**Request for Applications**

**PRO 2026-02 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 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** |  |

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| **SUBMISSION INSTRUCTIONS** |
| **Submit the following electronic documents via email to:** [**hickmank@childrensboard.org**](mailto: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)** |