

NORTH CAROLINA PARTNERSHIP FOR CHILDREN

Smart Start Format for Activities

I. Activity begun in FY: _____ (Fiscal year - FY)

Reason for submission to SCPC: *(Please check all that apply)*

_____ **New Activity**

_____ **Revised continuing activity, no scope change**
(minimal expansion or deletion of currently approved components)

_____ **SCPC - 3 year request**

_____ **Revised continuing activity, scope change**
(components added or deleted that change intent of original activity approval)

II. Activity Codes: **A) PBIS ID –** **B) PSC -** *(completed by SCPC)*

III. Full Activity Description (FAD):

A. Grants:

Yes No

Does this activity contain grants of any kind or incentives to participants? What is being given to participants? If you have checked yes, describe in detail.

B. Medicaid Reimbursement:

Is any portion of this activity Medicaid reimbursable?
If you have checked yes, describe in detail.

C. Description of Services:

Please address the following in detail:

Description of Activity:

D. If it is similar to other services in the county please explain how this service will enhance, expand or work with the service currently offered. *(Reminder – duplication/supplantation of services is not approvable: i.e. paying for a Medicaid eligible well child visit)*

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- E. Describe which organizations and agencies have collaborated in the development or delivery of this service to make it responsive to community need.

IV. Program and Data Evaluation

A. Projected Outputs (Numbers/Counts) for the upcoming FY:

List one output per line	What documents will be used to measure output?	Who will be responsible for documentation?	Where will documentation be filed?

V. Projected Line Item Budget AND Narrative:

VI. Contract Activity Description (CAD), 200 words maximum: