FORM 3 – Applicant Work Plan and Work Plan Narrative

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

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

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

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| **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.

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| **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.

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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.

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| **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.

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| **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.

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