**Cover Sheet:**

**PROVIDER NAME:**

**CONTACT NAME AND TITLE:**

**CONTACT PHONE(s):   
CONTACT EMAIL:   
PHYSICAL ADDRESS (City, State, Zip):**

**MAILING ADDRESS IF DIFFERENT:**

**EIN:**

**VENDOR #:**

**DUN & BRADSTREET:**

**ATTACHMENTS CHECKLIST:**

* **SOW for SFY 18**
* **Budget for SFY 18**

***PLEASE USE AS MANY GOALS AND OBJECTIVES THAT YOU NEED TO IDENTIFY WHAT YOU WOULD LIKE TO ADDRESS, ADD ROWS IF NEEDED. PLEASE DELETE ANY UNUSED GOALS AND OBJECTIVE BOXES.***

**Scope of Work**

**Purpose**: This is a comprehensive community-based primary prevention plan for reducing…….

**Brief Description of Priorities in Service Area:** Click here to enter a brief description of the priorities in your service area as identified through the use of data. (CCPP)

**Problem Statement:** Click here to enter a specific problem as identified in CCPP

**Goal 1:** Click here to enter a goal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 1:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| **Outcome Objective 2:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| **Outcome Objective 3:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| **Outcome Objective 4:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| **Outcome Objective 5:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| **Outcome Objective 6:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

**Problem Statement:** Click here to enter a specific problem as identified in CCPP

**Goal 2:** Click here to enter a goal.

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| **Outcome Objective 1:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

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| **Outcome Objective 2:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
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|  | Enter date. | Click here to enter documentation. | |
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| **Outcome Objective 3:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
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| **Outcome Objective 4:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
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|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
|  | Enter date. | Click here to enter documentation. | |
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| **Outcome Objective 5:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
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**Problem Statement:** Click here to enter a specific problem as identified in CCPP

**Goal 3:** Click here to enter a goal.

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| --- | --- | --- | --- |
| **Outcome Objective 1:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
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| **Outcome Objective 2:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
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|  | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

**Budget**

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| **Detailed Budget** | | | | | |
| Category |  | **Total cost** | **Detailed cost** | | **Details of expected expenses** |
| 1. Personnel | $ |  |  | | |
|  | | | $ |  | # and type (position type; FTE type) of staff to be hired |
| $ |  | # and type (position type; FTE type) of staff to be hired |
| 2. Travel | $ |  |  |  | |
|  | | | $ |  | # traveling, positions traveling, location, dates of travel, purpose, reimbursement made in accordance with SAM |
| $ |  | # traveling, positions traveling, location, dates of travel, purpose, reimbursement made in accordance with SAM |
| 3. Operating | $ |  |  |  | |
|  | | | $ |  | To include: xxxx |
| $ |  | To include: xxxx |
| 4. Equipment | $ |  |  |  | |
|  | | | $ |  | Itemize expenses allowed within this category |
| $ |  | Itemize expenses allowed within this category |
| 5. ContractualConsultant | $ |  |  |  | |
|  |  |  | $ |  | Itemize expenses allowed within this category |
| 6. Training | $ |  |  |  | |
|  |  |  | $ |  | Type of training, location, # attending, benefit to Subgrantee and implementation of subgrant |
| 7. Other | $ |  |  |  | |
|  |  |  | $ |  | Itemize expenses allowed within this category |
| Total Cost | $ |  |  | | |
|  | | | | | |