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|  | **Exhibit E: ECLIPSE Services Application Form**  |

Send this as a single Word document titled “Exhibit E: ECLIPSE Services Application Form – YOUR ORGANIZATION NAME,” attached to an email to dcyf.eceap@dcyf.wa.gov along with Exhibits D and F.

1. **CONTACT INFORMATION (MANDATORY)**

Organization Name: Click or tap here to enter text.

Primary Contact: Click or tap here to enter text.

1. ECLIPSE Service Delivery (SCORED)
2. Direct Services

Describe how you will provide direct services to children and families. Include any experience, knowledge, and skills you will use in planning for ECLIPSE service delivery. Include description of how you will plan and provide high quality, trauma-informed, and healing centered ECLIPSE services to children and families. Identify how you will include families in design and oversight of planned services:

Click or tap here to enter text.

1. Promotion Prevention Framework

Describe your promotion and prevention framework, your behavior management and support plan philosophies, and what roles each staff person will take on within this framework, if ECLIPSE layered funding is awarded:

Click or tap here to enter text.

1. Mental Health

Describe how you provide Infant Early Childhood Mental Health Consultation (IECMH) within ECEAP and how you ensure that the consultants and services they provide are reflective of the staff and children/families culture and primary language:

Click or tap here to enter text.

1. Social Emotional Screenings, Assessments and Curricula

Describe your social-emotional model or curricula staff implement with children to support their social-emotional development in the classroom. Include what tools the IECMH Consultant uses for classroom observation, screening and assessment:

Click or tap here to enter text.

1. ECLIPSE Budget and Funding (SCORED)
2. Cost Allocation/Layered Funding

Describe your existing/proposed cost allocation or layered funding methodology to ensure that ECLIPSE funds are not spent on non-ECLIPSE purposes:

Click or tap here to enter text.

1. Compliance

Describe any outstanding compliance issues regarding ECEAP funds or other early learning funding sources:

Click or tap here to enter text.

1. ECLIPSE Services Staffing (SCORED)
2. Program Manager

Responsible for, but not limited to program administration and oversight, record keeping, communications, contract compliance, deliverables, and planning/providing staff and family training:

* Staff name or “to be hired”:

Click or tap here to enter text.

* Percent (%) of FTE to be dedicated to ECLIPSE:

Click or tap here to enter text.

* Degree, major, or other credentials:

Click or tap here to enter text.

* Responsibilities of staff:

Click or tap here to enter text.

1. Mental Health Professional

Responsible for, but not limited to family interventions, child and family assessment(s), development of Individual Care Plans (ICP) with families at the multi-disciplinary team meeting, coordinating with Child and Family Support staff to schedule Multi-disciplinary Team Meetings (MDTs), facilitating MDT meetings, collaboration with IECMHC on the child and family goals, objectives and activities:

* Staff name or “to be hired”:

Click or tap here to enter text.

* Percent (%) of FTE to be dedicated to ECLIPSE:

Click or tap here to enter text.

* Degree, major, or other credentials:

Click or tap here to enter text.

* Responsibilities of staff:

Click or tap here to enter text.

1. Child and Family Support Staff (caseload of 15-20 max)

Responsible for, but not limited to providing case management, referral and resources, documentation of Individual Care Plans (ICP), supporting classroom staff with implementation of child/family goals, objectives and activities from the ICP:

* Staff name or “to be hired”:

Click or tap here to enter text.

* Percent (%) of FTE to be dedicated to ECLIPSE:

Click or tap here to enter text.

* Degree, major, or other credentials:

Click or tap here to enter text.

* Responsibilities of staff:

Click or tap here to enter text.

1. Answer only if you have more than one Child and Family Support staff

Responsible for, but not limited to providing case management, referral and resources, documentation of Individual Care Plans (ICP), supporting classroom staff with implementation of child/family goals, objectives and activities from the ICP:

* Staff name or “to be hired”:

Click or tap here to enter text.

* Percent (%) of FTE to be dedicated to ECLIPSE:

Click or tap here to enter text.

* Degree, major, or other credentials:

Click or tap here to enter text.

* Responsibilities of staff:

Click or tap here to enter text.

1. Infant Early Childhood Mental Health Consultant (IECMHC)
* Number (#) of IECMHC staff for program:

Click or tap here to enter text.

* Does your IECMHC carry a caseload; if so, what is the average caseload number:

Click or tap here to enter text.

1. ECLIPSE Priority Points (SCORED)

What are the prioritization factors you see and learn about from families when completing the eligibility and enrollment process:

Click or tap here to enter text.

What is your experience and expertise providing culturally relevant, trauma informed and healing centered services to families with high prioritization factors:

Click or tap here to enter text.

Describe some examples of how you conduct outreach/ recruitment efforts with potential families who have experienced trauma and are living in high stress environment(s):

Click or tap here to enter text.

1. Community Partnerships (SCORED)

Describe your community's need for enhanced mental health and therapeutic interventions:

Click or tap here to enter text.

* Is your site in the same community as a [Strengthening Families Locale](https://www.dcyf.wa.gov/services/child-development-supports/sfwa/sf-locally):

[ ]  Yes

[ ]  No

* Are you participating in your communities Strengthening Families local project:

[ ]  Yes

[ ]  No

* Is there a [DCYF Child Welfare Early Learning Navigato](https://www.dcyf.wa.gov/news/child-welfare-early-learning-navigators)r (CWELN) in your county/region that you currently work with:

[ ]  Yes

[ ]  No

1. Community Partnerships (SCORED)

These partnerships help support the work and family needs

1. Referral Process

Describe the communication feedback loop/referral process that you have with community partners and how the process is used.

Click or tap here to enter text.

1. Child Welfare Collaboration

Do you have a relationship with the local DCYF or Indian Child Welfare (ICW) office in your area? How do plan to connect with the local child welfare office?

Click or tap here to enter text.

1. Current Birth to Five Services (SCORED)

What birth to five services does your organization currently offer:

[ ]  ECEAP

[ ]  B-3 ECEAP

[ ]  ESIT

[ ]  Early Head Start

[ ]  Head Start

[ ]  Licensed Childcare

[ ]  Other:

Click or tap here to enter text.

1. IS THERE ANYTHING ELSE YOU WOULD LIKE DCYF TO KNOW? (OPTIONAL)

Please write any pertinent information you would like to share about this application. This may include community-specific information, how receipt of this funding will impact the community, what consequences there may be if funding is not granted, or any other important information.

Click or tap here to enter text.