

Appendix B
Department of Workforce Services – Homeless Youth Supplemental Education Grant
Grant Application Narrative

Organization:

Directions: Narrative **must** be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

1. PROGRAM OVERVIEW

Describe your organization and specify why your organization is best suited to meet the needs of the homeless youth in your community.

2. STAFFING

Describe the organizational staff positions that support the program proposal. Include required provider qualifications, licenses, and/or certifications. Note: Do not include specific employee information.

3. PROGRAM SERVICE

- a) Describe the goals and design for the program. Include examples of programming that provide and/or support children in the following: academics, enrichment, recreation, family support, parent/guardian involvement, promoting positive relationships with adults, positive peer groups, strong sense of self and self-esteem, and engagement in school and community activities.
- b) Include a description of the evidence-based program model or practice to be utilized.

4. COLLABORATION

- a) Describe the collaboration with other organizations and/or community partners.
- b) How will your organization partner with the homeless shelter/agency to identify homeless youth and engage them in the program?

5. PREVENTION/EDUCATION

- a) Programs must use appropriate curriculum and/or resources to provide services for each prevention/education component selected. Select three prevention/education components from the following list:
 - Civic Engagement
 - Education & Career Readiness
 - Emotional Intelligence & Self-Concept
 - Financial Literacy
 - Physical Activity & Nutrition
 - Positive Interpersonal Relationships
 - Addiction Prevention
 - Youth Violence & Gang Prevention
- b) Describe how the components were selected and the relevance to the population served.
- c) Describe your plan for implementation of the selected prevention/education components.

6. MEASUREMENTS AND OUTCOMES

Describe the intended service measurements, outcomes and data collection method(s) to support your program outcomes.

ADDITIONAL REQUIREMENTS

- I. **Collaboration Letters** - Attach **two** letters (**One** letter from outside collaborative agency/entity* and **one** letter from a homeless shelter/agency referenced in question 3 - Program Services). The letters should provide a brief description of the involvement with the services provided. The letters should include specific detailed information about how the organizations will partner. Interagency agreements, memoranda of understanding or other comparable documents are encouraged. These are not letters of support.
- II. **Business License or Articles of Incorporation**- If applicable
- III. **501(c)(3) Letter**- If applicable
- IV. **If charging indirect costs, you must provide one of the following:**
 - a. **Federally Approved Indirect Cost Agreement or a Cost Allocation Plan**
 - b. **If using neither, must provide a detailed explanation of how shared costs are allocated.**

** Contracted fee-for-service individuals or organizations cannot be considered collaborative partners unless a significant discount is provided.*