**Form F: Completed Accreditation Narrative Proposal**

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| **Name of Applicant:** | |  | |
|  | INSTRUCTIONS – Provide the information from RFA Section 6.1. on this Form. | |

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| 1. **Applicant’s Proof of Accreditation** |
| Provide name of Accreditation Entity, date of certification and expiration. |
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| Attach a copy of the Accreditation certificate. |
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| 1. **Timeline for Accreditation**   Detailed description of how Applicant will maintain Accreditation over a five-year Grant  Term.  Detailed submission of an annual written report to DFPS regarding how the Applicant  plans to maintain Accreditation.  Person responsible for submission of this Grant’s required reports. |
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| 1. **Experience and Qualifications.**   Identify and describe the experience and qualifications of the individuals who will oversee  Accreditation. |
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| 1. **Applicant Information**   Description of the history or desired future of the Applicant within the community  including evidence that the Applicant has the capacity to serve and reach the target  population of youth.  Description of the Applicant’s experience or plans in working with Children with serious  emotional, behavioral, and mental health disorders.  Description of the Applicant’s experience or intention to collaborate with existing  service providers, community stakeholders and DFPS.  Description of the Applicant’s current system or plans to build a provider network for  aftercare services that cannot be provided by the Applicant for youth and their family’s  post-discharge.  Description of Applicant’s strategy for outreach and engagement of families during  treatment of youth.  Description of the Applicant’s proposed trauma informed model and related  interventions. |