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| **FORM G**  Family Support Services | Early Childhood Programs  **HOPES Project Work Plan** | |
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| 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: \_\_** | |
| **Contract (Grant) Number:** TBD | **Agency Account ID:** TBD |
| **Program:** Healthy Outcomes through Prevention and Early Support (HOPES) | |
| **Project Period:** September 1, 2025 - August 31, 2029 | **Fiscal Year:** FY26 - FY29 |
| **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 services and initiatives.* | |

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

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| 1. **HOPES PROGRAM OUTCOMES**   Indicate which of the following that the proposed programming and services will help to address. Select all that apply. | |
| Promoting healthy outcomes for young children and their families | Strengthening systems in which families with young children interact |
| Increasing Protective Factors for families with young children | Assisting families with young children in achieving self-sufficiency and stability |
| Promoting workforce participation for families with young children | Promoting school readiness |
| Supporting healthy, nurturing families for young children | Reducing the risk of child abuse and neglect |

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| 1. **SERVICE SUMMARY** 2. List proposed services and programming in which Participants will be enrolled as well as those that do not require enrollment. The first two rows show examples; please delete and enter Applicant’s proposed services. Add rows as needed. 3. Families Served Monthly and Families Served Annually Output numbers should be based on each service or Program Model, number of full-time equivalents (FTEs), planned caseload or group size, and program duration. 4. Any services or programs that Participants are routinely referred or linked to but would not be funded through this FSS award would not be listed in the service tables below; they should be listed and described in the Referrals section of **VII. Program and Service Implementation** table in this Project Work Plan. | | | | | | | | |
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| Program/Service | Agency Providing | Staff Providing (include number) | Caseload, Group, or Event Size | Duration | Frequency | | Output **Families Served Monthly**\* | Output **Families Served Annually**\*\* |
| *Example:*  *Healthy Families America* | *Agency A* | *Home Visitors (4)* | *15 Families* | *2 years* | *Twice per month* | | *60* | *60* |
| Brief Description: | | | | | | | | |
| *Example:*  *Parent Café* | *Agency B* | *Family Support Specialists (5)* | *20 Caregivers* | *8 weeks* | | *Weekly* | *100* | *600* |
| Brief Description: | | | | | | | | |
| Program or service name | Agency providing | Saff Providing (Number) | Caseload, group size | Duration | | Frequency | Monthly Served | Annual Served |
| Brief Description: | | | | | | | | |
| Program or service name | Agency providing | Saff Providing (Number) | Caseload, group size | Duration | | Frequency | Monthly Served | Annual Served |
| Brief Description: | | | | | | | | |
| Program or service name | Agency providing | Saff Providing (Number) | Caseload, group size | Duration | | Frequency | Monthly Served | Annual Served |
| Brief Description: | | | | | | | | |
| Program or service name | Agency providing | Saff Providing (Number) | Caseload, group size | Duration | | Frequency | Monthly Served | Annual Served |
| Brief Description: | | | | | | | | |
|  |  |  |  |  | |  | **Total Monthly**  **\_\_** | **Total Annual**  **\_\_** |
| \*Indicate the number of Families that will be served each month in the program.  \*\*Indicate the total number of Families that will be served annually in the program. | | | | | | | | |

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| 1. **SUPPLEMENTAL SERVICE SUMMARY** 2. Supplemental services are FSS-funded services under this Grant Agreement provided to Families who are also participating in another service. All Families served through supplemental services are duplicated Families. 3. Include any FSS-funded Supplemental services in the table below. Add or delete rows as needed. For each supplemental service, provide very brief description of the service and purpose in the row below. | | | | | | | |
| **Program/Service** | **Agency Providing** | | **Staff Providing** (include number) | | **Caseload or Group Size if applicable** | **Families Served Monthly** | **Families Served Annually** |
| *Example:*  *Basic needs support* | *Agency B* | | *Direct service staff* | | *N/A* | *N/A* | *240* |
| Brief Description: Include duration and frequency if applicable. | | | | | | | |
| Program or service name | | Agency Providing | | Staff Providing (include number) | Caseload or Group Size | Families Served Monthly | Families Served Annually |
| Brief Description: Include duration and frequency if applicable. | | | | | | | |
| Program or service name | | Agency Providing | | Staff Providing (include number) | Caseload or Group Size | Families Served Monthly | Families Served Annually |
| Brief Description: Include duration and frequency if applicable. | | | | | | | |

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

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| 1. **Project Organization and Staffing** | | | | | |
| A. 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 match positions. Indicate which positions are responsible for outreach and recruitment, data entry, quality assurance, and oversight. | | | | | |
| **Position Title (Number)** | **Percent of position on FSS project** | | **FSS-Funded or Cost Sharing** | **Brief description of responsibilities and activities** | |
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| B. Training and Professional Development  Indicate planned trainings and professional development, including 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 |
| Mental Health First Aid  (Required under the RFA for any project staff.) | |  | | | At hire  Annually  One-time |
|  | |  | | | At hire  Annually  One-time |
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|  | |  | | | 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 |

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| 1. **Program and Service Implementation** | | | |
| 1. **Outreach and Recruitment Plans**   Describe outreach and recruitment 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. | | | |
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| 1. **Family Engagement** **and Retention Plans** 2. Describe family engagement strategies and activities that will be incorporated into programming, service approaches, and community engagement. | | | |
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| 1. Describe how the organization will incorporate parent and caregiver perspective, priorities, and voice in program development and delivery. | | | |
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| 1. Use of incentives for program engagement and retention: 2. Indicate types of incentives to be used for Families and how they are determined. 3. When are incentives provided? At what timepoints, benchmarks, etc.? 4. How will incentives promote engagement in the program? | | | |
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| 1. **Focus Populations**   1. Describe plans to serve and engage any focus populations.  2. Identify any priority populations the program may focus on in addition to generally eligible Families - *e.g., adolescent parents, fathers, youth in care, or other.*  3. How will the organization conduct outreach to connect with the focus population(s)?  4. Describe how the organization will engage the specific focus population(s) in programming and services. | | | |
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| 1. **Screenings, Assessments, and Surveys**   List all screening and assessment tools that will be used during intake and service provision, *e.g., depression screening, intimate partner violence screening, parent-child interaction observation, etc.* Add rows as needed. | | | |
| **Tool** | **Purpose** | **When is it administered?** | **Requirements, if applicable** |
|  |  |  | Required by model  Required by agency  Required by FSS |
|  |  |  | ☐ Required by model  ☐ Required by agency  ☐ Required by FSS |
|  |  |  | ☐ Required by model  ☐ Required by agency  ☐ Required by FSS |
| 1. **Use of Basic Needs Support** 2. How are Family needs assessed? 3. What types of basic needs support will be offered? 4. What is the anticipated range of assistance amount per Family? 5. How will basic needs assistance be documented and tracked for Participants and for the Program? | | | |
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| 1. **Referrals**   Describe any services to which Participants will be routinely linked or referred. Indicate 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. | | | |
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| 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. | | | |
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| 1. **PROGRAM MODEL IMPLEMENTATION** |
| 1. Complete as applicable. Describe the process the organization will use to ensure implementation with fidelity to any selected Program Model(s), including frequency and type of contact the organization will have with Program Model developer(s). Include how fidelity is verified and documented. |
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| 1. Complete as applicable. For each Program Model selected, describe any variations or adaptations that have been approved by the developer and that would be used. |
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| 1. **PROGRAM AWARENESS AND 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. |
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| 1. Describe efforts establish or maintain partnerships across the community to support outreach and recruitment, increase community awareness, and enhance service and resource connections. |
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| 1. Describe efforts in the community to establish or maintain partnerships to support Families in meeting needs. Describe plans to coordinate with mental health providers and other agencies on behalf of Families who experience mental health concerns, substance use, and domestic violence issues. |
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| 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:** |
| **Coalition Goals**  List the top three to five prioritized issues that the organization’s community coalition is addressing or will address. |
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