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| **Applicant Name:** |  |

*The page limit for this Form F, Program Narrative, must not exceed 10 pages, excluding attachments.*

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| 1. **Community Strengths and Needs Assessment Summary** |
| Provide a summary of the Community Strengths and Needs Assessment (CSNA). Please include the following sections in the summary:   1. Overview – Provide an overview of the proposed service area and the eligible population in the proposed area, to include demographics, community characteristics, and unique community context. 2. Implications and Conclusions – Provide a summary that indicates community needs, challenges, resources, and gaps – especially related to the eligible population. 3. References – Very briefly describe how the CSNA was compiled and include a list of references. Applicants may include if and how they used the <https://maltreatment-risk.txsafebabies.org/> to inform the assessment.   The CSNA summary must be limited to three (3) pages. |
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| 1. **Applicant’s Background and Experience** |
| 1. Explain how Applicant’s experience demonstrates the ability to provide and coordinate the proposed services.   a. Indicate whether Applicant has experience providing services to the eligible population.  b. Briefly describe the nature of these services and the extent of Applicant's experience providing the proposed services. |
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| 1. Describe Applicant’s organizational structure, key management, and experience in implementing similar programming with the intended population, in addition to experience in administering complex projects, grants, or contracts. |
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| 1. How is Applicant organization currently performing on any existing Texas Health and Human Services Commission (HHSC) grants or contracts? In the response, address if the following have occurred during Applicant’s current grant or contract term:    1. Applicant has been issued a letter of concern or corrective action related to Performance Measures;    2. Applicant has not submitted timely program reporting or billing; or    3. Applicant has, or has had, monitoring findings. |
| Check here if Applicant does not currently have an HHSC grant or contract. |
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| 1. **Community Partnerships** |
| Describe the presence Applicant has in the proposed service area, to include information such as history of working in the community and roles (direct service delivery, community initiatives, etc.). Include any leadership and collaborative efforts that impacted expecting parents and families with infants and young children or maternal health or early childhood systems. |
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| Describe current community partnerships and experience in connecting with other agencies and stakeholders to benefit expecting parents and families with infants and young children. Include partners and the focus of these partnerships. |
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| Describe the support for the proposed programming and initiatives in the community as well as any planned efforts to enhance networks and service connections. |
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| Applicants that do not already implement a Nurse-Family Partnership program must attach a letter of feasibility determination from the Nurse-Family Partnership national office and label as **Attachment F-1, Letter of Feasibility Determination**.  *Optional:* Applicants may attach letters of support to this **Form F, Program Narrative**.  Include, at a minimum, the contact information, name of the organization, and, if applicable, projects or initiatives that the organization previously worked on with Applicant.  Label all letters of support as **Attachment F-2, Letters of Support**, and include Applicant’s name. |