FORM 3 – Applicant Work Plan and Work Plan Narrative

|  |
| --- |
| **WORK PLAN** |
| **Organization Name** |  |
| **Project Title** |  |
| **Project Duration** |  |

|  |  |
| --- | --- |
| **Goal:** |  |
| **Objective:** |  |
| **#** | **Activity** | **List What Your Measure of Success Will Be** | **Responsible Staff/ Party** | **Start Date** | **End Date** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

|  |  |
| --- | --- |
| **Goal:** |  |
| **Objective:** |  |
| **#** | **Activity** | **List What Your Measure of Success Will Be** | **Responsible Staff/ Party** | **Start Date** | **End Date** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

|  |
| --- |
| **WORK PLAN NARRATIVE** |

In addition to the Work Plan grid, the proposal must include a Narrative with the following areas addressed.

|  |
| --- |
| **Project Summary** |

Provide a brief, one paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on the community.

|  |
| --- |
|  |

|  |
| --- |
| **Agency Qualifications** |

Describe and document the applicant’s capacity to carry out the programmatic intent of funds and proposed activities. Information in this section should include agency mission, programs, and services.

|  |
| --- |
|  |

Has your facility ever been cited by CMS or the State of Nebraska for substandard quality of care?

[ ]  Yes [ ]  No

Please provide documentation showing no citation has been issued.

|  |
| --- |
| **Coordination and Collaboration** |

Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency grants or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Attach letters of commitment/support from these partners.

|  |
| --- |
|  |

|  |
| --- |
| **Quality Rating and Improvement System** |

All applicants must describe how they plan to participate in the quality rating and improvement system described in Neb. Stat. § 71-1956 with three (3) years after the date the grant is awarded.

|  |
| --- |
|  |