**III-E SCOPE OF WORK DESCRIPTION AND PLAN**

**Each county request needs its own summary.**

**County:** Click or tap here to enter text.

**PROGRAM OUTLINE:**

1. Preliminary Budget- **A preliminary budget is required for initial submission.**

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| **FCSP Service Code** | **Budget** |
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1. Describe how your program will target the priority, and the measures associated with implementation of the program to meet each chosen priority.

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| **Priority 1:** Innovation in program design, implementation, assessment, workflow, data collection, and reporting: |
| Click or tap here to enter text. |
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| **Priority 2:** How will your agency provide or increase service access to hard to reach, underserved, or high-risk populations (see NC FCSP Manual page 9)? |
| *Click or tap here to enter text.* |

1. **Program Summary** for each service code provide an overview of the program including:
   1. The list of the planned services codes.
   2. Scope of work and outcomes associated with each service code.
   3. Targeted populations

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| *Click or tap here to enter text.* |

1. **Program Description** should include how the program will satisfy these four elements.
   1. Describe the agency’s capacity to implement this program.
   2. Describe the specific ways the agency will engage other entities in community coordination to reach a new target audience.
   3. Describe how the agency will ensure and document that supplemental services are temporary and not supplanting of other funding programs. How does your agency plan to collaborate with other providers or long-term program transitions for FCSP clients to ensure services are “temporary?”
   4. What are your expected goals, short-term and long-term, to meet the needs of caregivers in the stated coverage area? Targeted outcomes (i.e.: new caregivers?)

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| **ECC-AAA ONLY** | | |
| Approved | Amount $ | Need further information |
| Denied | Reason | |
| Notes: | | |