|  |
| --- |
| Project Design |
| **1. Describe in detail the proposed program and delivery of personalized client services, as required by RFA Section 2.6.6, Delivery of Client Services. The proposed program must demonstrate an understanding of TTF’s Goals and Objectives (Exhibit J, Goals and Outcomes). Include a work plan with detailed timeline for implementation of the proposed program. (Maximum length: 2000 words)** |
| **2. Select which service(s) will be provided through the proposal. Client services must be delivered according to requirements in RFA Section 2.6.6, Delivery of Client Services Select all that apply. (Program Requirements in RFA Section 2.6)**  Counseling and mentoring services  Care coordination, including connecting participants to health services  Educational materials and information  Referrals to governmental and social service programs  Classes  Provision of supplies  Housing services (housing navigation, housing advocacy, or housing through maternity homes) |
| **3. Describe how clients will be referred for services not provided by the Applicant, including how the Applicant**  **will maintain a robust list of available referral resources. (Maximum length: 250 words)** |
| **4. Indicate how many unduplicated clients are anticipated to be served through the proposed project per fiscal year. Applicant should maximize funding to support client services.** |
| **Goals and Outcomes Support** |
| **5. Identify which TTF Outcome(s) (RFA Section 2.5, Eligible Activities, Exhibit J, Goals and Outcomes) the proposed program will impact and briefly describe how the program design supports the identified Outcome(s). (Program Requirement in RFA Section 2.6) (Maximum length: 100 words per Outcome)** |
| **6. If proposing Outcome(s) to meet the required Goals (Exhibit J, Goals and Outcomes) that are not listed in question 6, describe the Outcome(s), including plans to quantify, measure, track, and report on the impact of the project on the Outcome(s) (Maximum length: 100 words per Outcome)** |

|  |  |
| --- | --- |
| **CERTIFICATION** | |
| I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this RFA.  The undersigned representative agrees to all the terms and conditions specified in the application by signing below. | |
|  |  |
| Signature of Authorized Representative | Date |
|  |  |
| Printed Name of Authorized Representative | Printed Title of Authorized Representative |
|  |  |
|  | |