Connecticut Department of Children and Families
GRANT DEVELOPMENT APPROVAL PROTOCOL
DCF-3125
3/17 (Rev.)

PART I – SUMMARY

Instructions: This protocol applies to all applications for federal, state and private/philanthropic funding.
All grant applications shall be submitted to the Commissioner's Office for approval prior to the development of a grant application. Program Development and Oversight Coordinators (PDOCs) or Regional Office sponsors should complete Parts I & II prior to developing a concept paper or grant application and submit electronically to the Office of the Chief of Staff at DCF.OCOS@ct.gov. Completed forms should be accompanied by a draft project abstract that provides a basic summary of the project. See below for further guidance.

Pending approval by the Commissioner's Office, PDOCs/Sponsors shall provide a draft of the application **no later than two (2) weeks** before the due date of the application. Applications submitted within two (2) weeks of the deadline require approval from the Commissioner's Office and limited exceptions to this time frame will be granted for good cause.

Division/Region/Area Office:

PDOC/Regional Sponsor:

Funding/Grant Title:

CDFA # (for federal grants):

Funding Source (federal agency, foundation name, etc.):

Application due date: Check one: ☐ New funding   ☐ Continuation

Project period: to   Proposed funding amount request: $

Match required: ☐ Yes ☐ No   If yes, how much? $

Project Name:

Project Summary:

Which of the following DCF priorities will this grant funding impact? (Check all that apply):

☐   Ensure that children reside safely with families whenever possible and appropriate

☐   Achieve Racial Justice Across the DCF system

☐   Prepare children and adolescents in care for success

☐   Prepare and support the workforce to meet the needs of children and families

☐   Other:

Provide a brief statement about the impact of this proposal on the Performance Expectations or other agency priorities:

Completed by: Date:

PART II - IMPACT STATEMENT

Instructions: Part II is to be completed by the appropriate **PDOC** to assess the proposed impact on each DCF division, unit or office. Provide comments or concerns related to the impact that the proposed project will have on operations. If there is no significant impact, check respective box.

Region/Area Office - Comments *(identify anticipated impact on staffing, providers, programs, etc.):*

☐ No significant impact

Fiscal Services - Comments *(identify anticipated fiscal impact such as matched funding needed, provider impact, etc.):*

☐ No significant impact

Information Systems- Comments *(identify anticipated technology needs such as LINK, equipment, software, etc.):*

☐ No significant impact

Office for Research and Evaluation - Comments *(identify anticipated data, reports, logic models, etc.):*

☐ No significant impact

Office of Legal Affairs - Comments *(identify anticipated impact on legislation, policy, MOAs/MOUs, etc.):*

☐ No significant impact

Human Resources - Comments *(identify personnel costs, consultant needs, etc.):*

☐ No significant impact

Workforce Development - Comments *(identify anticipated training needs for staff, curricula development, etc.):*

☐ No significant impact

Briefly describe other required external partners, including other agencies, providers, evaluators, etc. Please state the anticipated needs and impact on these respective partners and identify any primary contact(s) who should be engaged in the development of the grant application. Identify needs for legal agreements, data sharing, reporting, training, etc.

Thank you for completing this form. Next section is to be completed by the respective Senior Administrator (or their designee)

PART III - IMPACT STATEMENT

Instructions: Part III is to be completed by the respective **Senior Administrator (or designee)** to assess the proposed impact on each Division, Unit or Office. Provide comments and concerns related to the impact that the proposed project will have on operations. If there is no significant impact, check respective box.

Region/Area Office – Comments *(identify anticipated impact on staffing, providers, programs, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

Fiscal Services - Comments *(identify anticipated fiscal impact such as matched funding needed, provider impact, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

Information Systems- Comments *(identify anticipated technology needs such as LINK, equipment, software, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

Office for Research and Evaluation - Comments *(identify anticipated data, reports, logic models, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

Office of Legal Affairs - Comments *(identify anticipated impact on legislation, policy, MOAs/MOUs, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

Human Resources - Comments *(identify personnel costs, consultant needs, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

Workforce Development - Comments: *(Identify anticipated training needs for staff, curricula development, etc.):*

☐ Yes - significant impact ☐ Some impact ☐ No significant impact Completed by:

PART IV – APPROVAL (Part IV is to be completed by the Commissioner's Office)

Concept Approved: ☐ Yes   ☐ No

Approved by: Date:

PART V – NOTICE OF INTENT (NOI) Instructions: (Part IV is to be completed by the Office of Fiscal Services)

Submitted to OPM by: Date:

Approval of grant concepts does not constitute approval of the final grant application.
Draft applications are to be submitted to DCF.OCOS@ct.gov **at least 2 weeks prior to the application due date.**