**2. Grant Application Narrative**

**To be considered for this funding opportunity, each organization must answer the following questions within your narrative document. Any unanswered questions will lead to an ineligible application.**

**Organizational Structure**

1. **General Information:**
	* Organization/Business Name:
	* Years in business:
	* Website:
	* Region/Area(s) served:
	* Medicaid Provider ID:
	* Grant Funding Requested (up to $3,000,000):
	* Company Leadership (names, titles)
	* Primary Contact/Submitter of Application (This should be someone with authority to enter into financial obligations on behalf of the organization):
		+ Name:
		+ Title:
		+ Email:
		+ Phone:
2. **The organization’s mission and vision:**
3. **Number of people served:**
4. **Counties served:**
5. **Subcontractor Information:**
	* Contractor Name:
	* Website:
	* Are they bonded licensed and insured? Yes No .
	* Contact Person:
		+ Name:
		+ Title:
		+ Email:
		+ Phone

**Operational Experience**

1. **Describe your organization’s current and/or past experience in providing and supervising adults with behavioral health needs.**
2. **Provide a description of the organization’s previous or current experience and/or qualifications with therapeutic services.**
3. **Describe how the applicant's current facility is set up in terms of location/physical space and how those areas are used to serve clients.**
4. **Describe any key relationships your organization has already developed to partner with community stakeholders (i.e., school systems, banks, job coaching, criminal justice, etc.)**
5. **Describe how your organization has complied with reporting requirements in the past. Include information on the systems used currently to track data and outcomes.**

**Populations Served Narrative**

Provide a comprehensive description of the population currently being served by your organization, as well as the population you intend to serve through the grant funding. In your response, please provide the information requested below and use the suggested response structure.

1. **Describe the population currently being served by the applicant, including:**
	* Population demographics, characteristics, geographic distribution, etc. (Please include age, disability, race/ethnicity, as well as other factors that may demonstrate an underserved or special population status)
	* Size of the population you serve regularly (i.e., Not just total count of how many are served in a year, but how many people are served on a consistent basis)
2. **Describe the population the applicant intends to serve through this grant funding, and explain the extent to which (if at all) this differs from the population currently being served, including:**
	* Population demographics, characteristics, geographic distribution, etc. (Please include age, disability, race/ethnicity, as well as other factors that may demonstrate an underserved or special population status)
	* Size of the population you serve regularly (i.e., Not just total count of how many are served in a year, but how many people are served on a consistent basis)

**Service Narrative**

1. **Please provide a comprehensive description of the current services and/or programs provided by your organization. Indicate if these are Medicaid-funded or funded from another source.**
2. **Share any successes you have had in key outcome domains for therapeutic communities such as supported employment, community transition services, and supportive living.**
3. **Explain the staffing composition and capacity for the location/physical space, including:**
* Number of licensed professionals
* Number of non-licensed professionals
* Number of administrative staff
* Number of Peer Support Professionals
1. **Provide an aggregate service utilization report for the last year.**