Strong Families Support Services Grant – Scope of Services

TN Strong Families Grant Program

FY 2024-2027

This scope template is for agencies applying for the **Strong Families Support Services** grant, which is intended for Tennessee non-profit organizations and pregnancy centers providing direct service to mothers, children, and families experiencing pregnancy. Proposed projects should utilize evidence-based or evidence-informed practices that are shown to improve the wellbeing of those experiencing pregnancy and their children. Strong Families Support Services grant funds may be used for new staff positions including but not limited to Advocates, Doulas, Counselors, and Social Workers. All Support Services grants **must** allocate at least 20% of the maximum liability to Goods Assistance in their budget.

Applicants are strongly encouraged to work with the [University of Tennessee, SWORPS](https://www.sworps.tennessee.edu/) to access training and technical assistance in crafting their TN Strong Families grant project designs, submitting their applications, planning, and implementing grant activities, and evaluating the impact of their programs.

\*Tips:

* Type responses in the gray boxes.
* Do NOT delete questions and instructions.
* Use Calibri- 12 pt. font.
* Do NOT use all CAPS.
* Do NOT bold all text.
* Scopes are to be submitted in Word format.

**CONTACT INFORMATION**

APPLICANT NAME:

APPLICANT ADDRESS:

APPLICANT CONTACT NAME & PHONE NUMBER:

**MEMBERSHIP & CERTIFICATIONS**

1. Is your organization a member or certified by any state or national organization?
2. If yes, please list the organization and certification or membership, and length of affiliation. See 2.4.8. of the solicitation for required documentation to submit with your application.

**PROBLEM AND NEED**

Discuss the nature and magnitude of the problem(s) to be addressed by the proposed funding. This should be based on current data from reliable sources that describe in detail the most pressing issues.

Please answer the following questions and elaborate on the problem:

1. Please describe the problem and need and how they will be addressed by your organization.
2. What strengths does your organization have to address this problem and need?
3. Has your organization addressed this problem and need in the past? If yes, please explain how, when, and the status of that program.
4. Please explain how this project will enhance the organization’s ability to provide direct service and programs to clients.

**PURPOSE**

State the Goals and Objectives of the project. For each Goal stated, list the applicable Objectives and Activities as provided in the example below (Goal 1 / Objective 1.1, 1.2 / Activity 1.1.1, 1.1.2). You must list at least 1 Objective for each goal and at least 1 Activity for each Objective. You may use Goals, Objectives, and Activities provided in the Strong Families or add your own.*You are strongly encouraged to work with SWORPS to determine which Goals, Objectives, and Activities are appropriate for your project.*

*Example:*

*GOAL 1: Provide support to individuals and families experiencing pregnancy.*

*OBJECTIVE 1.1: Help clients obtain services and benefits.*

*ACTIVITY 1.1.1: Assess individuals and families to determine their specific needs. ACTIVITY 1.1.2: Research and identify state programs for families and children to refer to.*

*ACTIVITY 1.1.3: Assist clients with phone calls and transportation to connect clients to referrals and obtain needed services and resources.*

**GOAL 1**:

**OBJECTIVE 1.1:**

**ACTIVITY 1.1.1:**

**ACTIVITY 1.1.2:**

**OBJECTIVE 1.2:**

**ACTIVITY 1.2.1:**

**ACTIVITY 1.2.2:**

**GOAL 2:**

**OBJECTIVE 2.1:**

**ACTIVITY 2.1.1**:

**ACTIVITY 2.1.2:**

**Add additional Goals/Objectives/Activities as needed.**

**TIMELINE**

This section should include a comprehensive timeline with concrete implementation and execution dates for the above Activities. The structure of the timeline should be feasible and outline the best scenario for achieving Goals and Objectives.

* **All** Activities listed above should be included in the timeline below.
* List which specific staff ***position*** that will be responsible for the activity—do not list “all staff” or the name of the individual currently in the staff position.
* List the date the activity will be completed—some activities may have a specific date like October 7, 2024, but other activities may occur quarterly, or daily, for example.

Add additional lines as necessary.

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **INDIVIDUAL RESPONSIBLE** | **COMPLETION DATE** |
| *Ex: 1.1.1.* | *Family Advocate* | *Daily* |
|  |  |  |
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**INPUTS**

Inputs are the resources necessary to create and carry out the project. The **Inputs** will be converted into **Outputs and Outcomes** via the **Activities** described above. This section should describe the resources the project requires to conduct its activities and to achieve its goals and objectives. The Inputs include the staff the project has that will contribute to the success of the proposed project.

1. Include your organization’s Mission/Vision/Values.

1. Does your organization provide trauma-informed services? If yes, please describe the trauma informed services provided. If no, is your organization willing and interested in learning about trauma-informed services and how they can be implemented?

1. What evidence-based or evidence-informed services does/will your organization provide specific to individuals and families experiencing pregnancy and up to 2 years after birth?

1. Sustainability plan:Describe how the organization will plan for sustaining this project in the future if funding decreases or discontinues. Be specific in identifying additional funding sources and strategies to support the program long-term.

1. Personnel: Please provide a description of any staff that will be supported with grant funds. Include the title, educational requirements, and the activities the position will be performing.

1. Subcontracts: If your organization intends to subcontract for services, include the name of the individual or organization that the subcontract will be with, the cost of the subcontract, and what activities the contractor will perform with grant funds.

1. Budget Information: To better understand the supplies and equipment your organization intends to purchase with grant funds, please provide a list of every item listed in the proposed budget that exceeds $50 per item. Then provide a provide a 1 - 2 sentence summary that specifies how the item is relevant to serving clients and how/where it would be used.

Example: Cell Phone. 1 @ $100 per month. One phone is provided to the Counselor for the purpose of staying in contact with clients.

Example: Supplies for Office at $500. This funding is for office supplies and misc. items necessary for administering office services and grant documentation.

**OUTPUTS**

Outputs are the number of people reached, number of services rendered, items provided etc., that an organization accomplishes through the activities described above and utilizing the inputs (detailed below) to which the organization has access. Select each field that applies to the proposed project and insert a projection of the total outputs generated by the organization's project (for one year). Projected outputs should only be based upon specific assistance and supplies provided by TN Strong Families funding only, not for the entire organization.

|  |  |
| --- | --- |
| Number of Individuals Served: |  |
| Number of Equipment Purchased: |  |

|  |  |
| --- | --- |
| **Assistance Type** | **Number of Times Service Provided** |
| **Bill Assistance:** |  |
| Home |  |
| Vehicle |  |
| Utilities |  |
| Medical |  |
| Childcare |  |
| Other |  |
| **Goods Assistance:** |  |
| Food |  |
| Transportation |  |
| Feeding Supplies |  |
| Other Baby Supplies/Equipment |  |
| Other (List): |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Service Type** | **Number Provided** |
| Individual Education/Support Sessions |  |
| Group Education/Support Sessions |  |
| Information & Resource Linkage |  |
| Advocacy Services |  |
| Other: (Please List) |  |
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|  |  |

**DATA COLLECTION**

*Describe the process utilized for collecting the data in OUTPUTS. Provide a detailed description along with what the role of each position is in the process. Identify how the organization has the capacity to generate statistical reports upon request that supports the progress of program activities.*

1. What database or system of collection will be utilized to collect information?

1. How will grant funded activities and specific assistance provided be documented?

1. Who will collect the data and ensure that it is accurate?

1. Describe how your organization will use the data collected to continuously evaluate the success of meeting project goals and plan accordingly.

INTENDED OUTCOMES (Results)

Outcomes describe the difference the project will make for its participants and/or the community as a whole. Short‐term outcomes typically represent changes in knowledge, attitudes, or awareness. The outcomes for a project should be measurable based upon a set of defined criteria. Project outcomes should tie back to the Goals and Objectives. Outcomes answer “What impact will the project make on its target population?”. Outcomes will be collected, tallied, and reported annually to FAU. Organizations should use the outcome data to assess the effectiveness of the project and determine if goals are being met.

The following client outcomes must be included in survey questions provided to clients to evaluate services they received:

Clients report improved wellbeing for their self, their family, or their children.

1. *“My wellbeing or my family or children’s wellbeing has improved as a result of the services/support I received from this organization.”*

*Strongly Agree Agree Neutral Disagree Strongly Disagree*

Clients report an increase in knowledge about available perinatal services.

1. *"I am more knowledgeable of the services and community resources available during and after pregnancy.”*

*Strongly Agree Agree Neutral Disagree Strongly Disagree*

Clients report an increase in accessibility to resources and services.

1. *“I feel support from this organization.”*

*Strongly Agree Agree Neutral Disagree Strongly Disagree*

Clients express satisfaction with services.

1. *"I am satisfied with the services I have received through this organization."*

*Strongly Agree Agree Neutral Disagree Strongly Disagree*

(Optional) Additional client outcomes survey questions:

## REPORTING, MONITORING AND EVALUATION METHODS

Projects funded through this program **must**:

* Collect data and report statistics and anecdotal data, by which to analyze the effectiveness of the program implemented. Documentation will include the number of individuals assisted, the number of services provided, and the number of client outcome surveys distributed and collected.
* Use quarterly and annual reports to analyze the effectiveness of the program.
* Collect and report statistics and anecdotal data to be available for replication of the program.
* Agree that program descriptions and reports submitted to OCJP will be provided to other agencies inquiring about same or similar program implementation; and
* Agree that data collected will be used to evaluate the program and to provide updates to the Governor’s Office. The program may be modified or expanded if justification is indicated by the data.

**UPON COMPLETION OF THIS SCOPE OF SERVICE/NARRATIVE SAVE A COPY AND SUBMIT IT ALONG WITH THE BUDGET FORM AND OTHER DOCUMENTS LISTED IN THE SOLICITATION TO FAU VIA THE E-MAIL NOTED IN SOLICITATION.**