporting documentation).*

2. Is your proposed program **evidence-infomed**? Yes \_\_\_\_ No \_\_\_

*An activity is considered evidence-informed for Smart Start funding if the practice:*

* *is rated as ‘promising’ or ‘emerging’ from at least one source or registry that rates evidence-based interventions;*
* *has a strong logic model and a strong history of positive results;*
* *is implemented in accordance with written guidelines;*
* *uses compoments that are supported by qualitative studies /findings from basic research and reported in peer-reviewed journals*

a. Give the name of the evidence-informed practice/program.

b. Indicate how you know it is evidence-informed *(please attach supporting documentation).*

3. If your proposed program is *neither* evidence-based *nor* evidence-informed, describe any current research being conducted or other information to support and document its effectiveness.

**D. Delivering Effective Programs**

Research indicates that implementation capacity is key to the success of even the best-researched programs *(see work by National Implementation Research Network, http://www.fpg.unc.edu/~nirn/default.cfm).* Regarding the proposed program, describe fully your agency’s approach to these components:

* Staff selection
* Pre-service and in-service training
* Ongoing coaching and consultation
* Staff performance evaluation
* Facilitative administrative supports
* System interventions