

**EXHIBIT D,
 SMVF STATEMENT OF WORK TEMPLATE**

I. GRANT INFORMATION	
Grantee Name:	Project Period: September 1, 2025, through August 31, 2030
Grant Agreement Contract Number: HHS0015183XXXXX	Agency Account ID:

II. SERVICE DELIVERY AREA (SDA)
The service delivery area includes Primary Counties served under this award. Primary Counties are counties that must be served under this award and are the focus of program outreach, recruitment, and any planned initiatives.

III. PROGRAMMING		
The following is the list of services to be provided under this award and for which Outputs are determined. Each service will identify the agency that will be providing the service. These services include only those funded by Family Support Services (FSS) under this award.		
Agency Providing Service	Service Type	Program Model to be used (if applicable)

IV. PROGRAM ELIGIBILITY
<p>A. The eligible Participant population consists of Military-Connected youth and families. The parent or Caregiver must be either expecting a child or have at least one child aged 0 to 17.</p> <p>B. To be eligible to participate in Grantee’s SMVF program, families must exhibit at least two priority characteristics as referenced in Subsection B of Section 2.3 (Eligible Population) of the RFA.</p>

V. PROJECT WORK PLAN
<p>A. The Grantee’s Project Work Plan documents how the Grantee will achieve the Performance Measures set forth in Section VIII herein.</p> <p>B. Any revisions or changes to the Project Work Plan require written approval of HHSC, and no revision or change is effective until an Amendment incorporating the agreed-upon change is executed.</p> <p>C. To meet unanticipated needs during the Grant Agreement term, which may be identified by Grantee or HHSC, HHSC may allow or make limited modifications to the Project Work Plan.</p>

- D.** Any change to the PWP must be allowable under the RFA and requirements of the Grant Agreement.
- E.** Examples of a change to the PWP include points of contact, service delivery locations or hours, secondary service delivery area, subawards, and policies and procedures to provide services such as the intake process, determining participant eligibility, plan for retention, case documentation, Referral process, case closure, termination of services, staffing plans, staff training plans, grant administration, and Subaward administration.

VI. COMMUNITY AND SYSTEMS SUPPORT
 Grantee shall provide community and systems support in accordance with Grantee’s Project Work Plan.

VII. OTHER INITIATIVES OR SERVICES
 Grantee shall provide additional initiatives or services in accordance with Grantee’s Project Work Plan.

VIII. GRANTEE PERFORMANCE MEASURES: OUTPUTS AND OUTCOMES	
OUTPUTS	TARGET
OUTPUT 1: Expected number of Families served monthly.	FY 26: FY 27: FY 28: FY 29: FY 30:
OUTPUT 2: Expected number of Families served annually.	FY 26: FY 27: FY 28: FY 29: FY 30:
OUTPUT 3: Primary Caregivers that will complete both pre-service and post-service Protective Factors Surveys.	60%
OUTPUT 4: Primary Caregivers that will complete the Program Experience Survey at discharge.	50%
OUTCOMES	TARGET
OUTCOME 1: Index Children or Index Youth that will remain Safe while receiving programming.	100%
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 Protective Factor.	75%

OUTCOME 3: Primary Caregivers will report positive (agree/strongly agree) outcomes in at least one domain of the Program Experience Survey at discharge.	80%
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IX. REPORTING REQUIREMENTS
<p>A. Grantee shall submit a monthly expenditure report using the format prescribed by HHSC for allowable expenses that includes an Invoice and a scanned purchase voucher with an original signature.</p> <p>B. Grantee shall work with HHSC during the last month of each State Fiscal Year to submit accurate year-end expenditures as soon as possible.</p> <p>C. Grantee shall enter all required data into PEIRS as directed by HHSC and in accordance with HHSC RFA No. HHS0015183.</p> <p>D. Grantee shall submit a Quarterly Report using the template prescribed by HHSC and as directed by HHSC. The reporting periods and due dates are as follows:</p> <p style="margin-left: 40px;">Quarter 1: September, October, November - due December 15 Quarter 2: December, January, February - due March 15 Quarter 3: March, April, May - due June 15 Quarter 4: June, July, August - due September 15</p> <p style="margin-left: 40px;">If the due date is on a weekend or holiday, the report is due the first Business Day following the weekend or holiday.</p> <p>E. Grantee shall report additional data elements as required by HHSC.</p>

X. OTHER GRANTEE REQUIREMENTS
<p>A. Data Collection</p> <ol style="list-style-type: none"> 1. Grantee shall use the PEIRS data collection system required by HHSC. Grantee shall enter all required data directly into PEIRS and perform a quality check to ensure all data required by HHSC is included and accurate. Grantee shall also enter data each month according to HHSC requirements and guidance. 2. Grantee must review HHSC-generated quarterly performance reports and provide response as requested by HHSC. <p>B. Required Background Checks</p> <ol style="list-style-type: none"> 1. To ensure Participant health and safety, Grantee shall follow HHSC requirements regarding background checks and records maintenance. <p>C. Participant Confidentiality</p> <ol style="list-style-type: none"> 1. Grantee shall take all appropriate steps to maintain Participant confidentiality and obtain any necessary Participant consent for data analysis or disclosure of protected health information, in accordance with applicable federal and State laws, including, but not limited to, authorizations, data use agreements, and business agreements.

2. Grantee shall complete required program forms and obtain Participant information as directed by HHSC.

D. Training and Staffing Requirements

1. Grantee shall complete ongoing trainings or meetings that are required by HHSC and the specified Program Model(s).
2. Grantee shall allow for flexible schedules for direct service staff and supervisors to accommodate Participant schedules. Schedules should be reasonable and not pose hardship or safety concern for staff or Participants.

E. Program Model Requirements

1. Grantee shall implement any Program Model(s) outlined in its approved Budget and Project Work Plan according to the specified model elements and requirements for each Program Model. Grantee shall use curricula, assessments, screening tools, data collection, and protocols required by the Program Model(s).

F. Program Development and Evaluation

1. Grantee shall participate in HHSC-required evaluation activities administered by HHSC and any contracted partners (if applicable).
2. Grantee shall not engage in research on Program Staff and/or Participant population without prior written authorization from HHSC.

G. Monitoring and Oversight

1. Grantee shall monitor all Subawards and contracts according to HHSC requirements and guidance to ensure that all are adhering to Grant requirements.
2. Grantee shall provide written notice to HHSC within 10 Business Days for any change affecting Grantee or this grant, including, but not limited to, change of Grantee's name or identity, ownership, control, governing board membership, key personnel, any problem or potential problem associated with performance or services, or payee identification number. Grantee shall provide HHSC with any documentation or information related to a notification provided for under this section.
3. Grantee shall notify HHSC of any lawsuit brought against Grantee related to the services provided for in this grant.
4. Grantee shall comply with all other requirements as directed by HHSC.

XI. INVOICE AND PAYMENT

- A.** Grantee shall submit an Invoice and State of Texas purchase voucher through PEIRS monthly to request reimbursement from HHSC.
- B.** Grantee shall submit the Invoice and purchase voucher through PEIRS no later than the last day of the month following that in which the expenditures occurred. If the last day of the month falls on a weekend or holiday, the invoice and purchase voucher are due the next Business Day.

- C.** Upon receipt of a proper and verified Invoice, and after deduction of any known previous overpayment made by HHSC, HHSC will pay Grantee from available funds for programming rendered in accordance with the terms of the Grant Agreement.
- D.** Grantee shall submit a final close-out Invoice in PEIRS no later than 45 Calendar Days following the end of the Grant Agreement term. HHSC may not pay reimbursement requests received more than 45 Calendar Days following the expiration or termination of the Grant Agreement.