**Form G,**

**Project Work Plan**

|  |  |
| --- | --- |
| FSS Youth and Family Programs  SMVF PROJECT WORK PLAN | |
| The Project Work Plan provides specific details of how services will be implemented under this Grant. The Project Work Plan is designed to be a flexible document that may be revised during the Project Period with FSS approval. This flexibility allows the Grantee to propose minor revisions to services or operations to respond to changing context. Revisions to the Project Work Plan may not change the overall scope of the project and HHSC must review and approve prior to implementation. HHSC reserves the right to make the final determination on any proposed changes. | |
| **Applicant/Grantee Name:** | |
| **Grant Agreement Contract Number:** | **Agency Account ID:** |
| **Program:** Service Members, Veterans, and Families (SMVF) | |
| **Base Term:** September 1, 2025 – August 31, 2030 | **Fiscal Year:** FY2026 |
| **Primary County(ies):** | |
| *Note:* ***Primary Counties*** *are counties identified in the Grant Agreement that must be served under this award and are the focus of any planned initiatives.* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **CONTACT INFORMATION** | | | | |
| **Contact** | **Name** | **Title** | **Email** | **Phone** |
| **Signatory:** |  |  |  |  |
| **Program:** |  |  |  |  |
| **Coalition:** |  |  |  |  |
| **PUBLIC CONTACT INFORMATION:** | | | | |
| **Agency Web Address:** | | | | |
| **Agency Street Address:** | | | | |
| **Public Phone:** | | **Public Email Address:** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **SUBAWARDEE CONTACT INFORMATION (if applicable)** | | | | | | |
| **Service** | **Program Organization Name** | **Primary Contact Name** | **Title** | **Email** | **Website** | **Phone** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **OUTPUTS AND OUTCOMES**  * Applicant proposes target (expressed as number) for Outputs One (1) and Two (2) in the “Target” column. * All other Output and Outcome targets are determined as defined in the RFA and pre-filled in the “Target” column. | | | |
| **OUTPUTS** | **TARGET** | **OUTCOMES** | **TARGET** |
| **OUTPUT 1:** Expected number of Families served monthly. |  | **OUTCOME 1:** Index Children or Index Youth that will remain Safe while receiving programming. | 100% |
| **OUTPUT 2:** Expected number of Families served annually. |  | **OUTCOME 2:** Primary Caregivers who complete the pre-service and post-service Protective Factors Surveys that will show an average increase in the score for at least one (1) Protective Factor. | 75% |
| **OUTPUT 3:** Primary Caregivers that will complete both pre-service and post-service Protective Factors Survey. | 60% | **OUTCOME 3:** Primary Caregivers will report positive (agree/strongly agree) outcomes in at least one (1) domain of the Program Experience Survey at discharge. | 80% |
| **OUTPUT 4:** Primary Caregivers that will complete the FSS Program Experience Survey at discharge. | 50% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **SERVICE SUMMARY**     * List all proposed services and programming in which participants will be enrolled. The first two rows show an example; please delete and enter Applicant’s proposed services. Add rows as needed.    * Families Served Monthly and Families Served Annually numbers should be based on Program Model or service, number of full-time equivalents (FTEs), planned caseload or group size, and program duration. | | | | | | | |
| **Program/ Service** | **Agency Providing** | **Model/ Curriculum** | **Staff Providing** (include number) | **Caseload or Group Size,  if applicable** | **Families Served Monthly\*** | **Families Served Annually\*\*** | **PEIRS**  **Reporting Method**  (*PEIRS Workflow*) |
| *Parent Education* | *Agency A* | *Strong Families Strong Forces* | *Direct service staff (4)* | *Group of 10 parents* | *60* | *60* | *TBD* |
| *Brief Description: Include service location (county or counties), duration, frequency, and delivery method (in-person or virtual) as applicable.* | | | | | | | |
| Program/ Service | Agency Providing | Model/ Curriculum | Staff Providing (include number) | Caseload or Group Size,  if applicable | Families Served Monthly\* | Families Served Annually\*\* | PEIRS  Reporting Method  (*PEIRS Workflow*) |
| Brief Description: Include service location (county or counties), duration, frequency, and delivery method (in-person or virtual) as applicable. | | | | | | | |
| Program/ Service | Agency Providing | Model/ Curriculum | Staff Providing (include number) | Caseload or Group Size,  if applicable | Families Served Monthly\* | Families Served Annually\*\* | PEIRS  Reporting Method  (*PEIRS Workflow*) |
| Brief Description: Include service location (county or counties), duration, frequency, and delivery method (in-person or virtual) as applicable. | | | | | | | |
| Program/ Service | Agency Providing | Model/ Curriculum | Staff Providing (include number) | Caseload or Group Size,  if applicable | Families Served Monthly\* | Families Served Annually\*\* | PEIRS  Reporting Method  (*PEIRS Workflow*) |
| Brief Description: Include service location (county or counties), duration, frequency, and delivery method (in-person or virtual) as applicable. | | | | | | | |
| Program/ Service | Agency Providing | Model/ Curriculum | Staff Providing (include number) | Caseload or Group Size,  if applicable | Families Served Monthly\* | Families Served Annually\*\* | PEIRS  Reporting Method  (*PEIRS Workflow*) |
| Brief Description: Include service location (county or counties), duration, frequency, and delivery method (in-person or virtual) as applicable. | | | | | | | |
| *\*Indicate the number of Participants that are anticipated to be served each month in the program.*  *\*\*Indicate the number of Participants that will be served annually in the program.* | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **EVENTS & INITIATIVES**   *Please elaborate on all additional work that will be funded under this Grant Agreement.* | | | |
| 1. Please list any planned events or initiatives with dates below. This could include public awareness campaigns, community events, community education, etc. Add rows as needed. Detail can be provided in the narrative field that follows. | | | |
| **Event or Initiative** | **Begin Date** | **End Date** | **Audience/Stakeholders** |
|  |  |  |  |
| Brief description: Include purpose and how impact will be assessed. | | | |
|  |  |  |  |
| Brief description: Include purpose and how impact will be assessed. | | | |
|  |  |  |  |
| Brief description: Include purpose and how impact will be assessed. | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Project Organization & Staffing** | | | | | |
| 1. Describe the staffing structure for the project. Indicate the staff positions, responsibilities, and activities of each position on the project. Include administrator(s), supervisors, and direct service staff positions, including Cost Sharing positions. \*Indicate which positions are responsible for data entry, quality assurance, and oversight. | | | | | |
| **Position Title (Number)** | **Percent of position on grant** | | **FSS-Funded or Cost Sharing** | **Brief description of responsibilities and activities** | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| 1. Describe plans for Reflective Supervision for staff. | | | | | |
|  | | | | | |
| 1. Describe staff hiring and retention plans. | | | | | |
|  | | | | | |
| 1. Training and Professional Development   Indicate planned trainings and professional development. Please include any required trainings. Add or delete rows as needed. | | | | | |
| **Trainings or Professional Development** | | **Staff Roles Receiving Training** | | | **Timeframe**  (Frequency, Expected Completion) |
| New hire orientation  (Required under the RFA for any project staff.) | |  | | | At hire  Annually  One-time |
| Military competency  (Required under the RFA for any project staff.) | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  Every Six Months |
|  | |  | | | At hire  Annually  Every Six Months |
|  | |  | | | At hire  Annually  One-time |

|  |
| --- |
| 1. **Program and Service Implementation** |
| 1. **Outreach, Recruitment, & Retention**   Describe outreach, recruitment, and retention plans, including staff responsible for planning and execution. Include goals and strategies to reach and engage Families demonstrating eligibility criteria/Priority Characteristics. Indicate why the strategies will be successful. |
|  |
| 1. **Enrollment & Eligibility**   Describe the processes and procedures for intake, including how the Family’s individual eligibility will be determined, the completion of surveys, screenings, and assessments (as applicable), and modifications in programming delivery methods. |
|  |
| 1. **Family Engagement and Retention Plans**   Describe Family engagement strategies and activities that will be incorporated into programming, service approaches, and community engagement. |
|  |
| 1. Describe plans and strategies to effectively respond to the needs of Military-Connected families and incorporate approaches and practices in service delivery, programming, and initiatives. Describe how the organization will incorporate military-connected voice and perspective in program development. |
|  |
| 1. Use of Incentives (for program retention and participation) 2. Indicate types of incentives to be used for Families and how they are determined. If using gift cards, what amounts will be used? 3. When are incentives provided? At what timepoints, benchmarks, etc.? 4. How will incentives benefit participants and the program? |
|  |
| 1. Use of **Basic Needs Support** 2. How are Family needs assessed? 3. What types of basic needs support will be offered? 4. Anticipated range of assistance amount per Family? 5. How will basic needs assistance be documented and tracked for Participants and for the Program? |
|  |
| 1. **Referrals**   Describe any services to which participants will be routinely linked or referred. Detail how participating Families are referred or linked to other needed services when they would benefit from additional services or supports. Include how Referrals to other services or providers are documented, tracked, and supported. |
|  |
| 1. **Service Completion**   Describe how service completion for program Participants will be determined as well as processes and procedures for case closure and any follow-up. |
|  |

|  |
| --- |
| 1. **PROGRAM MODEL IMPLEMENTATION** |
| 1. Complete as applicable. Describe the process the organization will use to ensure implementation with fidelity including frequency and type of contact that the organization will have with Program Model developer(s). Include how fidelity is confirmed by model. |
|  |
| 1. Complete as applicable. For each Program Model selected, describe any variations from the programs that have been approved by the developer. |
|  |

|  |
| --- |
| 1. **PROGRAM AWARENESS & PARTNERSHIPS**   *Please detail outreach and networking efforts to support Participant success.* |
| Describe current community partnerships and support for the proposed programming and initiatives as well as any planned efforts to enhance networks and service connections. Include how organization will collaborate with other FSS Grantees in its Service Delivery Area. |
|  |
| 1. Describe efforts to establish or maintain partnerships across the community to support outreach and recruitment, increase community awareness, and enhance service and resource connections. |
|  |

|  |
| --- |
| 1. **COMMUNITY COALITION**   *Indicate the following for the primary community coalition that the organization will work with under this Grant Agreement.* |
| **Coalition Name:** |
| **Role** (Please select one)**:**  Coalition lead agency  Coalition participant |
| **Counties or Cities Covered**: |
| 1. Coalition Goals   List the top 3 to 5 prioritized issues that the organization’s community coalition is addressing or will address. |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Record of Project Work Plan Changes** | | | | | |
| **Change #** | **Date Approved** | **Summary of change** | **Approved By** | **SOW Change Required (Y/N)** | **Budget Change Required (Y/N)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |