

# Sample form, not for offline completion.

Visit <https://commonapp.grantplatform.com> to apply.

## Early Childhood Block Grant (ECBG) - SFY2026

The Kansas Children's Cabinet and Trust Fund (KCCTF) request proposals for the 2025-2026 (SFY2026) Early Childhood Block Grant (ECBG) to provide high-quality education for children from birth up to kindergarten entry, which meet specific early childhood outcomes. The purpose of this grant opportunity is to provide early childhood services for Kansas children and families as well as services for prenatal and family supports.

ECBG is intended to provide supplemental funding to fill gaps. Programs applying for this grant must demonstrate that they are investing other available financial resources and community support into their programs.

ECBG awards granted will be for a 1-year funding period from July 1, 2025, to June 30, 2026. The Children's Initiative Fund (CIF) is the sole funding source for this grant. 2025-2026 funding is dependent upon the final State of Kansas budget, which will be approved during the 2025 Legislative Session.

Please make sure the "Account Fields" tab on your [User Profile](#) is updated before submitting this application.

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### Start here

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

The recording of the informational meeting on Monday, November 17, 2025, provides an overview of the RFP and expectations of awarded applicants as well as the CommonApp portal and application. It will be available on-demand on the [ECBG RFP Webpage](#) no later than Friday, November 21, 2025.

Questions: All questions must be submitted via the [ECBG Technical Assistance Request Form](#). Responses will be made directly to individuals within three (3) business days.

Your Application Name

Applicant Type

- Kansas 501(c)(3)
- Kansas County and City Governments
- Kansas Unified School District

If you select "Kansas 501(c)(3)", please make sure you upload a Form 990 and 501(c)(3) verification on your [User Profile](#) on the "Account Fields" tab.

Applicant confirms that they meet the Eligibility Criteria listed to the right for this grant.

#### Eligibility Criteria

- Eligible grantees should be prepared to provide evidence-based, data-driven best practices and program models that provide direct services to children needing support to be prepared to enter kindergarten socially, emotionally, or academically ready.
- Proposals must support activities and services that are community-based, community-informed, community-driven, and grounded in a public-private partnership framework.
- Applicants should be prepared to participate in evaluation efforts which include assessing children and families being served with ECBG funds with the approved common measures for the funded program and inputting the data into DAISEY to be evaluated by the team at Wichita State University (WSU).

## Application Contact Information

Please list the contact information for the person who will be able to best answer questions related to this application. This person may be different than the person on the User Profile.

First Name	Last name	Title/Position	Email Address	Phone Number
1				

## Applying Organization Information

Information below should match organizations W9.

Organization Name	Street 1	Street 2	City	State	Zip Code	Website
1						

## CEO or Executive Director (head of applying organization)

Honorific	First Name	Last Name	Title/Position	Email Address	Phone Number
1					

Is the Fiscal Agent Organization the same as the Applying Organization listed above?

Yes

No

Fiscal Agent will be the agency the grant funds go to, i.e., serves as the fiscal agent for the applying organization which will be charged with completing grant funded activities if awarded.

#### Federal EIN/TIN

10 characters

EIN = Employer Identification Number

TIN = Tax Identification Number

This should be the number for the organization that will be receiving the funds if awarded.

## Project Overview

Please review the ECBG [2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

**Only include statements in your application on services/programs that you will use ECBG funds to support if granted an ECBG award.**

# Project Overview

Project Overview is a brief overview of the whole project (all programs). This information may be used for summary documents of the grants submitted or for public notifications of awards.

## Project Abstract

150

Please provide a brief description that includes the amount requested, services that will be provided, number of children and families that will be served, geographic area, primary strategies, and anticipated outcomes.

*Example: Emerald City requests \$25,000 to provide preschool services to approximately 20 3-year-olds in Oz County. We anticipate that expanded access to preschool will improve students' academic readiness to succeed in kindergarten.*

**Please ensure that any references to dollar amounts or numbers served correspond directly with what has been included throughout this application and budget.**

## Counties Served

List all the counties to be served by the programs for which you are applying for ECBG funding.

Please list one (1) county per row and **ONLY** include the county name (**DO NOT** include the word "county").

Counties Served

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# Populations Served

**Only include children and families that will receive services funded by ECBG.**

Report children in the column of the age they will be on 8/31/2025.

*Whole numbers only. Do not leave any field blank; enter "0".*

Families: Parents and primary caregivers (take care not to count a family unit more than once; a mom & dad of the same family should only be counted once).

Other: Any recipient of services who does not fit into one of the other categories listed above.

**Note: Per K.S.A. 38-2102, Children 5 and older on 8/31/2025 cannot be served with ECBG funds and will be removed from the statute required evaluation.**

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0-11 Months	1-Year Olds	2-Year Olds	3-Year Olds	4-Year Olds	Prenatal Supports	Families	Other	Other ( description)
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# Priority Populations to be Served

(select all that apply)

- Poverty
- Single Parent Families
- Out-of-Home Placement

- Teen Parents
- Parent(s) lacking high school diploma or GED
- Limited English Proficiency
- Low Developmental Progress
- Migrant Children
- Homelessness
- No Health Insurance

\* \*\*Poverty:\*\* Qualifies for free or reduced-price meals under the National School Lunch Program on September 20, 2024 (family income is less than 185% of the Federal Poverty Level). \* \*\*Single parent families:\*\* Custodial parent is unmarried on the first day services are provided. \* \*\*Out-of-home placement:\*\* Child is in foster care, custodial grandparent/kinship care, or out-of-home placement at the time of enrollment. For children referred by DCF, the reason for referral must describe the need for the child to attend the Pre-K program or receive the early childhood service and be documented and signed by the DCF agent. \* \*\*Teen parents:\*\* At least one parent was a teenager (19 years or younger) when the child was born. \* \*\*Parent(s) lacking high school diploma or GED:\*\* At least one parent is lacking a high school diploma or GED on the first day services are provided \* \*\*Limited English Proficiency:\*\* Child/caregiver speaks a language other than English at home. \* \*\*Low Developmental Progress:\*\* Child has an established IEP (Individual Education Plan) or IFSP (Individualized Family Service Plan) or falls into the monitoring or at-risk range of the ASQ in one or more of the following areas: Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social, or Social-Emotional Health. \* \*\*Migrant:\*\* Caregiver is a migrant worker. \* \*\*Homelessness:\*\* Child/caregiver has temporary housing or is homeless (including living in a shelter). \* \*\*No health insurance:\*\* At time of enrollment, child has no health insurance coverage.

## Percent Served Meeting Priority Criteria

What percentage of the population to be served do you estimate will meet priority criteria selected above?

## Prioritization of Priority Populations

Describe how you will prioritize ECBG funded services for the most at-risk children and families.

### Access and Alignment

How will your ECBG-funded programs align with the [Commitment Statement of the Kansas Children's Cabinet](#) below?

*The Kansas Children's Cabinet recognizes that addressing unmet needs across the state is paramount to family flourishing. We are committed to improving the health and well-being of all Kansas children and families by:*

***Coordinating systems-wide approaches*** to ensure services are available for all Kansas children and families across the early childhood ecosystem;

***Elevating family voice and choice;***

***Using data in ethical, timely, and responsive ways*** in partnership with communities and a broad array of experts; and,

***Expanding the reach of our programs*** to allow all families to access the services they want and need for their children.

# Community Needs

Please review the ECBG [2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only include statements in your application on services/programs that you will use ECBG funds to support if granted an ECBG award.***

## Community Needs

Describe the local needs, services, gaps and challenges related to the purpose of the grant.

Be specific about how ECBG funds will be used to supplement fill gaps not covered by other funding sources like federal Head Start, etc.

- To help clarify, you may list the needs, services and gaps by each program being proposed.
- Financial statements or other supporting documentation showing gaps in funding may also be uploaded in the Supporting Documentation section below.

## Needs

What are the needs for children from birth up to kindergarten entry (age 4 on 8-31-2025) and their families in your community as it relates to high-quality early childhood programming that promotes children entering kindergarten socially, emotionally and academically prepared for success?

## Services

What services are currently available for children from birth up to kindergarten entry (age 4 on 8-31-2025) and their families in your community?

## Gaps

What gaps exist between the needs and services described above?

## Supporting Documentation

(optional)

Upload any additional supporting documentation about the gaps in your community here.

Tip: Only one file can be uploaded here. If there are multiple files of supporting documentation to upload, please put them in a Zip (compressed) file and then upload the one Zip file here.

File Types accepted: links, doc, docx, pdf, ppt, pptx, xls, xlsx, jpeg, jpg, png, tif, tiff, m4a, m4p, mp3, mov, mp4, mpeg, mpeg4, mpg, m4v, zip



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## Partnerships

Please review the ECBG [2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

**Only include statements in your application on services/programs that you will use ECBG funds to support if granted an ECBG award.**

## Partnerships

Applicants proposing community partnerships should demonstrate appropriate community partnerships and the capacity to implement and administer the proposed programs.

## Funded Partners

Funded Partners are organizations that will provide the early childhood services being proposed on behalf of the applying organization.

List all funded partners in the table below and the program(s) they will be providing services for. *Please only put one program and partner combo per line (it's okay if a program or partner is listed multiple times).*

Enter "n/a" if you are not partnering with any outside organizations that you will support with ECBG funds for this grant.

**New Partnerships:** enter "Yes" if this is the first time you will be partnering with the organization for the specific program. Otherwise, enter "No".

Funded Partner Organization	Program this partner will be supporting	New Partnership for SF2026 (Yes or No)
1		

### Collaboration with Funded Partner

For each partnership listed above, answer the following question:

How will partnerships address the need more effectively than each partner working independently to meet grant outcomes?

*\_Example:\_* \_Program A: ...\_ \_Program B: ...\_ \_Program C: ...\_ Enter "n/a", if you are not partnering with any funded outside organizations for this grant.

## Non-Funded Partners

Non-Funded Partners are community organizations and/or providers to whom the applying organization, or the applying organizations funded partners, will be delivering the proposed early childhood services to (*e.g., the applying organization, or the applying organizations funded partners, will provide support to home-based or center-based child care centers; the child care centers would be the non-funded partners*).

List all non-funded partners in the table below and the program(s) they will be receiving services from. *Please only put one program and partner combo per line (it's okay if a program or partner is listed multiple times).*

**New Partnerships:** enter "Yes" if this is the first time you will be partnering with the organization for the specific program. Otherwise, enter "No".

Enter "n/a" if you are not providing services to outside organizations and/or providers in your community for this grant.

Non-Funded Partner Organization	Program this partner will be receiving support from	New Partnership for SFY2026 (Yes or No)
1		

## Collaboartion with Non-Funded Partners

For each partnership listed above, answer the following question:

How will partnerships address the need more effectively than each partner working independently to meet grant outcomes?

\_Example:\_ \_Program A: ...\_ \_Program B: ...\_ \_Program C: ...\_ Enter "n/a", if you are not providing services to outside organizations and/or providers in your community for this grant.

## Partner Assurances

## Partner Assurances



Part of being able to successfully launch grant activities at the start of the grant period is making sure you have the necessary agreements from the partners you listed above in place and that they understand and agree to all the requirements of the grant as laid out in the [RFP](https://ksde.pdx1.qualtrics.com/ControlPanel/File.php?F=F\_e5jEG5ApWYsQw9z). Therefore, we are asking that you upload a signed assurance form for each of the Funded & Non-Funded partners listed above (do not need one for lived experts) using this required template: [Collaborative Agreement Form (PDF)](https://ksde.pdx1.qualtrics.com/ControlPanel/File.php?F=F\_2EBABm4ooU2zkm) Tip: Only one file can be uploaded here. If there are multiple partner assurance forms needing to be uploaded, please [put them in a Zip (compressed) file](https://rasmussen.libanswers.com/faq/32413) and then upload the one Zip file. File Types accepted: pdf, jpeg, jpg, png, tif, tiff, zip

## Partner Assurances

## Lived Expert Partners

Live Experts are people with lived experience, either as a caregiver of a family receiving early childhood services or as a professional delivering early childhood services, that applicants seek out for input into improving the early childhood services the applicant is providing or building/creating new early childhood programming.

Enter "n/a" if you are not partnering with lived experts to shape the programs you are applying for funding for.

**New Partnerships:** enter "Yes" if this is the first time you will be partnering with lived experts for the specific program. Otherwise, enter "No".

Program this partner will be receiving support from    New for SFY2026 (Yes or No)

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## Collaboration with Lived Experts

For each program listed above, answer the following question:

How are you engaging individuals with lived expertise in program planning and delivery?

\_Example:\_ \_Program A: ...\_ \_Program B: ...\_ \_Program C: ...\_ Enter "n/a", if you are not partnering with lived experts for this grant.

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## Programs

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

**Only include statements in your application on services/programs that you will use ECBG funds to support if granted an ECBG award.**

## Programs

List all the programs the ECBG funds you are applying for will be funding.

*SFY2026 grantees re-applying for programs they will continue into SFY2027 if funded, please refer to your SFY2026 Common Measures table for program names and types.*

**Program** in this application refers to services provided to a specific set of children and their families.

- If your project is applying for funding for Home Visitation, Case Management, Child Care and PreK, but not all children or families will receive all four of those services, then each service should be listed as a separate program.
- If you are providing two different kinds of the same program type (e.g., Parents as Teachers (PAT) home visitation and Attachment & Bio-Behavioral Catch Up (ABC) home visitation), then each kind of program would also need to be listed separately.
- Program Names can be as simple as "Case Management."

## Programs

**Funded Partners** are organizations that will provide early childhood services on behalf of the applying organization.

**Non-Funded Partners** are partners the applying organization will provide early childhood services to organizations and/or providers in their community.

**Program Types:** ONLY LIST the following program types as defined in the [ECBG Program Types \(PDF\)](#): Child Care (Ages 0-4), PreK (Ages 3 & 4), Developmental Screenings & Referrals, Special Needs (IDEA Part B & C), Mental & Behavioral Health Services for Children, Classroom Infrastructure, Social-Emotional Classroom Consultation, Parent Education, Case Management, Home Visiting.

*Please make sure every program listed below is included in the appropriate program type tab(s) at the top of this application for the program type(s) listed in the last column of the table below. Leaving out program type(s) in the last column below to avoid including the program on the specific program type tab at the top of this application will have a negative effect on the review score of yourthe application.*

Program Name	New Program for SFY2026 (Yes or No)	Funded Partners	Non-Funded Partners	Program Type(s) – list only ECBG types defined above. May list all that apply to each program.
1				

## New Program Start-Up Time

For each program(s) listed above that will be new for SFY2026, please answer the following questions:

- Will the program be serving children and their families by the end of the first quarter (September 2025)?
- If not, when do you estimate children, and their families, can start using the programs services?  
*Enter "N/A" if you are not proposing any new programs.*

## Program Description(s)

Answer the following questions for *each* program(s) listed in the table above.

## Recruitment

Describe how your program(s) will recruit and select eligible families from your community to your program.

Answer this for each program listed in the table above. \_Example:\_ \_Program A: ...\_ \_Program B: ...\_ \_Program C: ...\_

## Common Measure Collection

What is the plan for each program to collect the required common measures?

Answer this for each program listed in the table above. \_Example:\_ \_Program A: ...\_ \_Program B: ...\_ \_Program C: ...\_

## Strategies & Services

Describe what strategies and services you will provide with the funds you are requesting from this grant and how funds will be used between partners.

Answer this for each program listed in the table above. \_Example:\_ \_Program A: ...\_ \_Program B: ...\_ \_Program C: ...\_

## Data Collection System

(optional)

For each program listed above, please enter the name of the data collection system used to collect child & caregiver profile and any other screening or assessment information in the "Data Collection System(s) used" column, then describe what data is entered into the data collection system (e.g., child, caregiver and environment profile information, assessment scores, etc.) in the last column.

Note: This is to inform us on how you are organizing the data for us to better assist you with technical needs if funded.

Program Name	Funded Partners	Non-Funded Partners	Data Collection System(s) Used	Data Entered into Data Collection System
1				

\_Examples: DAISEY Age 3 IGDI's by Test Flight Administrator's Plus by Rediker Software Computer Information Concepts Inc. (CIC) FastDirect Communications Infinite Campus Inc PAC Student by Skyward PowerSchool by Pearson School Systems Go.edustar by Go.edu Tyler SIS by Tyler Technologies Inc. (Schoolmaster Division) STI by Software Technology Inc. Synergy Student Information System by Edupoint Bright Student EduConnect Kansas Infant Toddler Services Renaissance ChildPlus Web Student by Skyward\_

## Does ECBG funding allow you to offer services free or at a reduced rate?

**If you answered YES to the above question, how does ECBG funding allow you to deliver services to families either free of charge or at a reduced rate?**

Please enter NA if your answer to the previous question was no.

**Please share additional clarity or specific examples of how ECBG funding has increased affordability or accessibility for children and families.**

Examples include expanding hours of service, keeping program costs down to create lower fees for families, enabling a program to offer a sliding fee scale based on income or other factors, recruiting teachers to fill vacant or partially-vacant classrooms, etc.

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## Budget

Please review the ECBG [2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

## Budget Upload

Please complete the [FY2026 ECBG Budget](#) and upload below.

Please make sure clear, explicit (not general) description justifying costs on each row.

**Budgets missing justifications or short descriptions will reflect negatively in the review process.**



Microsoft Excel (.xls or .xlsx) is the **\*\*\_ONLY\_\*** acceptable file type.

### Funds by Type

Please provide the proposed grantee budget by Fund Type. These should match the amounts in Column D for this specific program on the Budget Summary tab of the [SFY2026 ECBG Budget \(Excel\)](#)

*Enter "\$0.00" if none; do not leave blank.*

**Total Amount in ECBG column should be the requested amount for the application.**

Program Name	ECBG Funds	In Kind Funds (10% max)	Cash Match Funds (5% Minimum)	Total
1				

## Budget Summary

For each program listed above, describe how you will use ECBG funds if awarded.

## Match Requirements

**Confirmed:** You have the cash or in-kind donation already in hand OR a signed agreement the cash or in-kind donation will be received regardless of receiving an ECBG award or not.

**Pending:** Written agreement that the cash or in-kind donation will be received if awarded ECBG funds.

**Date of Receipt:** enter an estimated date of when the cash or in-kind donation will be received or when you can start requesting the cash or in-kind donation.

Program Name (if applicable)	Name of Funding Source	In-Kind Amount	Cash Amount	Is Revenue Source Confirmed (in-hand) or Pending?	Estimated Date Funds or Donation will be received	Brief Description
1						

## Match Documentation Upload

(optional)

Please upload any current proof of In-kind or cash match that you will use if awarded funds.

*Examples: receipts, timecards and invoices, or proof of payment.*

*Documentation for receipt of supplies and/or equipment should include a copy of a receipt issued to the donor.*

*Information on the receipt should include a description of the item, an estimate of the current fair-market value of the item, the date received, and signatures of the donor and the recipient. All matching contributions must be verifiable from the grantee's records. This includes the source and application of cash match, services received and donations of supplies and equipment. The required grantee match for a budget period is calculated at the close of the period based upon the ECBG funds expended.*



Tip: Only one file can be uploaded here. If there are multiple files of supporting documentation to upload, please put them in a Zip (compressed) file and then upload the one Zip. File Types accepted: links, doc, docx, pdf, ppt, pptx, xls,xlsx, jpeg, jpg, png, tif, tiff, m4a, m4p, mp3, mov, mp4, mpeg, mpeg4, mpg, m4v, zip

## Special Needs (IDEA Part B or C)

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

**Only report on programs that you will use ECBG funds to support if granted an ECBG award.**

## Does your proposal include programs for Special Needs Children (IDEA Part B or C)?

Programs for Special Needs Children are education services for children with disabilities and their families. See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each program for Special Needs Children listed in the table below is described in each of the sections below the table.**

***Only include programs that will be funded by ECBG.***

Yes

No

## Child Care & PreK

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

**Only report on programs that you will use ECBG funds to support if granted an ECBG award.**

## Does your proposal include Child Care (ages 0-4) or PreK (ages 3 & 4) programs?

- Child Care includes care for children from birth through age 4 with center- or home-based providers.
- PreK is a classroom-based program with a specific, developmentally appropriate, and evidence-based, or research-based, curriculum for the two years prior to Kindergarten eligibility (ages 3 & 4).

Includes providers/teachers' salaries funded with ECBG or scholarships, stipends, or subsidies funded with ECBG for children in early learning environments.

See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each Child Care or PreK program listed in the table below is described in each of the sections below the table.**

***Only include programs that will be funded by ECBG.***

Yes

No

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## Infrastructure for Classrooms, Teachers, or Providers

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only report on programs that you will use ECBG funds to support if granted an ECBG award.***

## Does your proposal include Infrastructure for Classrooms, Teachers or Providers?

Infrastructure are elements that support early learning environments, which includes the following: Concrete Supports, Curriculum Materials, Professional Development for teachers or providers, Scholarships for teachers or providers, Non-Education Related Incentives for teachers or providers, and Academic Classroom Consultation.

See the [ECBG Program Types \(PDF\)](#) for more information.

***Only include programs that will be funded by ECBG.***

Yes

No

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## Social-Emotional Classroom Consultation

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only report on programs that you will use ECBG funds to support if granted an ECBG award.***

# Does your proposal include Social-Emotional Classroom Consultation programs?

Social-Emotional Classroom Consultation programs focus on social-emotional coaching or training for teachers or providers in the classroom or child care environment. Efforts directly support children's social-emotional development through consultation services with the teachers or providers. These services also target children with more intensive needs by working with the child in their classroom or child care setting.

See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each Social-Emotional Classroom Consultation program listed in the table below is described in each of the sections below the table.**

**Only include programs that will be funded by ECBG.**

Yes

No

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# Mental & Behavioral Health for Children

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only report on programs that you will use ECBG funds to support if granted an ECBG award.***

# Does your proposal include Mental & Behavioral Health Services programs for Children?

Mental & Behavioral Health Services for children is child- or family-level play therapy, mental health consultation, instruction and curricula devoted to social skills, social-emotional wellbeing, and counseling.

*Excludes mental health consultations in classrooms.*

See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each Mental & Behavioral Health Services program for children listed in the table below is described in each of the sections below the table.**

**Only include programs that will be funded by ECBG.**

Yes

No

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# Case Management

Please review the [ECBG 2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only report on programs that you will use ECBG funds to support if granted an ECBG award.***

## Does your proposal include Case Management programs?

Case Management programs are an intensive family support service intended to address individual family needs as they occur on an ongoing basis. Includes intensive family mentoring, counseling, and connecting families to additional services.

*\*In most cases, counseling for adults not directly related to a family or child need is NOT funded by ECBG.*

See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each Case Management program listed in the table below is described in each of the sections below the table.**

***Only include programs that will be funded by ECBG.***

Yes

No

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## Home Visitation

Please review the ECBG [2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only report on programs that you will use ECBG funds to support if granted an ECBG award.***

**Does your proposal include Home Visitation programs?**

Home Visitation programs use evidence-based models for parent education, engagement, and enrichment frequently delivered in the home environment.

See the [ECBG Program Types \(PDF\)](#) for more information. **If yes, please make sure each Home Visitation program listed in the table below is described in each of the sections below the table. Only include programs that will be funded by ECBG.**

Yes

No

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## Parent Education

Please review the ECBG [2026-2027 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

***Only report on programs that you will use ECBG funds to support if granted an ECBG award.***

## Does your proposal include Parent Education programs?

Parent Education programs provide education to parents using evidence-based curriculums. This education can take place in multiple settings, and usually has a group-based component, but is not required to have a group-based component.

See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each Parent Education program listed in the table below is described in each of the sections below the table.**

***Only include programs that will be funded by ECBG.***

Yes

No

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# Developmental Screenings & Referrals

Please review the [ECBG 2025-2026 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

## Does your proposal include Developmental Screenings & Referrals programs?

Developmental screenings and referral programs are provided to the community either as a standalone service or incorporated into service provision as a component of a program.

See the [ECBG Program Types \(PDF\)](#) for more information.

**If yes, please make sure each Developmental Screenings & Referrals program listed in the table below is described in each of the sections below the table.**

**Only include programs that will be funded by ECBG.**

Yes

No

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## Acknowledgements

### Acknowledgements

As an authorized representative of the Early Childhood Block Grant (ECBG) grantee, I hereby submit this application to Kansas Children's Cabinet and Trust Fund.

I represent that the information and financial data contained herein are true and correct to the best of my knowledge.

I understand the following conditions apply to this Application:

- Additional information may be requested.
- Acceptance and consideration of this application do not constitute commitment for financial assistance by the State of Kansas.
- I assure the alignment of this project with the ECBG purpose, goals, and target outcomes.

I have read and understand the grant requirements as stated in the [RFP](#) and defined in this application. By signing below, I agree to be bound by the relevant provisions thereof.

### Electronic Signature

The authorized person for the application has read and agrees to the statement above. Typing your name below is considered your electronic signature and is required for this to be considered an official application.

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## Technical Assistance

Applications due **Wednesday, January 8, 2025, 5 PM.**

Please review the [ECBG 2025-2026 Request for Proposals](#) and other important information on the [ECBG RFP Webpage](#).

### Request Technical Assistance via the [ECBG Technical Assistance Request Form](#).

Response time: three (3) business days, with follow-up phone calls as needed.

Information from technical assistance conversations may be used to populate additional applicant and grantee resources to ensure shared learning.

The KCCTF is committed to supporting equitable access to ECBG grant funding and has developed ways to help applicants and grantees.

### **Types of Technical Assistance**

- [Kansas CommonApp Webinar](#) on November 22, 2024 (recording to be posted following): provides an overview of the grant portal and application process.
- Questions related to purpose of funding and eligibility requirements as outlined in the RFP
- Questions related to navigation and interaction with the Kansas CommonApp portal Help Desk support.

Technical assistance is intended to provide an opportunity for applicants to ask questions and think through concerns or challenges. Technical assistance is not intended to help applicants complete or edit an application, or develop project plans, rather as a tool to aid applicants in this work. Please note that utilization of technical assistance has no influence on the application review process and scoring or final award determination.

Please review the [ECBG 2025-2026 Request for Proposals](#). The [ECBG RFP Webpage](#) also includes FAQs that are updated as needed.