

**EXHIBIT C**  
**STATEMENT OF WORK TEMPLATE**

**HEALTHY OUTCOMES THROUGH PREVENTION AND  
EARLY SUPPORT (HOPES)**

<b>I. GRANT INFORMATION</b>	
<b>Grantee Name:</b>	<b>Project Period:</b> September 1, 2025, through August 31, 2029
<b>Grant Agreement Contract Number:</b> HHS0015358XXXXX	<b>Agency Account ID:</b>

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

<b>III. PROGRAMMING</b>		
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.		
<b>Organization Providing Service</b>	<b>Service Type</b>	<b>Program Model to be used (if applicable)</b>

<b>IV. PROGRAM ELIGIBILITY</b>
<p><b>A.</b> The eligible service population for the HOPES program consists of families that include a Primary Caregiver expecting a child or who has at least one child, 0 through 5 years of age. HOPES Grantees must identify an Index Child for each Family enrolling in HOPES services; however, the entire Family should benefit from services provided through the program.</p> <p><b>B.</b> To be eligible to participate in Grantee’s HOPES program, families must exhibit at least two priority characteristics as referenced in Subsection B of Section 2.3 (Eligible Population) of the RFA.</p>

<b>V. PROJECT WORK PLAN</b>
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- A.** The Grantee’s Project Work Plan documents how the Grantee will achieve the Performance Measures set forth in Section VIII herein.
- B.** Any revisions or changes to the Project Work Plan (PWP) require written approval of HHSC, and no revision or change is effective until an amendment incorporating the agreed-upon change is executed.
- 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.
- 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, 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.

<b>VI. COMMUNITY AND SYSTEMS SUPPORT</b>
Grantee must provide community and systems support in accordance with Grantee’s Project Work Plan.

<b>VII. OTHER INITIATIVES OR SERVICES</b>
Grantee must provide additional initiatives or services in accordance with Grantee’s Project Work Plan.

<b>VIII. GRANTEE PERFORMANCE MEASURES: OUTPUTS AND OUTCOMES</b>	
OUTPUTS	TARGET
<b>OUTPUT 1:</b> Expected number of Families served monthly.	FY 26: FY 27: FY 28: FY 29:
<b>OUTPUT 2:</b> Expected number of Families served annually.	FY 26: FY 27: FY 28: FY 29:
<b>OUTPUT 3:</b> Pre-service and post-service Protective Factors Surveys are completed by Primary Caregivers enrolled in identified services.	60%
<b>OUTPUT 4:</b> Program Experience Surveys are completed by Primary Caregivers.	60%

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<b>OUTPUT 5:</b> Grantee will lead or actively engage in a local early childhood coalition.	Regular coordination and impact demonstrated through quarterly reporting.
<b>OUTCOMES</b>	<b>TARGET</b>
<b>OUTCOME 1:</b> Index Children will remain Safe while receiving programming.	100%
<b>OUTCOME 2:</b> 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%
<b>OUTCOME 3:</b> Primary Caregivers will report positive (agree/strongly agree) outcomes in at least one domain of the Program Experience Survey at discharge.	80%

<b>IX. REPORTING REQUIREMENTS</b>
<p><b>A.</b> Grantee must 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>B.</b> Grantee must work with HHSC during the last month of each State Fiscal Year to submit accurate year-end expenditures as soon as possible.</p> <p><b>C.</b> Grantee must enter all required data into PEIRS as directed by HHSC and in accordance with HHSC RFA No. HHS0015358.</p> <p><b>D.</b> Grantee must 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="padding-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="padding-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><b>E.</b> Grantee must report additional data elements as required by HHSC.</p>

<b>X. OTHER GRANTEE REQUIREMENTS</b>
<p><b>A. Data Collection</b></p> <p style="padding-left: 40px;"><b>1.</b> Grantee must use the PEIRS data collection system required by HHSC. Grantee must enter all required data directly into PEIRS and perform a quality check to ensure all data required</p>

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by HHSC is included and accurate. Grantee must 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.

**B. Required Background Checks**

1. To ensure participant health and safety, Grantee must follow HHSC requirements regarding background checks and records maintenance.

**C. Participant Confidentiality**

1. Grantee must 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 must complete required program forms and obtain participant information as directed by HHSC.

**D. Training and Staffing Requirements**

1. Grantee must complete ongoing trainings or meetings that are required by HHSC and the specified program model(s).
2. Grantee must 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 must 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 must use curricula, assessments, screening tools, data collection, and protocols required by the program model(s).

**F. Program Development and Evaluation**

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

**G. Monitoring and Oversight**

1. Grantee must monitor all subawards and contracts according to HHSC requirements and guidance to ensure that all are adhering to Grant requirements.
2. Grantee must 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.

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Grantee must provide HHSC with any documentation or information related to a notification provided for under this section.

3. Grantee must notify HHSC of any lawsuit brought against Grantee related to the services provided for in this Grant.
4. Grantee must comply with all other requirements as directed by HHSC.

**XI. INVOICE AND PAYMENT**

- A. Grantee must submit an Invoice and State of Texas purchase voucher through PEIRS monthly to request reimbursement from HHSC.
- B. Grantee must 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 must 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.