Respondent is only required to submit one **Form E, Program Response Form**. Provide HHSC with a broad understanding of the applicant’s approach to meeting the requirements of this RFA.

**NOTE: ALL SECTIONS MUST BE FILLED OUT (EVEN IF YOU NOT APPLYING FOR A PARTICULAR PROGRAM TYPE).**

**Domain 0: General information not considered for evaluation. Necessary for determining proposed services.**

1. **Describe all service types for which your organization would like to apply: YPU, YPS, YPI including family-focused, CCP, PRC.**

**Response:**

1. **Describe the geographical area your organization is proposing to serve for each proposed service type. Be sure to specify service areas for each proposed program. This may include counties, communities, zip codes, or entire regions (for PRCs).**

**Response:**

**Select: Youth Prevention (YP),  Community Coalitions Partnership (CCP),  Prevention Resource Center (PRC)**

**List coalitions/proposed service area**

**2.**

**3.**

**4.**

**List YPU, YPS, YPI/curricula/service areas (only 5 if one is family focused)**

**1.**

**2.**

**3.**

**4.**

**5.**

**PRC**

**List the planned Region to be serviced by the PRC (see Exhibit L: HHSC Regions By County Map)**

1. **YP Applicants Only: Indicate which curricula your organization is proposing to use and for what program type each is proposed. Be sure to indicate a curriculum for each proposed YP program from the HHSC Approved Curriculum List.**

**Response:**

**Page limit: 1-2 per question, maximum number of pages for the application is 15.**

**Domain 1- Prevention Capacity**

1. **Describe the characteristics of the communities (including but not limited to demographics, special populations, etc.) your organization proposes to serve, and the organization’s capacity to deliver prevention services within those communities.**

**Response:**

1. **Describe your organization's plan and experience in the community ensuring compliance with the CLAS standards.**

**Response:**

1. **Describe your organization's experience providing services to people in historically under-resourced communities.**

**Response:**

1. **For the communities your organization is proposing to serve, describe the need for your proposed services. Include the priority population to be served, issues/challenges the community is facing, under-resourced populations, and populations experiencing disparate behavioral health outcomes. Use data to support your statement of need.**

**Response:**

**Domain 2- Individual/Relationship Level**

1. **Describe your organizations understanding of positive childhood experiences (PCEs) and how adverse childhood experiences (ACEs) affect the community. Provide examples of how your organization has facilitated PCEs and/or positive youth development (PYD) in your community.**

**Response:**

1. **Describe your organization's process/experience working with both schools and community-based organizations in delivering services to youth, adults, and families.**

**Response:**

1. **Describe how your organization has previously used input from program participants, community members, and/or community partners to better serve the community.**

**Response:**

**Domain 3 - Community Level**

1. **Describe your organization’s current impact in and connection to the community it plans to serve. Please provide examples of how the applicant engages with the community or puts forth efforts to establish credibility in the proposed service area.**

**Response:**

1. **Describe the support or buy-in for prevention efforts of the community your organization proposes to serve.**

**Response:**

1. **Provide an example of how your organization would implement a comprehensive environmental strategy for addressing substance use prevention including all components (e.g. media, enforcement, policy).**

**Response:**

1. **Describe how your organization would engage vulnerable and isolated populations who are connected by cultural identity in developing and implementing environmental prevention strategies.**

**Response:**

**Domain 4- Societal Level**

1. **Describe your organization’s plan for regional collaboration to coordinate prevention efforts and provide prevention training (if applicable) in your region.**

**Response:**

1. **Describe your plan for building capacity in the prevention workforce in the region.**
2. **Describe your organization’s plan for using social and traditional media (if applicable) to increase your community's understanding of substance use and behavioral health promotion.**
3. **Describe your organization’s plan for helping ensure tobacco retailer compliance with state law to prevent minors' access to commercial tobacco and other nicotine products.**