**NARRATIVE TEMPLATE**

1. **APPLICATION NARRATIVE *(25 page maximum, text-12 font minimum, tables-10 font minimum)***

*The narrative must clearly address each of the following, in the order listed. If some are not applicable, indicate so. Requested attachments will not count against the page limits.*

* 1. **APPLICATION TITLE**
  2. **APPLICATION SUMMARY** *Provide a summary of the application that, where applicable, includes the following information: (one page limit)*
* *Purpose and goals*
* *Community partners*
* *Services to be provided*
* *Projected number to be served and planned outcomes*

*(Note: For this solicitation, the planned percent entered employment should equal to or exceed 50%, and the client’s average hourly wage at entry into employment should equal to or exceed 10% above the federal minimum wage level at the time of employment placement)*

* *Use of funds*

* 1. **APPLICATION NEED STATEMENT** 
     1. *Document evidence of client needs for proposed services. Include quantitative data and source documentation.*

* + 1. *Demonstrate the relationships between need and services proposed.*
  1. **PROGRAM DESIGN/PROPOSED SERVICES AND IMPLEMENTATION PLAN**

*Address each of the following items in the order noted by their headers. If some are not applicable indicate NA. Add other items if necessary to fully present application. Specify how services will expand and not be duplicative of current offerings of LDSS.*

1. Project Scope
2. Services
3. Interactions with LDSS’ Existing VIEW Program

1. Method of Provision: *Describe how you will pay for services and if you will pay for per unit of service, per individual service, by performance contract, or other method(s).*
2. Population to be Served: *Provide a narrative describing the characteristics and needs of the populations you plan to serve.*
3. Enrollment and Retention of Participants – Screening Process: *Define the screening process and include specific strategies to overcome possible barriers to enrollment. Include your process to be used to identify potential impairments and barriers to employment, including names of screening and assessment tools.*
4. Diagnostic Tests and Specialized Professionals: *List and describe various tools to be used in the assessment process and the qualifications of individuals involved in the assessment process.*
5. Implementation Plan: *Using the table below as an example, provide an outline of the services proposed and identify implementation dates.*

The proposed services are: \_\_\_\_\_\_Currently in place

OR

\_\_\_\_\_\_Not currently in place

**WORK PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** | **Agency/Individual Responsible** | **Start Date** | **End Date** |
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* 1. **OUTCOMES AND BENEFITS EXPECTED** 
     1. **Expected Outcomes and Benefits** *Describe the anticipated enrollment levels and the outcomes and benefits of the program/services by completing the tables below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** | **1st Quarter Ending**  **September 30,**  **2017** | **2nd Quarter Ending**  **December 31, 2017** | **3rd Quarter Ending**  **March 31, 2018** | **4th Quarter Ending**  **June 30, 2018** |
| # Participants |  |  |  |  |
| # Entered Employment |  |  |  |  |
| # unique Employers |  |  |  |  |
| Average Hourly Starting Wage |  |  |  |  |
| # With Benefits |  |  |  |  |
| # Employed Part Time |  |  |  |  |
| # Employed Full Time |  |  |  |  |
| Average Wage increase |  |  |  |  |
| # obtaining wage increase |  |  |  |  |
| # Jobs in a Career Pathway |  |  |  |  |

* + 1. **Tracking and Reporting methods of Planned Outcomes**
    2. **Planned Reduction Outcomes** *Describe how this project may lead to reductions in the rate of poverty as well as how the program would target improvement in poverty over a 3-5 year period if additional funds are made available in the SFY 2019-20 timeframe. Also, include how the project fits in with any long term community goals for reducing poverty.*

* 1. **ORGANIZATIONAL STAFF AND PROVIDER QUALIFICATIONS AND COLLABORATIVE AGREEMENT(S)** *Describe organizational staff and provider qualifications and collaborative agreements. Include position requirements and, when appropriate, identify any license, certificates and/or academic requirements (do not list or provide staff names). Describe how the organizational staff will insure the successful implementation and achievement of project goals. Identify community partners and collaborative agreements with such partners and the processes in place for the implementation of the application.*

1. **Describe the Organizational Staff Positions and (*Where Applicable*) Provider Qualifications** 
   1. **Experience** *(Include work with the TANF population and required credentials for staff who will be charged with implementation of the proposed scope of work (include the same information for providers to be funded.)*
   2. **Documents of results (outcomes of prior comparable work)** *(Applicant and providers to receive funds.)*
   3. **References for related past work**  *(List in Attachments.*)
   4. **Exhibits/documents of past/current work** *(Related to Application.) (Applicants may submit ONE set of exhibits or list any available for review, related to the application, as part of the qualifications statement.)*
2. **Collaborative Agreements and Community Partners and Documentation of Support, Attachment E (attached).** *Applicants must provide copies of signed interagency agreements or other comparable documents with all other agencies responsible for implementing portions of the program design. Place your Collaborative Agreements and list of Community Partners at the end of this part of your application (these attachments do not count in the total 25 pages allowed for the narrative portion of the application).*
   1. Describe Your Efforts at Collaboration with Other Possible Service Providers
   2. Describe Your Efforts at Engaging Community Partners
   3. Describe Processes Used to Enhance Partnerships and Services to Clients

1. **BUDGET AND BUDGET NARRATIVE**

***Complete budget documents for the project’s operation for twelve (12) months – July 1, 2017 through June 30, 2018. All expenses included in the application must be allowable under federal and state regulations, must be reasonable and necessary and apply directly to the project. Note funding restrictions contained in this RFA. Identify any initiative to diversify and expand funds, including the use of Medicaid.***

Complete all pages of the Budget in the Excel Workbook (Attachment F) outlining the proposed budget. Instructions for completing the Budget are located on the 1st tab of the Excel Workbook which should be reviewed before entering any information in the document.

The Budget may include an Indirect Cost Rate. Applicants with a federally approved indirect cost rate must submit, as a separate attachment, a copy of the NICRA (Negotiated Indirect Cost Rate Agreement) from the applicable federal agency that specified the approved rate. If no federally negotiated rate exists, applicants may elect to charge a *de minimis* rate **up to** 10% of Modified Total Direct Cost (MTDC), or negotiate a rate with the grantee. An Applicant’s costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

A budget narrative is also a requirement and the template is located on the last tab of the Budget workbook. Use this worksheet to justify all proposed expenditures by explaining the cost, how the costs were determined and calculations to support the expense. The cell for the narrative description will expand to accommodate all explanations and they should, therefore, be as comprehensive as possible. *All requested costs must be linked to the program goals and objectives. Not doing so could result in individual line item requests not being approved.* Instructions for the Budget Narrative are located on the first tab with all other Budget Instructions.

1. **ASSURANCES, CERTIFICATIONS and OTHER REQUIRED FORMS**

(Note that these forms are part of the application but should NOT be counted in the 25 page limitation for the formal narrative.)

* 1. Grant Application Cover Sheet (Attachment A)

1. Employment for TANF Participants Application Information Form (Application B)
2. Key Contacts (Attachment C)
3. Budget Forms (Attachment F)
4. Pre-Award Questionnaire (Attachment G)
5. FFATA Form (Attachment H)
6. SF 424B Form – Assurances – Non-Construction Programs
7. Certification Regarding Lobbying (Attachment J)
8. W-9 Request for Taxpayer Identification Number(s) (Attachment K)
9. State Corporation Commission Form (Attachment L)

Additional Attachments

***List here all attachments included in this RFA in the sequence included in the document.***

Applicable attachments, depending on the application, may include:

1. Descriptions for positions, including credentials, experience and other job qualifications, to be funded as the result of this RFA (do not include names of individuals holding or who may hold such positions)
2. Data for all participating localities possibly related to:
   * 1. Needs Assessment,
     2. Projected Participants and
     3. Outcome
3. References
4. Collaborative Agreements, Community Partners and Documentation of Support (**Signatures Required)**
5. Applicant’s Non-Discrimination in Employment Policy
6. Applicant’s Confidentiality Policy