**Form F**

**Program Narrative**

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| **Legal Business Name of Applicant:** |  |

*The page limit for this Form F, Program Narrative, must not exceed 10 pages, excluding attachments.*

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| 1. **Community Strengths and Needs Assessment Summary** |
| **Provide a summary of the Community Strengths and Needs Assessment (CSNA). Please include the following sections in the summary:**   1. Overview – Provide an overview of the proposed Service Delivery Area and the priority populations in the proposed area, to include demographics, community characteristics, and unique community context. 2. Implications and Conclusions – Provide a summary that indicates community needs, challenges, and protective factors – especially related to priority service populations. Describe existing services and resources as well as gaps in services and resources for the priority populations. 3. References – Very briefly describe how the Community Strengths and Need Assessment was compiled and include list of references.   **The CSNA summary must be limited to three (3) pages.** |
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| 1. **Logic Model** |
| 1. Applicant must submit a logic model for its proposed programming and activities. The logic model must be submitted as an attachment to **Form F, Program Narrative**, and labeled as **Attachment F-1, Logic Model**. |

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| 1. **Organizational Qualifications and Experience** |
| 1. **Explain how Applicant’s experience demonstrates the ability to provide and coordinate the proposed services. Indicate whether Applicant has experience with Military-Connected families.**     1. Describe the nature of these services and the extent of Applicant's experience providing services.    2. Describe Applicant’s experience relevant to the intended Participant population. |
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| 1. **Describe Applicant’s organizational structure, key management, and experience with similar Participant populations in addition to any experience in administering complex projects, grants, or contracts.** |
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| 1. **Describe experience in areas such as managing budgets, grants, or contracts to demonstrate ability to support administrative and fiscal requirements.** |
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| 1. **If Applicant is proposing to enter into Subawards, describe Applicant’s experience managing Subawards.** |
| Check this box if not applicable because Applicant is not proposing to enter into Subawards. |
| 1. **How is Applicant’s organization currently performing on any existing HHSC grants or contracts? In the response, address if the following have occurred over Applicant’s current contract or grant term:**     1. Applicant has not met Output and Outcome Performance Measures;    2. Applicant has not submitted timely program reporting and billing; or    3. Applicant has, or has had, monitoring findings. |
| Check this box if not applicable because Applicant is not currently awarded an HHSC grant or contract. |

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| Community Partnerships |
| 1. **Describe the presence Applicant has in the community, to include information such as history of working in the community and roles (direct service delivery, community initiatives, etc.).**   Optional: Attach letters of support to this **Form F, Program Narrative**. Include, at a minimum, the contact information, name of the organization, and, if applicable, projects that the organization previously worked on with Applicant. Label all letters of support as **Attachment F-2, Letters of Support**, and include Applicant’s name. |
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| 1. **Describe current community partnerships and experience in connecting with other agencies and supporters to benefit families.** |
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| 1. **Describe the support for the proposed programming and initiatives in the community as well as any planned efforts to enhance networks and service connections.** |
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