Exhibit D

Service Members, Veterans, and Families (SMVF) Applicant Proposed

Statement of Work Template

*This exhibit requests information about Applicant and the Grant Project, including the Service Delivery Area and Grantee Performance Measures. Applicant must complete Sections I, II, and VIII (Output 1 and Output 2).*

|  |  |
| --- | --- |
| 1. **GRANT INFORMATION** | |
| **Grantee Name:** | **Project Period:**  May 1, 2026, through August 31, 2030 |
| **Grant Agreement Contract Number:**  HHS0016577XXXXX | **Agency Account ID:**  TBD |

|  |
| --- |
| 1. **SERVICE DELIVERY AREA (SDA)**   Applicant proposes to serve in the following SDA: |
|  |

|  |  |
| --- | --- |
| 1. **PROGRAM SERVICES**   The following is the list of services to be provided under this Grant Agreement and for which Outputs are determined. These services include only those funded by Family Support Services (FSS) under this Grant Agreement. | |
| **Service Type** | **Program Model / Curriculum** |
| SMVF Programming | Program Model/Curricula as indicated in the Project Work Plan |

|  |
| --- |
| 1. **COMMUNITY AND SYSTEMS SUPPORT** |
| Grantee will provide community coalition and systems-level support in accordance with Grantee’s approved Project Work Plan. |

|  |
| --- |
| 1. **OTHER INITIATIVES OR SERVICES** |
| Grantee will provide additional initiatives or services in accordance with Grantee’s approved Project Work Plan. |

|  |
| --- |
| 1. **PROJECT WORK PLAN (PWP)** |
| 1. Grantee’s Project Work Plan (PWP) documents how Grantee will achieve the Performance Measures set forth in Section VIII herein. 2. 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 PWP. 3. Any change to the PWP must be allowable under HHSC RFA No. HHS0016577 and the requirements of the Grant Agreement. 4. 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. |

|  |
| --- |
| 1. **ELIGIBLE POPULATION** |
| 1. The eligible Participant population consists of Military-Connected youth and families. The parent or Caregiver must be either expecting a child or have at least one (1) child aged 0 through 17. 2. Priority Characteristics: In addition to being a Military-Connected youth or family, youth or families must also exhibit at least one of the following Priority Characteristics as referenced in **Subsection B** of **Section 2.3 (Eligible Population)** of HHSC RFA No. HHS0016577. |

|  |  |
| --- | --- |
| 1. **GRANTEE PERFORMANCE MEASURES: OUTPUTS AND OUTCOMES**   Applicant proposes the following: | |
| **Output Measure** | **Required Target** |
| **Output 1:** Expected number of families served **monthly**. | FY 26 - Q4:  FY 27:  FY 28:  FY 29:  FY 30: |
| **Output 2:** Expected number of families served **annually**. | FY 26 - Q4:  FY 27:  FY 28:  FY 29:  FY 30: |
| **Output 3:** Percentage of Primary Caregivers who complete both pre-service and post-service Protective Factors Surveys. | 60% |
| **Output 4:** Percentage of Primary Caregivers who complete the Program Experience Survey at discharge. | 50% |
| **Outcomes** | **Target** |
| **Outcome 1:** Percentage of Index Children or Index Youth who remain Safe while receiving programming. | 100% |
| **Outcome 2:** Percentage of Primary Caregivers who complete the pre-service and post-service Protective Factors Surveys and show an average increase in the score for at least one (1) Protective Factor. | 75% |
| **Outcome 3:** Percentage of Primary Caregivers who report positive (agree/strongly agree) outcomes in at least one (1) domain of the Program Experience Survey at discharge. | 80% |

|  |
| --- |
| 1. **REPORTING REQUIREMENTS** |
| 1. Grantee will enter all required data into the Prevention and Early Intervention Reporting System (PEIRS) as directed by HHSC and in accordance with this Grant Agreement. 2. Grantee must ensure accurate and complete data entry for a specific month into PEIRS no later than 30 Calendar Days following the close of the month in which the enrollment occurred, programming was provided, an event was held, or a Participant and/or family was discharged. 3. Grantee must submit a Quarterly Report using the template and guidance provided by HHSC. The reporting periods and due dates are as follows:   Quarter 1: September, October, November due December 15th  Quarter 2: December, January, February due March 15th  Quarter 3: March, April, May due June 15th  Quarter 4: June, July, August due September 15th  If the due date is on a weekend or holiday, the report is due the first Business Day following the weekend or holiday.   1. Grantee will report additional data elements as required by HHSC. |

|  |
| --- |
| 1. **INVOICING REQUIREMENTS** |
| 1. Grantee must create and maintain reliable and accurate records to support all actions related to invoicing, payments, and adjustments for any activities under this Grant Agreement. 2. 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. 3. Grantee must submit an Invoice and purchase voucher in PEIRS monthly, no later than 30 Calendar Days following the month in which expenses were incurred or services provided. 4. Grantee must work with HHSC during the last month of each State Fiscal Year to submit accurate year-end expenditures as soon as possible. 5. Grantee must submit a final close-out Invoice in PEIRS not later than 45 Calendar Days following the end of the term of the Grant Agreement. Reimbursement requests received more than 45 Calendar Days following the expiration or termination of the Grant Agreement may not be paid. |

|  |
| --- |
| 1. **OTHER GRANTEE REQUIREMENTS** |
| 1. Grantee must implement any Program Model(s) outlined in its approved 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). 2. Grantee must complete trainings or meetings that are required by HHSC and the specified Program Model(s). 3. Grantee must complete required program forms and obtain Participant information as directed by HHSC. 4. Grantee must take all appropriate steps to maintain Participant confidentiality and obtain any necessary Participant consent for data analysis or disclosure of Confidential Information, in accordance with applicable federal and State laws, including, but not limited to, authorizations, data use agreements, and business agreements. 5. 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. 6. Grantee must review HHSC-generated reports and provide responses as requested by HHSC. 7. Grantee must participate in HHSC-required evaluation activities administered by HHSC and any contracted partners (if applicable). 8. Grantee must not engage in research on Program Staff and/or Participant population without prior written authorization from HHSC. 9. Grantee must comply with all other requirements as directed by HHSC. |