

Attachment B

Narrative Questions

1. Describe the current level of services being provided to ex-offenders in the region. Please map this scan of existing services against the Successful Re-entry Framework provided in this application, and describe both existing capacity and gaps in service in detail. *Note: Please refer to Attachment E – Expected Service Continuum/Successful Re-Entry Framework for a visual representation of the required Successful Re-Entry Framework to assist in mapping existing resources and goals for grant resources to build out a continuum of services. What is the “before and after picture” expected?***(5 Points)**
2. Describe the strategy that will be used within the region to determine the targeted population to be served. Please describe the targeted population in detail including any special segment groups, and how their eligibility for services will be determined and verified. Please include sources of referrals, specific barriers or distinguishing characteristics of the population, and any other relevant information. **(5 Points)**
3. Describe the membership of the regional implementation team, the steering committee, and any other structures for grants management. These descriptions should include identification of a lead applicant, an explanation of how decision making authority will be shared among the team, and any factors relevant to the team’s capacity to serve ex-offenders. **(10 Points)**
4. Describe all key partners, organizations and businesses for both grant planning and service delivery. This section should include a list of partners with their specific roles and responsibilities, contact information and must show demonstrated evidence of partnership. (i.e. MOU’s with detailed description of roles, management structure for grant, resources provided, etc.) Include a list of all the relevant participants, including all information needed to give the review team a sense of their business or organization, their deliverables, and experience with serving ex-offenders. **(15 Points)**
5. Describe the proposed region’s service delivery model and any additional strategies developed by the regional team that will meet the goals of the pilot and desired outcomes as indicated above. Please describe the specific steps you plan to implement, as they relate to the Framework for pre and post release services outlined on Page 10. Please describe what activities will occur to engage ‘wrapped’ individuals. Please describe what precautions or activities you plan to address any potential safety issues. **(20 Points)**
6. Describe the strategy that will be used for case management of customers, in detail. Please include explanation of roles and responsibilities for case management functions, both pre and post release. Please describe what provisions you are planning for multi-agency participant case conferences to ensure coordination of services across agencies and providers. **(15 Points)**
7. Describe the expected outcomes of the grant proposal. Expected outcomes should touch on those identified in the application, but additional outcomes that are supportive of the goals of the application are also allowed. *Note: The description should include a unique count of participants, expected numbers of enrollments by activity, and any other information that will assist the review team in determining the expected outcomes for grant resources. Complete Outcome Form (Attachment C), add outcomes to form that are unique to proposal.* **(10 Points)**

8. Please describe how your regional implementation committee, partnerships, service delivery model and case management strategies address the recommendations of the Governor's Interagency Task Force on Pre and Post Release programming. **(5 Points)**

9. Describe the timeline for the region to implement this project, using a Gantt or similar chart to identify baselines, benchmarks, goals and deliverables. **(5 Points)**

10. Describe a budget for the project that connects grant and other resources to services and participants, that is compliant with all relevant program cost restrictions. *Note: Please see Attachment 3 "Budget Forms and Instructions" for further guidance on this question.* **(10 Points)**

Attachment B

APPLICATION COVER SHEET

Ex-Offender Re-entry Partnership Initiative

Date of submittal_____

Principal Grant Program Contact

Organization_____

Name_____

Title_____

Address_____

City, State, Zip_____

Phone_____ Fax_____

email_____

Principal Grant Fiscal Contact

Organization_____

Name_____

Title_____

Address_____

City, State, Zip_____

Phone_____ Fax_____

email_____

Signatories (at least 3 mandatory partner signatures needed)

Name of Lead Partner

Authorized Signature & Title

Name of Fiscal Agent

Authorized Signature & Title

Name of Partner Organization

Authorized Signature & Title

Name of Partner Organization

Authorized Signature & Title

Name of Partner Organization

Authorized Signature & Title
