# **Special project application for pa2 funds**

DATE: Click or tap to enter a date.

PROVIDER NAME: Click here to enter text. CURRENT PROVIDER:  YES  NO

PROGRAM TITLE**:** Click here to enter text.

CONTACT PERSON: Click here to enter text.

CONTACT EMAIL: Click here to enter text.

PROVIDER ADDRESS: Click here to enter text. AMOUNT REQUESTED: Click here to enter text.

## Service Type

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| --- | --- |
| Assessment  Individual Therapy  Group Therapy  Family Therapy  Didactic Groups  Residential Detox  Recovery Housing | Level III.1 (low intensity)  Level III.3 (moderate to high intensity)  Level III.5 (significant/complex intensity)  Medication Assisted Treatment  Peer Recovery  Prevention/Other: Click here to enter text. |

## PROGRAM DESCRIPTION

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| --- | --- |
| **I. Describe the situation you intend to address:** | |
| *Problem Statement: describe the problem that your activities are designed to improve.* | Click or tap here to enter text. |
| *Describe the conditions that contribute to the identified problem (List the data sources if applicable)* | Click or tap here to enter text. |
| *Describe the program’s target population. Be sure to identify if you are targeting any specialty or priority population.* | Click or tap here to enter text. |
| *Describe why your agency is best fit to provide this service?* | Click or tap here to enter text. |
| **II. Describe what you will do to address the situation:** | | |
| *Describe the program’s activities (what are you going to do?):* | Click or tap here to enter text. | |
| *Describe the expected frequency of the activity(ies) and how you determined this.* | Click or tap here to enter text. | |
| *Describe the number of persons in the target population you expect to serve during each activity event* | Click or tap here to enter text. | |

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| **III. Explain the necessary costs for your program** *(provide narrative to support the resources identified that require funds).* |
| Click or tap here to enter text. |

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| **IV. Describe the goals you have established for the program.** (goals do not have to be measurable) *(TO BE COMPLETED BY NEW PRORGRAMS ONLY)* |
| 1. Click or tap here to enter text. |
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## **performance monitoring** *(TO BE COMPLETED BY new programs only)*

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| **V. Describe how you will measure your program’s success at meeting its goals.** *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.* | | |
| **Outcomes** | ***Process:***  *Describe* ***(in specifically measurable terms)*** *what you hope to achieve during this grant period. These process indicators should measure such things as “how many?” “how often?” etc. Include benchmark or threshold for measurement as well as expected achievement date.* | 1. Click or tap here to enter text. |
| 1. Click or tap here to enter text. |
| 1. Click or tap here to enter text. |
| **Participant:**  *Describe* ***(in specifically measurable terms)*** *what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.* | 1. Click or tap here to enter text. |
| 1. Click or tap here to enter text. |
| 1. Click or tap here to enter text. |
| **Impact:**  *Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.* | 1. Click or tap here to enter text. |
| 1. Click or tap here to enter text. |
| 1. Click or tap here to enter text. |