**PARTNER PLAN ACT**

**COLLABORATION INSTITUTE TEAM REQUEST FOR SUPPORTS (RFS)**

**Indicate the date your collaboration team completed a consultation call with Grace Araya, the Project Director or your current Collaboration Institute coach, prior to submitting your RFS.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate that the rest of your collaboration is aware of and has agreed to applying for supports from the Collaboration Institute.** [ ]  Yes [ ]  No

**Please identify what type of supports your collaboration would like to receive**.

[ ]  Coach-Guided Track [ ]  Process-Guided Track

Collaboration teams must consist of at minimum three and up to five members. Collaboration teams may exceed five members if discussed with and approved by the Director of Community Systems Statewide Supports.

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| **Collaboration Name:** |
| **Collaboration AREA OF SERVICE:** |
| **Team Member #1: Primary Collaboration Convener/Coordinator/Staff** |
| Name: | Organizational Affiliation: |
| Collaboration Role(s): | Title: |
| Email address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| Race: |
| What sector or CSD effort does this team member represent? |
| **Team Member #2: Parent or Community Representative (strongly encouraged)** |
| Name: | Organizational Affiliation: |
| Collaboration Role(s): | Title: |
| Email address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| Race: |
| What sector or CSD effort does this team member represent? |
| **Team Member #3**  |
| Name: | Organizational Affiliation: |
| Collaboration Role(s): | Title: |
| Email address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| Race: |
| What sector or CSD effort does this team member represent? |
| **Team Member #4** |
| Name: | Organizational Affiliation: |
| Collaboration Role(s): | Title: |
| Email address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| Race: |
| What sector or CSD effort does this team member represent? |
| **Team Member #5** |
| Name: | Organizational Affiliation: |
| Collaboration Role(s): | Title:  |
| Email address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| Race: |
| What sector or CSD effort does this team member represent? |

**Self-Assessment:**

\*Note: current cohort 4 PPACI collaborations do not need to complete the Self-Assessment

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| **Member Capacity** | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
| Our members know about their and others’ roles and responsibilities in the collaboration.  |[ ] [ ] [ ] [ ] [ ]
| Our members value different perspectives (parents, community members, etc.).  |[ ] [ ] [ ] [ ] [ ]
| Our members trust other stakeholders within the collaboration.  |[ ] [ ] [ ] [ ] [ ]
| Our members recognize the importance of using an equity lens.  |[ ] [ ] [ ] [ ] [ ]
| Our members communicate effectively (with internal and external stakeholders). |[ ] [ ] [ ] [ ] [ ]
| Our members believe the collaboration will advance individual stakeholder goals.  |[ ] [ ] [ ] [ ] [ ]
| Our members are skilled in conflict resolution. |[ ] [ ] [ ] [ ] [ ]
| **Relational Capacity**  | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
| Our collaboration has a shared vision, with initiatives whose success requires 3 or more collaboration members to work together.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration fosters relationship-building and minimizes member status differences.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration promotes power sharing when making decisions.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration engages parents and community members in designing, planning, and implementation processes.  |[ ] [ ] [ ] [ ] [ ]
| **Organizational Capacity**  | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
| Our collaboration has effective, shared leadership. |[ ] [ ] [ ] [ ] [ ]
| Our collaboration has a task-oriented work environment guided by a work plan.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration has well-developed internal operating procedures and guidelines.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration engages in timely and frequent information sharing, problem discussion, and resolution.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration seeks to improve continuously; we have a monitoring system and respond to feedback.  |[ ] [ ] [ ] [ ] [ ]
| **Programmatic Capacity**  | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
| Our collaboration identifies realistic goals.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration achieves “quick wins.” |[ ] [ ] [ ] [ ] [ ]
| Our collaboration is driven by community needs as defined by the community.  |[ ] [ ] [ ] [ ] [ ]
| Our collaboration fills unmet community needs. |[ ] [ ] [ ] [ ] [ ]

**Please respond to each question below after reviewing the scoring guide on page 8 of the RFS description.** \*Note: current cohort 4 PPACI collaborations may complete these questions with their current PPA Collaboration Institute coach

**Please provide a general overview of your collaboration.**

How long has the collaboration existed? What is the current mission, vision, and/or purpose statement? What is the collaboration’s staffing and funding status? How often does your collaboration meet and is it on a regular basis? What is your collaboration’s governance and decision-making structure? How do you distribute leadership and tasks?

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**Describe the community that your collaboration works with and supports.**

What areas do you cover? Who lives there? What are the strengths and assets? What are the challenges and needs?

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**How do you engage diverse perspectives (including parents and community members)?**

Who are your stakeholders and participants? How are you identifying and eliminating or minimizing barriers to participation and engagement? How do you work with partners to align efforts and work toward a shared vision?

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**What is your collaboration’s issue or focus area?**

What are some of your collaboration’s activities that demonstrate a commitment to serving priority populations? In thinking of an accomplishment that your collaboration is proud of, what strategies did you use to bring about systems change?

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**Describe your collaboration’s capacity and readiness to participate in the supports offered by CS3.**

How will the group set aside time for Institute work? How much time do you envision being able to commit each month? How much willingness and commitment is there to learn additional ways to bring about systems-change around increasing enrollment and quality of early learning programs? How has the collaboration been able to engage in continuous improvement?

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**What specific community systems-related skills, strategies, or knowledge does your collaboration want to learn or develop?**

What are you hoping to gain from the experience? What are some of the challenges you are currently facing that you think CS3 can help you address?

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**How did your collaboration go about selecting your team members?**

Why did you include them? Who would you have liked to include that you were not able to?

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By signing and submitting this Request for Supports, you commit to fully participating in all Partner Plan Act Collaboration Institute activities, being a champion for community systems development in Illinois, and contributing to the learning of other collaborations throughout the state.

In addition, by signing below you hereby authorize Illinois Action for Children and/or its associates, assistants, or subcontractors to photograph/film. You permit Illinois Action for Children to use and display said photographs/video in any publication, multimedia production, display, advertisement, or World Wide Web (Internet) publication. Illinois Action for Children may use name, likeness, or biographical information supplied. You understand that no compensation is offered in exchange for the images/information. You release and forever discharge Illinois Action for Children, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

Please print and sign below.

Printed Name of Primary Collaboration Convener/Coordinator/Staff:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Names of Team Members:

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Signature of Primary Collaboration Convener/Coordinator/Staff:

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Signatures of Team Members:

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| **Collaborations must complete a consultation call with all team members present with Grace Araya prior to submitting their RFS. A RFS that is submitted should be a maximum of seven pages and must be received by Grace Araya at** **grace.araya@actforchildren.org** **no later than June 20, 2022 by the end of business day. Please email the completed electronic file along with a scan of the signature page. Collaborations will be notified of the results by June 27, 2022.** |