



Consolidation Application

Consolidated Affiliate Name: _____

(NOTE: This can be a new name created to reflect the consolidation or it can be the name of the Lead Affiliate.)

Program designated as Lead Affiliate: _____

Name/title of Lead Affiliate administrator: _____

Name/title of Lead Affiliate primary contact: _____

The following programs are part of our consolidation:

Program: _____

Mailing Address: _____

Street Address: *(if different than above)* _____

City: _____ State: _____ Zip: _____

Primary e-mail: _____ Phone: _____

Program: _____

Mailing Address: _____

Street Address: *(if different than above)* _____

City: _____ State: _____ Zip: _____

Primary e-mail: _____ Phone: _____

Program: _____

Mailing Address: _____

Street Address: *(if different than above)* _____

City: _____ State: _____ Zip: _____

Primary e-mail: _____ Phone: _____

Program: _____

Mailing Address: _____

Street Address: *(if different than above)* _____

City: _____ State: _____ Zip: _____

Primary e-mail: _____ Phone: _____

(NOTE: If more than 4 programs are consolidating, provide their information on the last page of this document.)

Your PAT State Leader should be aware of your plan to consolidate before you proceed further.





Use pages 2-5 to provide information for up to four programs that are part of the consolidation. Use a separate page for each program. If you have additional programs to list, include their information on the last page of this document

Program: _____

Number of full time (more than .5 FTE) parent educators in this program: _____

Number of part time (.5 FTE or less) parent educators in this program: _____

Supervisor Information *(for this program only)*

Please provide the following for each parent educator that will be part of the consolidation.

Name	Model implementation training date	E-mail	# of staff supervising	Conducts home visits
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Parent Educator Information *(for this program only)*

Name	Date model certified	E-mail





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Parent Educator Information *(for this program only)*

Name	Date model certified	E-mail





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Parent Educator Information *(for this program only)*

Name	Date model certified	E-mail





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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Parent Educator Information *(for this program only)*

Name	Date model certified	E-mail





Use this page for additional Program information (from page 1) or to list additional Parent Educators for any programs listed on pages 2-5.





Guidelines Agreement

You must agree to all of the following guidelines and provide a brief explanation where indicated. By checking each box and signing this page, you agree to comply.

- One program is designated as the Lead Affiliate. The Lead Affiliate will designate the fiscal agent. Describe how PAT funds from each program will be blended.

- The Lead Affiliate will be responsible for Visit Tracker administration. All individual programs will be covered under the Visit Tracker subscription provided as part of the Affiliation Fee. (Note: Individual programs within the consolidated affiliate may opt out of Visit Tracker if the state or funder requires a different electronic data collection tool.)
- The Lead Affiliate will submit one Affiliate Performance Report annually that represents all programs in the affiliate.
- All programs in the consolidation will maintain compliance with the Essential Requirements. The Lead Affiliate will report on measures collected from each site as one entity.
- Communication from PAT national office will be with the designated Lead Affiliate contact person. It is the responsibility of the Lead Affiliate to share information with all sites in the consolidated affiliate.
- Resources will be shared among the consolidated programs (e.g., professional development opportunities, group connections, etc.) Explain how resources will be shared.

- The consolidated affiliate will have one Community Advisory Committee with representation from all programs/communities involved in the consolidation. Program-specific advisory or parent committees also are encouraged.
- The consolidated affiliate will complete one Quality Endorsement process, which will apply the entire affiliate, not individual programs. Individual programs not implementing the model in a quality manner can put the entire affiliate at risk for qualifying for Quality Endorsement.

Signature *(Type your name here to confirm compliance.)*

Date

Reminder: Once the application is received, a technical assistance provider at the PAT National Office will contact you to discuss your plan.

