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| **Family Support Services**  **Service Members, Veterans, and Families (SMVF) Program  Form G, Project Work Plan** | |
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| 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 Grant 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:** HHS0016577XXXXX | **Agency Account ID:** TBD |
| **Program:** SMVF | |
| **Project Period:** May 1, 2026 – August 31, 2030 | **State Fiscal Year:** FY26-FY30 |
| **Proposed Service Delivery Area (County(ies)):** | |
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| 1. **CONTACT INFORMATION** | | | |
| **Contact** | **Name** | **Title** | **Email** |
| **Signatory** |  |  |  |
| **Program** |  |  |  |
| **Fiscal** |  |  |  |
| **PUBLIC CONTACT INFORMATION** | | | |
| **Agency Web Address:** | | | |
| **Agency Street Address:** | | | |
| **Public Phone:** | | **Public Email Address:** | |
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| 1. **SUB-AWARDEE CONTACT INFORMATION (*if applicable)*** | | | | | |
| **ENTITY NAME** | **PRIMARY CONTACT NAME** | **TITLE** | **EMAIL** | **WEBSITE** | **PHONE** |
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| 1. **PROGRAM OUTCOMES**   Indicate which of the following that the proposed programming and services will help to address. Select all that apply. | |
| Promoting healthy outcomes for military-connected children, youth, and their families. | Assisting families in achieving self-sufficiency and stability. |
| Increasing Protective Factors for families. | Reducing the risk of child abuse and neglect. |

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| 1. **SERVICE SUMMARY** 2. List services and programming in which Participants will be enrolled. The first two (2) rows show examples; delete and enter Applicant’s proposed services. Add rows as needed. 3. Families Served Monthly and Families Served Annually Output numbers should be based on each service or Program Model, 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 Referrals, Section VII, Program and Service Implementation table in this Project Work Plan. | | | | | | | | |
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| Program/  Service | Agency Providing | Staff Providing (include number) | Caseload, Group, or Event Size | Duration | Frequency | OutputFamilies Served Monthly\* | OutputFamilies Served Annually\*\* | PEIRS Reporting Method |
| *Example:*  *Healthy Families America* | *Agency A* | *Home Visitors (4)* | *15 Families* | *2 years* | *Twice per month* | *60* | *60* | *TBD* |
| Brief Description: | | | | | | | | |
| *Example:*  *Parent Café* | *Agency B* | *Family Support Specialists (5)* | *20 Caregivers* | *8 weeks* | *Weekly* | *100* | *600* | *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: | | | | | | | | |
| 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 families that will be served each month in the program.  \*\*Indicate the total number of families that will be served annually in the program. | | | | | | | | |

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| 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 public awareness campaigns, referral system development, community awareness texting services (i.e., Lantern (formerly Bright By Text)), 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** |
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| Brief description: Include purpose and how impact will be assessed. | | | | |
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| Brief description: Include purpose and how impact will be assessed. | | | | |
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| Brief description: Include purpose and how impact will be assessed. | | | | |
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| Brief description: Include purpose and how impact will be assessed. | | | | |

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| 1. **STAFFING PLAN** | | | |
| Describe the staffing structure for the Project. Indicate the staff positions, qualifications, 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 (Match)** | **Brief description of qualifications, responsibilities and activities** |
| *Example: Family Support Specialist (3)* | *100%* | *FSS-Funded* | *Family Support Specialist is a full-time position providing…* |
| *Example: Finance Manager (1)* | *15%* | *Cost Sharing* | *The Finance Manager is responsible for…* |
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| 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 reach and engage families demonstrating eligibility criteria/Priority Characteristics. Indicate why the strategies will be successful. | | | |
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| 1. **Family Engagement** **and Retention Plans** 2. Describe family engagement strategies and activities that will be incorporated into programming, service approaches, and community engagement. | | | |
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| 1. Describe how the organization will incorporate parent and Caregiver perspectives, priorities, and voice in program development and delivery. | | | |
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| 1. Use of incentives for program engagement and retention: 2. Indicate types of incentives to be used for families and how they are determined. 3. When are incentives provided? At what time points, benchmarks, etc.? | | | |
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| 1. **Focus Populations (*Complete as applicable.*)** 2. Identify any priority populations the program may focus on in addition to generally eligible families (e.g., adolescent parents, fathers, parenting youth in care, military-connected families, kinship families, or other.) 3. Describe plans to serve and engage any focus populations. | | | |
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| 1. **Program Ramp-Up Period (*State Fiscal Year 2026 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** | June 1, 2026 | July 1, 2026 | August 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. | | | |
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| * 1. Provide progress targets for each month of the ramp-up period. | | | |
| *Example: June 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, *e.g., depression screening, intimate partner violence screening, parent-child interaction observation, etc.* Add rows as needed. | | | |
| **Tool** | **Purpose** | **When is it administered?** | **Requirements, if applicable** |
| Protective Factors Survey | Measure protective factors | 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? | | | |
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| 1. **Referrals** 2. Describe any services to which Participants will be routinely linked or referred. 3. Indicate how participating families are referred 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. | | | |
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| 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. |
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| 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. |
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| 1. **PROGRAM AWARENESS AND PARTNERSHIPS**   Please detail outreach and networking efforts to support Participant success. Include how organization will collaborate with other FHS grantees in its service area. |
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| 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 (1))**:**  Coalition lead agency  Coalition participant |
| **Counties or Cities Covered:** |
| **Coalition Description: (Brief summary, one (1) sentence)** |
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| **Coalition Goals**  List the top three (3) to five (5) prioritized issues that the organization’s community coalition is addressing or will address. |
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