**RFA HHS0016125**

**FORM D**

PROJECT NARRATIVE

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| --- | --- |
| **Applicant Name** |  |
| **Proposed Project Name** |  |

# To support your proposed project, please answer each of the following questions in accordance with the requirements specified in the Request for Applications. **Responses must be single spaced, formatted in Times New Roman 12, and must adhere to the specified word limits for each question.**

## LOCAL CRITICAL GAPS AND UNMET NEEDS

* 1. **Describe: *(1000 word limit)***
     1. Details about the unmet need to be addressed through the Proposed Project*;*
     2. What data supports the unmet need as critical within the community*;* and
     3. If applicable, a description of special populations impacted by the unmet need*.*
  2. **Describe the community or service area to be served through the Proposed Project, including: *(500 word limit)***
     1. Geographic and demographic information, such as population trends, or specific demographics related to risk factors, prevalence of individuals with mental health and/or substance use disorders*;* and
     2. Relevant information regarding the service area that is pertinent to the Proposed Project.

## PROPOSED PROJECT DESIGN

***Required Attachments:***

*Letter of support from Collaborative Members or community partners related to commitment to the Proposed Project.*

* 1. **Describe the goals of the Proposed Project, including the services and activities that will be provided to achieve those goals. Explain how these services and activities are supported by evidence or research and how they will be implemented with fidelity. *(1000 word limit)***
  2. **Describe how the Proposed Project will integrate with existing service systems and reach individuals experiencing homelessness in hard-to-access or underserved geographic areas *(500 word limit).***
  3. Describe the staffing details including proposed positions and plans for recruitment and retention. *(500 word limit)*
  4. Describe the plan for staff training and development to ensure their competency in addressing the identified goals and carrying out evidence-based service activities that are: *(1000 word limit)*
     1. Trauma-informed;
     2. Planned in partnership with the individual and based on the individual’s unique strengths and needs;
     3. Provided in an environment that is most appropriate based on an individual’s preference;
     4. Culturally and linguistically sensitive and reflective of the cultural, racial, ethnic, and linguistic differences of the communities and individuals being served.
  5. Complete the table below with composition and structure of the established or proposed partnerships that that will form the Community Collaborative.

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner Organization** | **Type of Organization** | **Role(s) of Partner** | **Type and Length of Partnership** |
| *Ex. City of XYZ* | *Local government* | *Resource/referral* | *Formal MOU; 1 year* |
| *Ex. ABC MHMR* | *Local mental health authority* | *Clinical mental health provider* | *Informal; 6 months* |
| *Ex. VFW Post 123* | *Veteran service organization* | *Resource/referral; peer services; military cultural competency*  *resource* | *Informal; 1 month* |
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**Describe: *(500 word limit)***

* + 1. Previous projects implemented by the partnerships listed and the results of those projects.
    2. How the established or proposed Community Collaborative or partnership will oversee and administer the Proposed Project.
  1. Describe how Collaborative members or community partners participated in identifying and prioritizing unmet needs, developing responsive strategies, and using a collaborative approach to maximize existing resources and avoid duplication of effort. *(1000 word limit)*
  2. **Describe how the Applicant will monitor: *(500 word limit)***
     1. Implementation progress and provide oversight of the Project;
     2. Achievement of goals, quality and effectiveness of services and activities; and satisfaction of individuals served.
  3. **In the table below, provide a timeline including milestones and anticipated completion dates for planning and implementing the Proposed Project, including key activities related to achieving project goals. Describe how the Applicant will ensure these milestones and activities are completed on time.**

|  |  |  |
| --- | --- | --- |
| **Key Activity and Milestone** | **Lead Person** | **Timeframe** |
| *Ex. Start-up and planning activities: Key staffing hired; trauma-informed care training completed; service locations identified; MOUs with Partner Organizations finalized* | *Applicant* | *Months 1 and 2* |
| *Ex. Provide clinical and supportive services: Clients start to be seen; assessment data*  *collected and reported quarterly* | *Partner Organization C* | *Months 3 through 12* |
| *Ex. Plan for sustainability: Regularly convene Community Collaborative; identify continued local funding;*  *develop plan* | *Entire community partnership* | *Months 12 through 24* |
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* 1. **What strategies will be used to maintain or enhance community support and quality of services after the grant period ends. *(500 word limit)***

## APPLICANT EXPERIENCE ADMINISTERING SIMILAR PROJECTS

* 1. **Describe the Applicant’s** **experience** **in** **successfully implementing projects: *(1000 word limit)***
     1. Similar in scope and complexity to the Proposed Project;
     2. Serving persons experiencing homelessness with substance use issues and/or mental illness; and
     3. In coordination with community partners.
  2. **Describe the Applicant’s previous experience with grants and contracts related to: *(1000 word limit)***
     1. State and/or federal grants;
     2. Cost reimbursement funded grants; and
     3. Matching grants.
  3. **Describe the Applicant’s experience in: *(1000 word limit)***
     1. Collecting, analyzing, and reporting performance and outcome data.
     2. Managing reporting expenditures and match requirements.
     3. Coordinating data and financial reporting efforts with community partners, if applicable.