

**NE-PACT Region A Parent Technical Assistance Center**  
**Continuous Quality Improvement Capacity Building Program**  
APPLICATION

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**Section A – Planning for Your Need or Interest**

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**YOUR CENTER INFORMATION:**

Name of Your Center: \_\_\_\_\_

Center Director: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

What self-assessment tool did you use to identify areas of need for Continuous Quality Improvement resources:

What need(s) have you identified that you would like to address by accessing Continuous Quality Improvement resources:

What strategy or activity have you identified for which you are seeking Continuous Quality Improvement resources:

Please list your objectives for this strategy or activity for which you are seeking CQI resources:

Please describe how you will evaluate the effectiveness of your identified strategy or activity for which you are seeking Continuous Quality Improvement Resources:

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FOR SPAN STAFF USE ONLY:

**Section A:**

Date rec'd: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Chk. No. \_\_\_\_\_ Date: \_\_\_\_\_

## YOUR CENTER'S PROJECTED EXPENSES

EXPENSES	ESTIMATED \$ Amount	ACTUAL \$ Amount
Air/Train Travel		
Mileage		
Tolls		
Hotel		
Transfers		
Equipment/Supplies		
Other		
<b>TOTAL</b>		

Signed:

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Your Center Director

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**Section B – Upon Completing Your Capacity Building Activity**

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Please tell us which objectives were met and in what ways, through this Continuous Quality Improvement activity.

<b>YOUR OBJECTIVE</b>	<b>WAS THIS OBJECTIVE MET? Y/N</b>	<b>WHAT ARE THE OUTCOMES FOR YOUR CENTER?</b>

Please share your thoughts on this experience. Were there any additional outcomes that were not anticipated/planned? If there were objectives that were not met, how can they be addressed in the future?

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FOR SPAN STAFF USE ONLY:

**Section A:**

Date rec'd: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Chk. No. \_\_\_\_\_ Date: \_\_\_\_\_