



ESSER III PARENTING EXPANSION TARGETED

GRANT APPLICATION

LEAD PARTNERSHIP

County First Steps

**Participating partnerships,
if applicable:**

Parenting program model(s):

Total amount requested:

\$ \$ \$

YEAR 1

YEAR 2

YEAR 3

Project contact:

NAME

TITLE

EMAIL

PHONE

Board approval:

The partnership board has voted to approve this application.

The partnership board will vote to approve this application by

DATE

As the authorized representatives of the lead applicant, we certify that, to the best of our knowledge, all information contained herein is an accurate portrayal of the proposed project and the roles and responsibilities of the project's associated partners.

Executive Director:

NAME (PRINTED)

SIGNATURE

DATE

Board Chair:

NAME (PRINTED)

SIGNATURE

DATE