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| **COMMUNITY YOUTH DEVELOPMENT PROGRAM** |
| **PROJECT WORK PLAN** |
| The Project Work Plan provides specific details of how services will be implemented under this Grant. The Project Work Plan is designed to be a flexible document that may be revised periodically over the Period of Performance. This flexibility allows the Subgrantee to propose minor revisions to services or operations to respond to changing context. Revisions to the Project Work Plan must not change the overall scope of the project and must be approved by DFPS and Tarrant County prior to implementation. DFPS and Tarrant County reserve the right to make the final determination on any proposed revisions. |
| **GRANTEE NAME:** Tarrant County |
| **CONTRACT NUMBER:** HHS000841700005 / **AGENCY ACCOUNT ID:** 24821479 |
| **PERIOD OF PERFORMANCE:** 10/15/2024 - 08/31/2025 |
| **FISCAL YEAR:** 2025 |
| **SUBAWARDEE NAME:** |
| **NAME OF PROGRAM(S):** |
| **ZIP CODES/S:** |

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| **Record of Project Work Plan Changes** | | | | |
| **Change #** | **Date Approved** | **Summary of change** | **Approved By** | **Budget Change (Y/N)** |
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| **CONTACT INFORMATION** | | | | | |
| **TYPE** | **NAME** | **TITLE** | **EMAIL** | | **PHONE** |
| **Primary CYD Program Contact** |  |  |  | |  |
| **FISCAL MANAGER** |  |  |  | |  |
| **EXECUTIVE DIRECTOR OR PRESIDENT** |  |  |  | |  |
| **SIGNATORY** *\*This individual is authorized to sign the contract.* |  |  |  | |  |
| **PUBLIC CONTACT INFORMATION** | | | | | |
| **MAIN AGENCY WEBSITE:** | | | | | |
| **AGENCY EMAIL ADDRESS:** | | **PUBLIC PHONE:** | | **PUBLIC EMAIL CONTACT:** | |
| **Main Agency Office Address:** List office locations (address and phone number), identifying primary and any other offices. | | | | | |

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| **CYD PROGRAM SUMMARY CHART** |

**Instructions – Required programming and ancillary programming component details are outlined in Section IV of the RFA. Only list program components that apply to the service types provided by your program(s).**

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| **Program Component**  *List all required and ancillary program components offered* | **PROGRAM NAME** | **ANTICIPATED ANNUAL OUTPUT\*** | **ANTICIPATED AVERAGE MONTHLY OUTPUT\*** | **PROGRAM LENGTH** | **FREQUENCY AND INTENSITY OF PROGRAMMING -**  **Total # of sessions, visits, or interactions per Participant** | **DAYS/TIMES PROGRAMMING PROVIDED BY AGENCY** | **LOCATION – include all**  **where programming is offered** | **VIRTUAL MODIFICATIONS**  **(if applicable)** |
| *Ex: Mentoring* | *Ex: Kids in Action* | *Q1-Q3:*  *80 unduplicated*  *Q4:*  *70 unduplicated* | *Q1-Q3:*  *35 unduplicated*  *Q4:*  *20 unduplicated* | *Q1-Q3: 4-month cohorts (fall & spring)*  *Q4: 3-month cohort (summer)* | *Q1-Q3: Bi-weekly*  *2 sessions per month x 4 months = 8*  *Q4: Weekly*  *4 sessions per month x 3 months = 12* | *Q1-Q3: First and Third Wednesdays 5p - 7p*  *Q4: Wednesdays 5p - 7p* | *Q1-Q3: ABC High School*  *Q4: XYZ Community Library* | *Via X platform* |
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*\** *An unduplicated Youth served is an Index Youth with a unique PEIRS client ID number who receives at least one service and is only counted one time during the State fiscal year.*

*Indicate if Youth served Output target includes any duplicated Youth served.*

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| **OUTPUTS** | **TARGET** | **OUTCOMES** | **TARGET** |
| **OUTPUT 1:** Expected average number of Index Youth served annually. |  | **OUTCOME 1:** 10-17-year-old Index Youths will not engage in delinquent behavior. | 100% |
| **OUTPUT 2:** Expected number of Index Youth served monthly during the school year (September – May). |  | **OUTCOME 2:** Index Youth report positive outcomes in at least one domain of the Program Experience Survey at discharge | 80% |
| **OUTPUT 3:** Expected number of Index Youth served monthly during the summer (June-August) |  | **OUTCOME 3:** Index youth improve in at least one domain or area of the survey chosen by PEI between pre- and post-program participation. | 75% |
| **OUTPUT 4:** Index Youth will complete the PEI Program Experience Survey at Discharge | 50% |  |  |
| **OUTPUT 5:** IndexYouth will complete a matching Developmental Assets Profile (DAP) pre-program participation and post-program participation survey. | 60% |  |  |

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| **TARGET POPULATION** | |
| AGE RANGE | ANTICIPATED PERCENTAGE OF YOUTH SERVED ANNUALLY |
| Youth Ages 6-9 |  |
| Youth Ages 10-17 |  |

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| **GOALS AND OBJECTIVES**  *Please outline the goals and objectives for Fiscal Year 2025. Objectives are intended to operationalize goals and should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).* (<http://www.health.state.mn.us/divs/opi/qi/toolbox/objectives.html>*).* |
| Goal 1: |
| Objective 1:  Objective 2:  Objective 3: |
| Goal 2: |
| Objective 1:  Objective 2:  Objective 3: |
| Goal 3: |
| Objective 1:  Objective 2:  Objective 3: |

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| **LOGIC MODEL**  *There is a wide variety of logic model formats, but most have the same key components including (resources/inputs, activities, outputs, outcomes and impact). Please include your logic model below.* |
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| **REQUIRED & ANCILLARY PROGRAMMING PROVIDED**  *Please describe in detail the CYD Required and Ancillary Programming your organization provides, how the program will be delivered, and what developmental assets will be addressed.* |

**Instructions – Required programming and ancillary programming details are outlined in Section IV of the RFA. Only complete the sections that apply to the service types provided by your program(s). If sections are not applicable, please leave blank.**

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| **REQUIRED PROGRAMMING (*Add Sections as Necessary*)** |

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| **MENTORING** | |
| **Programming Period Q1-Q3:** From:      To:  **Programming Period Q4:** From:      To: | |
| **All addresses (locations) where services will be provided, (please use full address):**  **Q1-Q3:**    **Q4:** | |
| **Describe the Mentoring services to be provided in detail, and Mentoring guidelines as outlined in Section 4.1.A of the RFA:**    **Please list any differences in how Mentoring services will be provided in Q1-Q3 vs. Q4, if any:** | |
| **What is the adult mentor to Youth mentee ratio:** | |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:**  **Q1-Q3:**    **Q4:** | |
| **Youth Population to be served:** | |
| **Males  Females** | **6-9 years of age  10-17 years of age** |
| **Race/Ethnicity:** | **Grades Targeted:** |

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| **YOUTH ADVISORY COMMITTEE (YAC)** | |
| **Programming Period Q1-Q3:** From:      To:  **Programming Period Q4:** From:      To: | |
| **All addresses (locations) where services will be provided, (please use full address):**  **Q1-Q3:**    **Q4:** | |
| **Describe the YAC program design, meeting structure and implementation plan in detail as outlined in Section 4.1.B of the RFA:** | |
| **Describe the process for ensuring YAC members will be provided opportunities to serve in leadership roles in the community:**  **Q1-Q3:**    **Q4:** | |
| **Describe your process for planning participation in the annual Youth Summit, including recruitment, and ensuring expectations for involvement and engagement are met:** | |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:**  **Q1-Q3:**    **Q4:** | |
| **Youth Population to be served:** | |
| **Males  Females** | **6-9 years of age  10-17 years of age** |
| **Race/Ethnicity:** | **Grades Targeted:** |

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| **YOUTH LEADERSHIP DEVELOPMENT (YLD)** | |
| **Programming Period Q1-Q3:** From:      To:  **Programming Period Q4:** From:      To: | |
| **All addresses (locations) where services will be provided, (please use full address):**  **Q1-Q3:**    **Q4:** | |
| **Summarize the YLD program design and services to be provided in detail as outlined in Section 4.1.C of the RFA.**  **Include Exhibit E: YLD Scope and Sequence and label as Attachment D-1 Scope and Sequence.** | |
| **Describe how the three YLD elements will be incorporated into your program design.**   1. **Leadership knowledge**      1. **Leadership skill building**      1. **Leadership in action**     **Please list any differences in how the incorporation of YLD elements will differ in Q1-Q3 and Q4, if any:** | |
| **Describe the process for ensuring YLD program Participants will be provided opportunities to serve in leadership roles in the community:**  **Q1-Q3:**    **Q4:** | |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:**  **Q1-Q3:**    **Q4:** | |
| **Youth Population to be served:** | |
| **Males  Females** | **6-9 years of age  10-17 years of age** |
| **Race/Ethnicity:** | **Grades Targeted:** |

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| **POST HIGH SCHOOL READINESS (PSHR)** | |
| **Programming Period Q1-Q3:** From:      To:  **Programming Period Q4:** From:      To: | |
| **All addresses (locations) where services will be provided, (please use full address):**  **Q1-Q3:**    **Q4:** | |
| *Check all that apply:*  Career exploration and workforce readiness  College readiness  Curriculum-Based Life Skills  Life Skills Non-Curriculum  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Describe the PSHR programming to be provided in detail as outlined in Section 4.1.D of the RFA:** | |
| **Describe how PSHR programming will equip Youth with the experiences and skills necessary to successfully manage the responsibilities required upon entering college, career, and workplace environments:**  **Q1-Q3:**    **Q4:** | |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:**  **Q1-Q3:**    **Q4:** | |
| **Youth Population to be served:** | |
| **Males  Females** | **6-9 years of age  10-17 years of age** |
| **Race/Ethnicity:** | **Grades Targeted:** |

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| **ANCILLARY PROGRAMMING (*Add Sections as Necessary*)** |

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| **ANCILLARY** | |
| **Programming Period Q1-Q3:** From:      To:  **Programming Period Q4:** From:      To: | |
| **All addresses (locations) where services will be provided, (please use full address):**  **Q1-Q3:**    **Q4:** | |
| *Check all that apply*  ☐ Youth-Based Curriculum  Family-Based Curriculum Class  Sports and Movement  Academic Support  ☐ Family Focused Activity ☐ Arts and Cultural Enrichment ☐ Service Planning and Coordination | |
| **Describe the programming to be provided in detail. For each program component chosen above, list and detail information each program component separately.**  **Q1-Q3:**    **Q4:** | |
| **List the developmental assets addressed in this program component, see list of assets at the end of the PWP:**  **Q1-Q3:**    **Q4:** | |
| **Youth Population to be served:** | |
| **Males  Females** | **6-9 years of age  10-17 years of age** |
| **Race/Ethnicity:** | **Grades Targeted:** |

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| **FAMILY AND PRIMARY CAREGIVER ENGAGEMENT**  *Please outline your plan for how families and primary caregivers will be engaged in the CYD program.* |
| What strategies will be used to demonstrate a commitment to the meaningful involvement of Families and Primary Caregivers in CYD? |
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| Please detail the timeline for implementing your plan and strategies as described above. |
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| **PROGRAM CURRICULUM AND EVIDENCE-BASED AND PROMISING PROGRAMS**  *Please briefly describe how all funded evidence-based or promising programs will be implemented.* | | | |
| Provide **Exhibit F: PEI Evidence-Based Ranking Tool** and label as **Attachment D-2: PEI Evidence-Based Ranking Tool** | | | |
| Applicant provides documentation of evidence-base, research or information on each proposed program with a curriculum by completing the PEI Evidence-Based Program Ranking Tool. | | | |
| For each Evidence-Based Program or Promising Practice Program proposed, describe any variations from the Evidence-Based Program(s) that have been approved by the developer. | | | |
|  | | | |
| **CURRICULUMS**  *Add additional rows as needed* | | | |
| Curriculum Name | Program Component (to be used with) | Link to Website or Information | Notes/Comments |
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| **VIRTUAL PROGRAMMING**  *Please briefly describe how you may shift components of your program to virtual if needed.* | | | |
| What is your plan if for any reason **training** must shift to a **virtual format** due to social distancing, local restrictions, etc.? | | | |
|  | | | |
| *If applicable, please indicate whether any events may need to be modified or cancelled should social distancing or local restrictions be in effect. Add additional rows if necessary.* | | | |
| **Event or Initiative** | **Begin Date** | **End Date** | **Audience/ Stakeholders** |
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| For each Program Component able to be provided virtually, describe any variations or modifications. | | | |
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| **PROGRAM IMPLEMENTATION**  *Please describe in detail how program will be implemented under this Grant Agreement* |
| Please indicate what startup activities will be necessary at the start of a Grant Agreement including hiring and training staff, publicizing your program in the community, and recruiting Youth to the program. |
|  |
| Describe outreach and recruitment strategies and plans. Include plans to reach and engage families demonstrating priority characteristics. If any special population of Youth and families were identified to be served by the program, please provide and the ways the organization will tailor program delivery or outreach to meet the unique strengths, circumstances and needs of the population(s). |
|  |
| Describe plans to alleviate barriers to engagement and participation. Outreach and retention plans should include consideration of community context such as Youth with the potential to be underrepresented in programming such as young men or Youth of color. |
|  |
| Describe accessibility of programming to Youth. Applicant must offer programming at times and places that meet the needs of local Youth. |
|  |
| Describe how transportation needs will be met. Address any Youth transportation barriers or needs, and how you will coordinate or provide transportation of Youth to participate in CYD program activities. |
|  |
| Describe how the program will assist in reducing juvenile delinquency or crime, how it will positively develop and enhance the lives of youth and their families, and what impact the program will have on the community. |
|  |
| Describe any established community partners (including program sites, Youth referrals, special events, etc.). |
|  |
| Describe the procedures or processes for enrollment, including how a Youth’s eligibility will be assessed. Include information on any screening and assessment instruments your program will use to determine eligibility, needs, and strengths. Include details on the completion of CYD forms and action plans. Include your process for obtaining a new CYD Data Authorization Form annually for each Participant. Include your process for completion of Developmental Assets Profile (DAP) pre-surveys for Youth ages 10-17 years old. |
|  |
| List any additional assessment tools or surveys that will be utilized during programming (e.g. curriculum surveys, organizational surveys, etc.). |
|  |
| Outline retention plans. If incentives will be used to support retention, describe plans for incentives, including the types of incentives to be provided, the intervals in the program at which the incentives will they be given, and what added benefit the incentives provide to the client. |
|  |
| Describe how Youth are referred to other needed supports when a Participant would benefit from additional programming or supports or when program is at capacity. Include how referrals to other programs or providers are documented, tracked, and supported. |
|  |
| Describe Participant activity documentation system(s), processes, and procedures. Include a description of how documentation is maintained and utilized to support program activities, as well as information that will be required in Participant file or activity notes. |
|  |
| Describe how program completion for Participants will be determined, as well as processes and procedures for Participant closure and any follow-up. Include details of Participant closure documentation, Developmental Assets Profile (DAP) post-surveys, and administration of the Program Experience Survey. |
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| Outline plans to sustain programming beyond the five-year Period of Performance. |
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| Are program offerings listed on 2-1-1 current? |
| **YES or  NO** |

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| **ORGANIZATIONAL COMPETENCE** |
| Describe strategies program will use in acknowledging and respecting the diversity of Youth and Families, including their cultural traditions, languages, values, socio-economic status, family structures, sexuality, gender identification, religion, individual abilities and other aspects. |
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| Describe diversity within organizational leadership and plans to increase diverse backgrounds and demographics of board members or other leadership during the grant period. |
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| **PROJECT STRUCTURE & STAFFING** | | | |
| PEI programs for which the organization is currently receiving funding: | | | |
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| Provide the following attachment(s): | | | |
| * **Agency** **organization chart** for the agency that shows how the CYD program activities fit into the overall structure. Please include names and titles for positions that will directly work on this project. Label as **Attachment D-3: Agency Org Chart**. * **CYD Program Chart** should include all staff and volunteers funded by CYD and clearly show lines of reporting and supervision. Label as **Attachment D-4: CYD Program Chart**. * CYD Job Descriptions should include all staff positions funded by CYD. Label as **Attachment D-5: CYD Job Descriptions.** | | | |
| Describe the staffing structure for the project. Describe qualifications for administrator(s), supervisor(s), staff working directly with program Participants. Describe intentional recruitment of staff with diverse backgrounds and experience supporting Positive Youth Development. | | | |
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| Describe supervision structure. Detail plans for administrative, clinical, and reflective supervision for staff. | | | |
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| Indicate whether volunteers or interns will be used. If so, please specify tasks or duties, minimum qualifications, trainings, and supervision structure. | | | |
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| Describe plan for maintaining required activities during vacancies and staff transitions. Include tangible plans for program oversight; program delivery; recruitment and outreach; sustainment of relationships; and community and systems-level strategy. | | | |
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| Describe your organization’s policies and procedures for reviewing case files for quality and completeness. | | | |
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| Describe your process for tracking all training for staff, and the position(s) responsible for tracking. | | | |
|  | | | |
| List the training your staff will receive as part of your training plan. In addition to evidence-based training requirements (if applicable), list any specialized trainings you anticipate providing to staff (e.g. cultural humility, cultural competency, mental health first aid, etc.). Please add additional rows as needed. See Training Requirements in Section 3.4of the RFA. | | | |
| **Training Type/Title** | **Staff Roles Receiving** | **Training Process** | **Timeframe** |
| **Type:** New Employee Orientation  **Title:** |  | In-person by program model  In-person consultant  By supervisor/staff  Webinar  Self-guided |  |
| **Type:** Diversity, equity, & inclusion (cultural humility)  **Title:** |  | In-person by program model  In-person consultant  By supervisor/staff  Webinar  Self-guided |  |
| **Type:** Youth development  **Title:** |  | In-person by program model  In-person consultant  By supervisor/staff  Webinar  Self-guided |  |
| **Type:**  **Title:** |  | In-person by program model  In-person consultant  By supervisor/staff  Webinar  Self-guided |  |
| **Type:**  **Title:** |  | In-person by program model  In-person consultant  By supervisor/staff  Webinar  Self-guided |  |
| **Type:**  **Title:** |  | In-person by program model  In-person consultant  By supervisor/staff  Webinar  Self-guided |  |

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| **DATA & DATA USE**  *Please briefly describe the quality assurance processes that will be utilized for this Grant Agreement* |
| Describe how your agency will use data to identify ongoing client and community needs and inform ongoing program improvement. |
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| **GRANT ADMINISTRATION** |
| Describe how you will effectively administer the grant to ensure that contractual deadlines are met and that the budget is appropriately managed. |
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| Describe the quality assurance procedures you have in place. |
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| **LOG OF ATTACHMENTS**  *Add additional rows as needed* | | |
| **Name of attachment** | **Provided** | **Notes:** |
| Attachment D-1: YLD Scope and Sequence | **YES or  NO** |  |
| Attachment D-2: PEI Evidence-Based Ranking Tool | **YES or  NO** |  |
| Attachment D-3: Agency Org Chart | **YES or  NO** |  |
| Attachment D-4: CYD Program Chart | **YES or  NO** |  |
| Attachment D-5: CYD Job Descriptions | **YES or  NO** |  |

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| **40 DEVELOPMENTAL ASSETS** | |
| **EXTERNAL ASSETS** | |
| Support | Family support  Positive family communication  Other adult relationships  Caring neighborhood  Caring school climate  Parent involvement |
| Empowerment | Community values Youth  Youth as resources  Service to others  Safety |
| Boundaries & Expectations | Family boundaries  School boundaries  Neighborhood boundaries  Adult role models  Positive peer influence  High expectations |
| Constructive Use of Time | Creative activities  Youth programs  Religious community  Time at home |
| **INTERNAL ASSETS** | |
| Commitment to Learning | Achievement motivation  School engagement  Homework  Bonding to school  Reading for pleasure |
| Positive Values | Caring  Equality and social justice  Integrity  Honesty  Responsibility  Restraint |
| Social Competencies | Planning and decision-making  Interpersonal competence  Cultural competence  Resistance skills  Peaceful conflict resolution |
| Positive Identity | Personal power  Self-esteem  Sense of purpose  Positive view of personal future |