**NJ DEPARTMENT OF CHILDREN AND FAMILIES**

**Evidence-Based Practice Blueprint**

**Provider Workshops**

**Application to Participate**

1. **Organization Overview**
2. Organization Name:
3. Approximate number of families served annually:
4. Name(s) of each evidence-base/evidence-informed/evidence-supported model(s) your organization is implementing:
5. **Identified Evidence-Based/Evidence-Supported Model:**

You must identify one evidence-based/evidence-informed/evidence-supported model which you are implementing for this application. The staff identified in Section C must be directly involved with the implementation of this model.

1. Name of identified model:

1. Link to model developer website:
2. Indicate the level of evidence for the chosen model (please refer to the definitions provided on pages 3-4 of the Call for Participation):

Evidence-based

Evidence-informed

Evidence-supported/promising

1. Length of time organization has been implementing the model:
2. County(ies) where identified program model is delivered:
3. Population being served by program model, including characteristics, demographics, and needs (i.e., age, gender, race/ethnicity):
4. **Participating Staff**

Please use the table below to provide the name, title, email address, and phone number for all three staff members identified to participate in the provider workshops.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staffing Level** | **Name** | **Position/Title** | **Email** | **Phone** |
| Leadership |  |  |  |  |
| Supervisor |  |  |  |  |
| Practitioner |  |  |  |  |

1. **Commitment to Participate**

By signing below, we commit to attend all four provider workshops, which will take place at the DCF Professional Center (30 Van Dyke Avenue, New Brunswick, NJ 08901) on October 27, 2016; January 5, 2017; March 7, 2017; and May 9, 2017.

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Signature – Leadership Printed Name Date

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Signature – EBP Supervisor Printed Name Date

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Signature – EBP Practitioner Printed Name Date