**Form C: Narrative**

# Organization Information and History:

1. What is the mission of your organization? What types of services do you provide?
2. Describe how addressing family violence, domestic violence and/or dating violence is a part of your organization’s mission.
3. In what month and year did your organization begin offering family violence, domestic violence and/or dating violence services to survivors and their children, or community education and prevention regarding family violence, domestic violence, and/or dating violence, if any?

* Month and year
* N/A (this will be the first time)

1. Describe your organization’s experience and history in providing services to survivors of family violence, domestic violence and/or dating violence, or education and prevention regarding family violence, domestic violence, and/or dating violence, if any.
2. Describe your organization’s experience and history in providing services to underserved populations, as defined in the RFA.

# Project Plan and Service Delivery

1. Check the type(s) of service the project will provide (select all that apply):

High-Priority Direct Services

Mobile and Virtual Programming

Specialized Children’s Services

Innovative Specialized Services

Programming in Collaboration with Partner Organizations

Primary Prevention

Community Education and Outreach

1. Check the eligible population(s) your project will be serving (select all that apply):

Survivors with a disability;

Survivors with Limited English Proficiency;

Survivors aged 65 years or older;

Survivors with mental health needs;

Survivors of Human Trafficking who are also Family Violence Survivors;

Asian Pacific Islander Survivors;

African-American Survivors;

Latinx Survivors;

Indigenous/Native American Survivors and members of tribal communities;

Other Survivors of Color

Survivors identifying as lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual (LGBTQIA) and gender-nonconforming;

Survivors residing in rural and frontier counties of Texas;

Youth Survivors; or

Children who witness Family Violence.

1. Please provide a detailed description of your proposed project and how it will provide the eligible service(s)identified in Question 5 and **Section 2.5, Eligible Activities** of this RFA to the population(s) identified in Question 6 and **Section 2.3, Eligible Population** of this RFA. Please be specific in the types of services and the method of service delivery.
2. Please describe your organization’s plan to target and reach your intended audience. If you intend to provide direct services, please also describe how clients will access your services. Provide the proposed hours of operation below and types of service for this RFA project:

|  |  |  |
| --- | --- | --- |
| Day of the Week | Hours of Operation | Type of Service/Education |
|  |  |  |
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1. Describe your organization’s experience in implementing the same or similar projects
2. What is the primary county or counties in Texas to be served by this project? Please be specific in what services are offered in each county, if applicable.
3. How does your organization measure program and service effectiveness? Please include in your answer how you plan to comply with the requirements included in **Section 2.8, Performance Measures and Monitoring**, of this RFA.
   * If your proposed project provides direct services to survivors, please select which survey categories are applicable to your project as described in 2.8 in the RFA. Please note HHSC will monitor for data collection and outcomes of the selected survey categories. (select all that apply)

Counseling

Support Group

Support Services and Advocacy

N/A- This project does not provide direct services

# **Organizational and Fiscal Stability**

1. How is your organization integrated into and supported by the community? (Examples can include community partnerships, collaboratives, etc.) Specifically, please describe the support or collaboration your organization has with the population(s) identified in Question 6 and **Section 2.3, Eligible Population** of this RFA.
2. Describe your organization's accounting system and accounting processes. Include any accounting personnel on staff and their number of years of experience. If subcontracting for accounting services, identify the number of years your organization has contracted with this firm.
3. In your most recent single audit or audited financial statements were any deficiencies identified?

Yes   
No

If yes, describe the deficiencies and the corrective actions taken to rectify the deficiency?

# Application Attachments

Applicant must submit the following with the completed Form C: Narrative

Current organizational chart which includes staff title and any vacancies at the time of application.

Current Board structure and member information including vacancies, if applicable.

One (1) letter of support from the Board, addressed to HHSC, regarding the work of your organization that demonstrates the Applicants ability to perform the services described in the RFA.

One (1) letter of support from the Board, addressed to HHSC, regarding the work of your organization that demonstrates the Applicants ability to perform the services described in the RFA.  One (1) letters of support, on supporting agency’s letterhead, addressed to HHSC, regarding the work of your organization that demonstrates the Applicant’s ability to perform the services described in the RFA.

Most recent two (2) years of independent audited financial statements or single audits

If applicable, IRS Letter of Determination of your organization’s 501 (c)(3) status

If applicable, a copy the certificate of the approved indirect cost rate