**Form C, Work Plan**

*Applicant’s responses must be submitted as a separate document. Responses must be clearly numbered, preformatted to print on 8x11 paper, with 1-inch margins, and 12-inch font size. Applicant responses to the Form C response requirements below are considered Applicant’s “workplan” for the purpose of evaluation. Responses will only be evaluated within the specified page limits. Any information provided beyond these limits will not be evaluated. Responses are limited to a total of 5 pages, not including attachments. Applicant shall only fill out one Form C workplan response regardless of the number of MHO programs proposed. Form C responses in required attachments A, B, and C do not need to be repeated in the Applicant’s work plan response.*

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| **PROPOSED WORK** |
| 1. **Existing MHO Program. Describe Applicant’s existing MHO program and how it reduces SOCs. Explain which SOCs Applicant intends to address. (Program Requirements, Section 2.6, response limited to one page)** |
| 1. **Program Funding. Describe how Applicant’s existing MHO program is funded. Explain how Applicant will use grant funds to enhance, expand, or modify its existing MHO program to improve maternal health outcomes, including how Applicant will sustain the program beyond the Grant period. (Program Requirements, Section 2.6, response limited to one page)** |
| **UNMET NEEDS** |
| **3.** **Proposed Target Population.** **Describe Applicant’s proposed target population, including geographic areas or specific groups affected by SOCs, that are most likely to benefit from Applicant’s program enhancements, expansion, or modification. (Eligible Service Area, Section 2.4, response limited to one page)** |
| **4.** **Data Collection Approach and Methodology. Describe the baseline data Applicant collects for the existing program and any additional data to be collected for the program enhancement, expansion, or modification including the data collection and reporting method, the specific measure(s) that will be tracked, the targets for each measure, the criteria Applicant will use to assess or define success for the MHO program, and how these performance measures will be used to improve MHO Client outcomes. (Performance Measures and Monitoring, Section 2.8, response limited to one page)** |
| **PARTNERSHIPS** |
| **5. Program Partnerships. Describe the existing partnerships, including but not limited to, hospitals, health systems, and community organizations, and other stakeholders, that support the MHO program. Explain how these partners will assist Applicant’s proposed enhancement, expansion, or modification. (Program Requirements, Section 2.6, response limited to one page)** |

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| **REQUIRED ATTACHMENTS** |
| **In addition to the signed and dated Form C and Applicant’s work plan responses, Applicant must submit the following documentation as attachments:**   1. **Attachment A – Two letters of commitment from partners who support the implementation of the existing MHO program.** 2. **Attachment B - General Ledger from a computerized system that has accounts assigned to track financial transactions for the Grant that may include assets, liabilities, equity, revenue and expenses.** 3. **Attachment C- Data Sharing Agreement(s) or Data Use Agreement(s) if the Applicant plans to collect and report data obtained from an external entity as part of their proposal.** |

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