Instructions: Please use this Statement of Work to provide details on your organization/agency and the plans you have for the grant funding being requested. Application materials must be received by the Department of Health Services (DHS) by January 1st, 2025 to be considered for calendar year 2025 funding. DHS will review grant applications as they are received and notify grantees of awards by February 1.

Definitions:

**“Agency"** means a private nonprofit organization or a county department under s. [46.215](https://docs.legis.wisconsin.gov/document/statutes/46.215) (defines county department w/ pop > 750,000), [46.22](https://docs.legis.wisconsin.gov/document/statutes/46.22) (defines county department w/ pop < 750,000), [46.23](https://docs.legis.wisconsin.gov/document/statutes/46.23) (defines county dhs single/multi county board for counties w/ pop < 750,000), [51.42](https://docs.legis.wisconsin.gov/document/statutes/51.42) (defines county department of community programs for mental health, dd, aoda programs and services) or [51.437](https://docs.legis.wisconsin.gov/document/statutes/51.437) (defines county department of dd services) which provides or proposes to provide direct services or indirect services to or on behalf of persons with epilepsy, their families or both.

**“Direct services"** means services provided to a person with epilepsy or a member of the family of a person with epilepsy and includes counseling, referral to other services, case management, daily living skills training, providing information, parent helper services, employment services and support group services.

**“Indirect services"** means services provided to a person working with or on behalf of a person with epilepsy and includes service provider training, community education, prevention programs and advocacy.

## Section1: Qualifications

What type of agency are you? (please reference the definition provided above).

## Section 2: Outcomes, Reach and Reporting

Describe your organization and how your mission and the work you do relates to the purpose of the Epilepsy Services Grant in 500 words or less.

Describe the population being served, whether that population is urban or rural and how the population was chosen in 500 words or less.

What is the estimated number of persons with epilepsy residing within the population being served and how was that information derived? What are your detailed plans for tracking and reporting actual numbers of persons served in your annual reporting requirements? (in 500 words or less).

Describe the services you are proposing, what category (indirect/direct-see definitions above) they fall under, and how the services were chosen for the populations being served in 500 words or less.

Please describe your plans to track and report in your annual reporting requirements the number of persons with epilepsy (1) and other persons and organizations (2) who received each of the proposed services within the area served by your agency in 500 words or less.

## Section 3: Proposed Budget

Please provide a budget breakdown detailing the ways the grant money being requested will be used for the services described in this Statement of Work.