Applicant Name:
RFA No. HHS0007351

BCCS PROGRAM NARRATIVE
FORM C

To support your proposed Program, please answer each of the following questions in accordance with the requirements specified in the Request for Applications. **This section must not exceed 20 pages.**

1. LOCAL NEED AND ACCESS TO CARE

A. Describe:

1. Proposed plan for the number of unduplicated clients to be served and ability to reach clients;
2. Proposed access to care;
3. What data supports this need; and
4. If applicable, a description of special populations impacted by the unmet need.

B. Describe the community or service area to be served through the Proposed Program, including:

1. Geographic and demographic information, such as population trends, or specific demographics related to risk factors, prevalence of individuals with health needs; and
2. Relevant information regarding the service area that is pertinent to the Proposed Program.

2. COMMUNITY CLINICS AND/ OR REFERRAL SOURCES

Required Attachments:

- *Memoranda of understanding, memoranda of agreement, or letters of support from community partners used as a referral source related to commitment to the Proposed Program.*

A. Describe composition and structure of the clinic locations or partnerships by completing the table below.

Clinic/ Provider Name	Type of Services	Role(s) of Partner	Type and Length of Partnership
Ex. Clinic XYZ	*Family planning clinic*	*Clinical provider*	*Formal MOU; 1 year*
Ex. Mammography Clinic	*Breast Cancer Screening*	*Radiology Services*	*Contractor; 6 months*
Ex. Pharmacy	*Pharmacy for birth control*	*Resource/referral*	*Informal; 1 month*
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Clinic/ Provider Name	Type of Services	Role(s) of Partner	Type and Length of Partnership
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

B. Describe:

1. How long the clinic location or partnership has been in existence;
2. Other Programs implemented by the clinic location or partnership and the results of those Programs.
3. How the clinic location or partnership will oversee and administer the Proposed Program.

C. Describe how providers or community partners participated in prioritizing gaps and developed strategies in response to the identified unmet need.

D. Describe how the Program uses a client- focused approach within the community to maximize existing resources and avoid duplication of effort.

3. PROGRAM DESIGN

A. Describe the goals and expected outcomes of the Proposed Program.

B. Describe each of the following:

1. Proposed eligibility process;
2. Proposed covered services to be provided;
3. Proposed administrative oversight of complex health service programs and
4. Strategies to increase access to services and sustainability strategies.

C. Describe how the provider will deliver Proposed Program services, supports, and activities.

D. How Proposed Program services and activities:

1. are based on evidence and/or available research, and cite resources; and
2. are implemented to fidelity to evidence and/or available research.

E. Describe how services and activities are to be integrated with other services.

F. Describe strategies to serve individuals in proposed service areas including any remote or underserved areas within the Program service area.

4. CULTURAL COMPETENCE

A. Demonstrate that Program services and activities are:

1. Client- directed and informed;
2. Planned in partnership with the individual and based on the individual's unique strengths and needs;
3. Provided in an environment that is most appropriate based on an individual's preference;
4. Culturally and linguistically sensitive and reflective of the cultural, racial, ethnic, and linguistic differences of the communities and individuals being served.

5. PROGRAM TIMELINE

A. In the table below, provide a timeline and anticipated completion data associated with planning and implementing the Proposed Program. Include key activities related to achieving Program goals.

Key Activity	Lead Person	Timeframe
Ex. Start-up and planning activities: Key staffing hired; trauma-informed care training completed; service locations identified; MOUs with Partner Organizations finalized	*Applicant*	*Months 1 and 2*
Ex. Provide clinical and supportive services: Clients start to be seen; assessment data collected and reported quarterly	*Partner Organization C*	*Months 3 through 12*
Ex. Plan for sustainability: Regularly convene providers; identify continued local funding; develop plan	*Providers*	*Months 12 through 24*

B. Describe how the Applicant will ensure key activities are accomplished timely.

6. PERFORMANCE MEASURES

A. Using the table below, enter the estimated number of unduplicated individuals to be served on an annual and monthly basis.

Estimated number of individuals to be served	Number
Unduplicated individuals served annually *How many unique individuals will be served over one year*	
Unduplicated individuals served monthly *How many unique individuals will be served during one month*	

B. Describe how the unduplicated annual number and monthly number of individuals to be served was determined.

C. Using the table below, enter the service or activity and the estimated number of encounters for that service. Rows may be added to the table.

Estimated number of service encounters monthly *Service encounters include covered services, outreach events and follow-up services for continuity of care*	Number
Ex. Breast Cancer Screening	*25*
Ex. Pap Screenings	*40*

D. Using the table below, and as applicable, indicate at least one area in which the Applicant plans to demonstrate Program effectiveness

Measurement Area	Yes/No
Improve individual functioning and autonomy *How are individuals' functioning and autonomy improved after participation?*	
Improve quality of life *How is quality of life improved for individuals participating in the Program?*	
Prevention of adverse events *To what extent is the Program preventing adverse events from occurring?*	

E. Describe how the Applicant will monitor Program implementation progress and provide oversight to the Program, including but not limited to:

1. Meeting goals and expected outcomes of the Program;
2. Quality and effectiveness of services provided and activities conducted; and
3. Satisfaction of individuals receiving services and participating in activities.

7. APPLICANT EXPERIENCE ADMINISTERING SIMILAR PROGRAMS

Required Attachments:

- *Brief bios and current job descriptions for Key Personnel to demonstrate experience germane to Proposed Program roles.*

A. Describe the Applicant's experience in successfully implementing Programs:

1. Similar in scope and complexity to the Proposed Program;
2. Serving target populations; and
3. In coordination with community needs.

B. Describe the Applicant's previous experience with grants and contracts related to:

1. State and/or federal grants;
2. Cost reimbursement funded grants; and/ or
3. Matching grants.

C. In the table below, provide descriptions of grant Programs administered by the Applicant within the past five (5) years that demonstrate the ability to perform the Scope of Work as described in this RFA.

Name of Grant Program	Grantor/Funding Organization	Amount	Grant Award Period	Matching requirement
Ex. Supportive Services for Women and Families	*HHSC*	*$2,000,000*	*9/1/2013-8/31/2016*	*No*

D. Describe the Applicant's experience in collecting, analyzing, and reporting performance and outcome data.

E. Describe the Applicant's experience in managing and reporting expenditures and match, and if applicable.

F. In the table below, identify proposed key personnel and submit brief bio and current job descriptions to demonstrate experience relevant to proposed Program roles.

Role	Name	Current Job Title	Email	Bio/Job Description provided? (Y/N)
Person responsible for directing Program				
Person responsible for day-to-day Program activities				
Person responsible for billing/accounting and match				
Person responsible for data collection/reporting				