

**Proof Alliance  
Prevention Grant  
Application Questions**

**Application Narrative**

**1. Applicant Background**

- a. **Describe the LEAD ORGANIZATION**, their current scope of work and reasons why they are a lead organization.
- b. **Describe your REGIONAL COLLABORATIVE** and its current scope of work. Describe the population you serve, including age range, geographical area, and number of clients in one year. Include any history of working on FASD prevention, diagnosis, intervention, or support activities.
- c. Are you applying as a new regional collaborative or existing regional collaborative?
- d. Please rate where your collaborative currently is on the continuum described below. During the grant period, organizations and partners will be expected to move to a higher level of the continuum:
  - Level 1 Beginning: Know each other and can call as needed; may include only a single organization with informal partnerships with other sectors.
  - Level 2 Progressing: Informal or formal arrangements among at least three independent organizations; may include data sharing agreements.
  - Level 3 Intermediate: Mixture of formal and informal arrangements across at least three independent organizations; includes decision-making, resource allocation, data sharing.
  - Level 4 Advanced: Clearly documented roles, relationships, responsibilities, ongoing regular meetings supported by resources, and formal partnerships across three or more organizations. These arrangements include decision making, shared governance, data sharing, and some shared financial arrangements.
- e. Describe the experience your regional collaborative has working with women in recovery providing community and home recovery maintenance and supportive services.
- f. Using the table below, list the partners in your regional collaborative, their role in the proposed work, and whether they are an existing partner or emerging partner. The strongest proposals will have confirmed partnerships as part of its application.
- g. Upload a letter of support from each partner in the regional collaborative.

<b>Regional Collaborative Partner</b>	<b>Role in Proposed Work</b>	<b>Existing Partner or Emerging Partner?</b>


**2. Goal, Objectives, Activities, and Timeline**

- a. Using the Grant Scoping Template, ([https://proofalliance.sharepoint.com/:w:/s/ProofAllianceTeamShares/EaoG4I30vV9blw4\\_aTweRxoBI9uwDvnkSZowekB7lnEe5g?e=sbLrBi](https://proofalliance.sharepoint.com/:w:/s/ProofAllianceTeamShares/EaoG4I30vV9blw4_aTweRxoBI9uwDvnkSZowekB7lnEe5g?e=sbLrBi)) please describe the:
  - i. Overarching goal of your proposed program
  - ii. Program objectives
  - iii. Activities - include key staff, deliverables, timeline, and measures of success.

**3. Program Design & Evaluation**

- a. Describe the target population you anticipate serving, including socioeconomic status, racial demographics, geographic location(s), age range of the children, approximate number of pregnant women and number of parenting women your collaborative estimates that it will have capacity to serve during the grant period.
- b. Services Provided:
  - o Describe in detail the services that will be provided for the women and the services that will be provided for their children. Identify which services your collaborative has the capacity to provide in-house and the services that will be referred to other organizations.
  - o If you are an existing regional collaborative applying for expansion funding, describe the current gap in services and provide justification to support the need for expansion funds.
- c. How will you actively engage individuals with lived experience in your program design, implementation, and evaluation?
- d. Evaluation Plan: Describe your plan for evaluating the effectiveness and measuring the impact/success of your program.
- e. Include process measures and outcome measures. Please describe how you will use the required program evaluation data (listed on page 5 of the RFP) in your evaluation plan. The evaluation plan should reflect each objective in the proposal.  
Note: Grant funds can be used to cover evaluation costs.

**4. Program Feasibility**

- a. What resources does your organization have to complete the proposed program or expansion (such as staff, consultants, and technology).
- b. Committed funds: list committed sources and amounts of funding for this program.
- c. Describe your plan for sustaining the work after the end of this grant period?

d. Describe your motivations and commitment to making a difference on the issue of FASD.

**5. Leadership, Roles, and Staffing**

- a. Please list the names, titles, credentials, and short bio for each of the key personnel involved in carrying out this program or expansion.
- b. How will the work be managed and how will the leadership hold the team accountable to the deliverables?

**6. Anticipated Challenges and Solutions**

Please share any challenges you anticipate during the implementation and evaluation of your proposed program and include an action plan for solving these challenges.

**Proof Alliance**

**Prevention Grant**

**Requested Budget Work Sheet**

**Instructions**

Using this form, please complete a line-item budget showing how the requested grant funds will support the proposed program for **July 2023-June 30, 2024**. For each category, include your proposed amount according to how you anticipate the funds will be used. Depending on the nature of your program, you may not need funds in every category of the budget.

**Budget Requirements**

- Services to be provided must be listed in approved work plan and budget
- Indirect costs cannot exceed 10%
- Please refer to the Federal Uniform Guidance for what is allowable and unallowable [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
- Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in your proposed budget in the section below

Column1	Column2	Column3
<b>Original Budget July 1, 2023 to June 30, 2024</b>		
<b>(Grantee Name)</b>		
<b>Category</b>	<b>Description</b>	<b>Amount</b>
<b>Indirect Costs (10%) (Total)</b>		<b>\$-</b>
<b>Direct Costs</b>		
• Salaries		\$-
• Fringe Benefits		\$-
• Space Cost (include utilities)		\$-
• Equipment		\$-
• Supplies		\$-
• Instate Travel		\$-
• Evaluation		\$-
• Staff Development		\$-
• Child Care/Daycare		\$-
• Client Transportation		\$-
• Clients Emergency Funds		\$-
• Outreach and Promotion		\$-
<b>Total Direct Costs</b>		<b>\$-</b>
<b>Total Request Year 1</b>		<b>\$-</b>

ORIGINAL CERTIFICATION SIGNATURE

**I certify that, to the best of my knowledge and belief, the data reported on this document is correct and all transactions that this report were made in accordance with applicable Federal and State statutes and rules.**

**Authorized Official:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**Grantee Organization:**  
\_\_\_\_\_