|  |  |
| --- | --- |
| **Form G**  **Family Support Services**  **Community Youth Development (CYD) Program Project Work Plan** | |
|  | |
| 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 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 Name:** | |
| **Grant Agreement Contract Number:** HHS0016551XXXXX | **Agency Account ID:** TBD |
| **Program:** Community Youth Development (CYD) | |
| **Project Period:** September 1, 2026 – August 31, 2031 | |
| **Service Area (County and ZIP Code(s)):** | |
|  | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **SUB-AWARDEE CONTACT INFORMATION (*if applicable)*** | | | | | |
| **Entity name** | **Primary Contact Name** | **Title** | **Email** | **Website** | **Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **CYD PROGRAMMING AND SERVICES**   Indicate which of the following goals the proposed programming and services will help to address. Select all that apply. | |
| Promoting healthy outcomes for youth and their families. | Improving social-emotional development and well-being of youth. |
| Increasing Protective Factors for youth. | Reducing the risk of child abuse and neglect. |
| Promoting youth readiness for participation and performance in school. | Reduce youth involvement with the criminal justice system. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **SERVICE SUMMARY** 2. List services and programming in which Participants will be enrolled. The first four (4) rows show examples; please delete and enter your proposed services. Add rows as needed. 3. Youth Served Monthly and Youth Served Annually Output numbers should be based on each service, number of full-time equivalents (FTEs), planned caseload or group size, and program duration.   Any services or programs that Participants are routinely referred to 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 Program and Service Implementation table in this Project Work Plan. | | | | | | | | |
|  | | | | | | | |  |
| Program/  Service | Agency Providing | Staff Providing (include number) | Caseload, Group, or Event Size | Duration | Frequency | Output **Youth** Served Monthly\* | Output **Youth** Served Annually\*\* | PEIRS Reporting Method |
| *Example:*  *Post-high school readiness* | *ABC*  *Subgrantee* | *Youth Specialist (4)* | *20 youth per group* | *4 months* | *Twice per month* | *20* | *60* | *TBD* |
| Brief Description: | | | | | | | | |
| *Example:*  *YAC* | *Agency B* | *Youth Coordinator (1)* | *20 youth* | *12 months* | *Twice per month* | *10* | *20* | *TBD* |
| Brief Description: | | | | | | | | |
| *Example:*  *YLD* | *Agency B* | *Youth Coordinator (1)* | *20 youth* | *3 months* | *Twice per month* | *20* | *80* | *TBD* |
| Brief Description: | | | | | | | | |
| *Example:*  *Family focused activities* | *Agency B* | *Youth Coordinator (1)* | *20 families* | *12 months* | *Bi-monthly* | *10* | *50* | *TBD* |
| Brief Description: | | | | | | | | |
| Program or service name | Agency providing | Staff Providing (Number) | Caseload, group size | Duration | Frequency | Monthly Served | Annual Served |  |
| Brief Description: | | | | | | | | |
| Program or service name | Agency providing | Staff Providing (Number) | Caseload, group size | Duration | Frequency | Monthly Served | Annual Served |  |
| Brief Description: | | | | | | | | |
|  |  |  |  |  |  | **Total Monthly** | **Total Annual** |  |
| \*Indicate the number of youth that will be served each month in the program.  \*\*Indicate the total number of youth that will be served annually in the program. | | | | | | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Cost Sharing positions. Indicate which positions are responsible for outreach and recruitment, data entry, quality assurance, and oversight. | | | |
| **Position Title (Number of staff)** | **Percent of position on FSS project** | **FSS-Funded or Cost Sharing** | **Brief description of responsibilities and activities** |
| *Example: Youth Specialists (3)* | *100%* | *FSS-Funded* | *Youth Specialist is a full-time position providing…* |
| *Example: Data Support (1)* | *15%* | *Cost Sharing* | *The Data Support Manager is responsible for…* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 engage and enroll youth and families demonstrating eligibility criteria/Priority Characteristics. Indicate why the strategies will be successful. | | | |
|  | | | |
| 1. **Youth/Family Engagement** **and Retention Plans** 2. Describe youth and family engagement strategies and activities that will be incorporated into programming, service approaches, and community engagement. | | | |
|  | | | |
| 1. Describe how the organization will incorporate youth and caregiver perspectives, priorities, and voice in program development and delivery. | | | |
|  | | | |
| 1. Use of incentives for program engagement and retention: 2. Indicate types of incentives to be used for youth and families and how they are determined. 3. When are incentives provided? At what time points, benchmarks, etc.? | | | |
|  | | | |
| 1. **Focus Populations (*Complete as applicable.*)** 2. Identify any priority populations the program may focus on in addition to generally eligible youth and families. 3. Describe plans to serve and engage any focus populations. | | | |
|  | | | |
| 1. **Program Ramp-Up (*Fiscal Year 2027 only*)**    1. Describe the anticipated ramp-up timeline to include the target months for outreach, fully onboarding staff, and program implementation. If applicable, include the timeline for Sub-awardees. | | | |
|  | **Initiating Outreach** | **Onboarding Staff** | **Implementing Programming** |
| **Target Month** | September 1, 2026 | October 1, 2026 | November 1, 2026 |
| **Sub-awardee Targets** |  |  |  |
| * 1. Describe the activities that will be conducted during the ramp-up period to prepare to meet full implementation of the Grant Agreement. Include staff hiring and on-boarding processes, outreach and recruitment activities, and program implementation. | | | |
|  | | | |
| * 1. Provide progress targets for each month of the ramp-up period. | | | |
| *Example: September 2026: monthly output 10, 50% staff onboarding, outreach materials designed and printed* | | | |
| 1. **Screenings, Assessments, and Surveys**   List all screening and assessment tools that will be used during intake and service provision*.* Add rows as needed. | | | |
| **Tool** | **Purpose** | **When is it administered?** | **Requirements, if applicable** |
| HHSC required pre/post youth survey (TBD) | Measure (TBD) | Enrollment: Pre-service Discharge: Post-service | Required by model  Required by agency  Required by FSS |
| Program Experience Survey | Assess participant program experience | At discharge | ☐ 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 your program’s anticipated range of assistance amount per family? 5. How will basic needs assistance be documented and tracked for Participants and for the program? | | | |
|  | | | |
| 1. **Referrals** 2. Describe any services to which Participants will be routinely linked or referred. 3. Indicate how participating youth and families are referred to or linked to other needed services when they would benefit from additional services or supports. 4. Include how referrals to other services or providers are documented, tracked, and supported. | | | |
|  | | | |

|  |
| --- |
| 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. |
|  |
| 1. *Complete as applicable*. For each Program Model selected, describe any variations or adaptations that have been approved by the developer that would be used. |
|  |

|  |
| --- |
| 1. **PROGRAM AWARENESS AND PARTNERSHIPS**   Please detail outreach and networking efforts to support Participant success. Include how the organization will collaborate with other Family Support Services (FSS) or Family Health Services (FHS) grantees in its service area. |
|  |

|  |
| --- |
| 1. **COMMUNITY COALITION**   Indicate the following for the primary community coalition that the organization will work with under this Grant Agreement. |
| **Coalition Name:** |
| **Coalition Point of Contact:** (Name, Title, Email, Website if available) |
| **Grantee Role** (Please select one)**:**  Coalition lead agency  Coalition participant |
| **Counties (or Cities) Involved:** |
| **Coalition Description:** (Brief summary, one sentence) |
|  |
| **Coalition Goals**  List the top three (3) to five (5) prioritized issues that the organization’s community coalition is addressing or will address. |
|  |