**Request for Applications**

**PRO 2025-03 Administrative Services Organization (ASO)**

**Flexible Funds for Non-CBHC Funded Programs**

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| **Date of Application** |
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| **Program Name** |
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| **Agency Name** |
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| **Agency Address** |
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| **Primary Agency Contact for Application** |
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| **Primary Agency Contact’s Phone Number** |
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| **Primary Agency Contact’s Email Address** |
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| **Year Agency Established** |
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| **Is the agency a not-for-profit corporation or governmental organization that is legally authorized to operate in the State of Florida?** |
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| **Total Agency Budget** |
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| **Total Program Budget** |
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| **Funding Source(s) for Program** |
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| **Flexible Funding Amount Available to Program (if any)***Do not include previous ASO allocations* |
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| **Amount of ASO Funds Requested** |
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| **Describe Previous Experience with ASO and How ASO Monitoring Recommendations Have Been Addressed (if any)** |
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| **Brief Description of Program** |
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| **Identify which Children’s Board Strategic Focus Area the Program Primarily Addresses***See page 4 and 5 of RFA for focus area descriptions.* **Check one:** |
| ***Children are Healthy and Safe*** | [ ]  |
| ***Children are Developmentally on Track:*** | [ ]  |
| ***Children are Ready to Learn and Succeed:*** | [ ]  |
| ***Family Support:*** | [ ]  |
| **Describe How the Program Addresses This Strategic Focus Area** |
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| **Describe the Target Population Served by Program** |
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| **Number of Participants Served by Program Last Year** *Include the totals for the entire program, not just those served with ASO funds last year* |
| **Children Birth - 8** |  | **Children 9 - 14** |  |
| **Teens 15 - 18** |  | **Pregnant Women**  |  |
| **Other Adults** |  | **Total Participants Served** |  |
| **Number of Case Managers in Program***Indicate if case managers are employees or volunteers* |
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| **Describe Participant Needs and How ASO Funds Would Be Utilized** |
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| **Describe the Program’s Case Management Process, Including the Development of Individual Family Support Plans***Note: Please submit a copy of your program’s family support plan template.* |
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| **Describe Process for Collecting Demographic Data and Measuring Participant Outcomes***How do you know that participants are better off after being served by your program?* *Note: Please submit a copy of the measurement tool(s) used for evaluating program participant results.* |
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| **SIGNATURE PAGE AND SUBMISSION REPRESENTATIONS*****The Applicant confirms that they meet the requirements for participation as an ASO case management program, as specified in the Request for Applications.******Signature – The original Application is to be signed by an official/individual who is legally authorized to bind the Applicant.*** |
| **Authorized Signature** |  |
| **Printed Name & Title**  |  |
| **Date Signed** |  |
|  |
| **SUBMISSION INSTRUCTIONS** |
| **Submit the following electronic documents via email to:** **hickmank@childrensboard.org**1. **Signed application**
2. **Microsoft Word version of the application (if the signed application is a scanned version)**
3. **The program’s family support plan template**
4. **The program’s outcome measurement tool(s)**
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