**Form F,**

**Program Narrative**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Business Name of Applicant:** | |  | |
|  |  | |

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

|  |
| --- |
| 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 delivery area and the priority populations 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, and protective factors – especially related to priority service populations. Describe existing services and resources as well as gaps in services and resources for the priority populations. 3. References – Very briefly describe how the community strengths and need assessment was compiled and include list of references.   **The CSNA summary must be limited to three (3) pages.** |
|  |

|  |
| --- |
| 1. **Logic Model** |
| 1. As part of the Application, the Applicant must submit a logic model for its proposed programming and activities. The logic model must be submitted as an attachment to **Form F, Program Narrative**, and labeled as **Attachment F-1, Logic Model**. |

|  |
| --- |
| 1. **Applicant’s Background and Experience** |
| 1. **Explain how the Applicant’s experience demonstrates the ability to provide and coordinate the proposed services. Indicate whether the Applicant has experience with Military-Connected families.**     1. Please describe the nature of these services and the extent of the Applicant's experience providing services.    2. What experience does the Applicant have relevant to the intended participant population? Please describe. |
|  |
| 1. **Describe Applicant’s organizational structure, key management, and their experience with similar Participant populations in addition to any experience in administering complex projects, grants, or contracts.** |
|  |
| 1. **Describe experience in areas such as managing budgets, grants, or contracts to demonstrate ability to support administrative and fiscal requirements.** |
|  |
| 1. **If the Applicant is proposing to enter into Subawards, what is the Applicant’s experience managing Subawards?** |
| Check this box if not applicable because Applicant is not proposing to enter into Subawards. |
| 1. **How is Applicant’s organization currently performing on any existing HHSC grants or contracts? In the response, address if the following have occurred over the Applicant’s current contract or grant term:**     1. Applicant has not met Output and Outcome Performance Measures;    2. Applicant has not submitted timely program reporting and billing;    3. Applicant has, or has had, monitoring findings. |
| Check this box if not applicable because Applicant is not currently awarded an HHSC grant or contract. |

|  |
| --- |
| Community Partnerships |
| 1. **Describe the presence the Applicant has in the community, to include information such as history of working in the community and roles (direct service delivery, community initiatives, etc.).**   Optional: 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 that the organization previously worked on with Applicant. Label all letters of support as **Attachment F-2, Letters of Support**, and include the Applicant’s name. |
|  |
| 1. **Describe current community partnerships and experience in connecting with other agencies and supporters to benefit families.** |
|  |
| 1. **Describe the support for the proposed programming and initiatives in the community as well as any planned efforts to enhance networks and service connections.** |
|  |