

## APPLICATION COVER SHEET (FORM A)

1. Local Collaborative Name: \_\_\_\_\_
2. **Targeted Community/Neighborhood:** \_\_\_\_\_
3. Name of Person Representing the Collaborative: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_
4. Signature of Person Representing the Collaborative: \_\_\_\_\_

Please indicate which Accreditation is being applied for: (check one only)

- ☐ Local Community Collaborative  
☐ Local Community Collaborative with Integrated Services

### Application Checklist:

- ☐ Use only white, 8 1/2" x 11" paper, double-spaced, minimum 12-point typeface.  
☐ Provide a header on each page with the collaborative name and page number, including exhibits, charts etc.  
☐ Staple the application  
☐ Provide one original and four copies of the final document.

All applications must include the following clearly marked items in order:

- ☐ Form A: Application Cover Sheet  
☐ Form B: Collaborative Plan of Action  
☐ Form C: Local Collaborative Membership Signatures

### Body of the Application

- ☐ Section 1: Collaborative Description  
☐ Section 2: Community Needs and Priorities  
☐ Section 3: Collaborative Structure

Applications for Community Collaborative with Integrated Services Accreditation **must also include** the following:

### Body of the Application

- ☐ Section 4: Service Delivery System  
☐ Section 4 Addendum  
☐ Form D: Collaborative Partner Roles

## COMMUNITY COLLABORATIVE PLAN OF ACTION (FORM B)

*Please use primarily bullet points on this form.*

*Complete as many pages as necessary to describe the community's primary issues.*

### OVERARCHING GOAL: Child and Family Well-being in our Community

**Community Concern [1]:**

Estimated time needed to address this Community Concern:

Which collaborative partners will be primarily focused on this Community Concern?

How will you know if you have successfully addressed this Community Concern?

Have you identified any obstacles that might impact your progress on this Community Concern?

- a.
- b.
- c.
- .
- .

What key strategies will the collaborative partners use to address this Community Concern and successfully deal with identified obstacles?

- a.
- b.
- c.
- d.
- .
- .

What resources/partners might still need to be recruited to help address this Community Concern?

- a.
- b.
- .
- .

## COLLABORATIVE MEMBERSHIP ROSTER (FORM C)

*Please have members print their information. You may duplicate this form as necessary.*

Collaborative Member Name	Affiliation (resident, agency, school, church, business, etc.)	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

### COLLABORATIVE PARTNERSHIP ROLES (FORM D)

*This form is required only for those applying for Local Collaborative with Integrated Service Accreditation.  
Complete as many pages as necessary to fully list partnership roles as they relate to integrated services.*

Collaborative Name: \_\_\_\_\_

Target Community/Population: \_\_\_\_\_

Partner Agency or Local Government Agency	Support Role the Partner Agency or Local Government Agency will play in the Implementation of Services	Name, Title, Signature of <u>Authorized</u> Agency Representative
		Signature of Authorized Representative:
		Printed Name/Title:
		Signature of Authorized Representative:
		Printed Name/Title:
		Signature of Authorized Representative:
		Printed Name/Title:
		Signature of Authorized Representative:
		Printed Name/Title:
		Signature of Authorized Representative:
		Printed Name/Title:
		Signature of Authorized Representative:
		Printed Name/Title: