|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES** | **STATE OF WISCONSIN** |
| Division of Care and Treatment Services |  |
| F-21276 (12/2022) | **DCTS ANNUAL GRANT/CONTRACT APPLICATION** |  |
| **Exhibit 1** |
| **Use the TAB key to move through this form.** |
| Grant/Contract Title (DHS contract administrator to fill-in) | Contract Period Date (DHS contract administrator to fill-in) |
| Click here to enter text. | From: | date. | Through: | date. |
| Grantee Name – Applicant Agency (as registered with sam.gov, if applicable) | Employer Identification Number (FEIN) | Unique Entity Identifier (UEI) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Street Address | City | State | Zip Code |
| Click here to enter text. | Click here to enter text. | State. | Enter zip. |
| Grantee Administrator Name – Grant Contract Coordinator | Phone Number | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Street Address | City | State | Zip Code |
| Click here to enter text. | Click here to enter text. | State. | Enter zip. |
| Grantee Fiscal Contact Name | Phone Number | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Area(s) to be Served | Counties and/or Tribes (list all covered by this grant) |
| Click here to enter text. | Click here to enter text. |
| Number Served (How many persons will receive services during THIS period, enter N/A if not applicable) |
| Persons Served: Click here to enter text. |
| If project will be subcontracted or operated as a consortium, list name, and address of each participating agency (attach additional sheets, if necessary). |
| Agency Name | Address | City | State | Zip |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | State. | Zip. |
| Agency Name | Address | City | State | Zip |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | State. | Zip. |
| Total Budget Amount Requested (Must match amount on budget template F-01601) | Total Dollar Match (If required) |
| $Click here to enter. | $Click here to enter text. |
| Name/Title – Official Authorized to Commit Applicant Agency to this Contractual Agreement | Date |
| Click here to enter text. | Click here to enter a date. |
| Email Address of Authorized Official | Phone Number |
| Click here to enter text. | Click here to enter text. |
| [ ]  This application has been approved by the official authorized to commit applicant agency to this contractual agreement. |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.1****DESCRIPTION OF DELIVERABLES/DEMONSTRATION OF NEED/CONTRACT PURPOSE/SERVICES TO BE PROVIDED****Abstract** |
| **Program Description** (Contract Administrator- please enter brief, one paragraph description of purpose of grant/contract) |
|  |
| 1. | Provide an overview of the services to be provided and the outcomes or products that will be achieved. (Please limit response to one paragraph) |
|  |
| 2. | Provide summary data identifying needs and purpose in your region. Justify how this contract funding will address those needs. (Please limit response to one to two paragraphs) |
|  |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.2****DESCRIPTION OF DELIVERABLES/SERVICES TO BE PROVIDED****Work Plan** |
| In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how success will be measured to determine whether you meet your goal and objective(s) and the person/role responsible for the activity. |
| **Goal 1:**  |  |
| **Objective 1** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 2** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 3** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 4** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.3****DESCRIPTION OF DELIVERABLES/SERVICES TO BE PROVIDED****Work Plan** |
| In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how you will measure whether you are successful in meeting your goal and objective(s) and the person/role responsible for the activity. |
| **Goal 2:**  |  |
| **Objective 1** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 2** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 3** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |
| Person/Role Responsible:Click here to enter text. |
| **Objective 4** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.4****DESCRIPTION OF DELIVERABLES/SERVICES TO BE PROVIDED****Work Plan** |
| In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how you will measure whether you are successful in meeting your goal and objective(s) and the person/role responsible for the activity. |
| **Goal 3:**  |  |
| **Objective 1** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 2** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 3** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person Responsible:Click here to enter text. |
| **Objective 4** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.5****DESCRIPTION OF DELIVERABLES/SERVICES TO BE PROVIDED****Work Plan** |
|  In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how you will measure whether you are successful in meeting your goal and objective(s) and the person/role responsible for the activity. |
| **Goal 4:**  |  |
| **Objective 1** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 2** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 3** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Objective 4** | **Related Activities** | **Timelines** | **How Success will be Measured** |
| 1.  | 1.  | 1.  | 1.  |
|  | 2.  | 2.  | 2.  |

|  |
| --- |
| Person/Role Responsible:Click here to enter text. |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.6****DESCRIPTION OF DELIVERABLES/SERVICES TO BE PROVIDED****Coordination** |
| Describe any collaborative arrangements that are or will be developed in order to achieve the goals of this project. Provide the names of collaborative organizations and/or individuals and what contribution or commitment has been made between this project and collaborators. |
|  |
| **Agency Name:** | Click here to enter text. |
| **Contract Title:** | Click here to enter text. |
| **Contract Period:** | From | date. | Through | date. |
| **EXHIBIT 1.7****DESCRIPTION OF DELIVERABLES/SERVICES TO BE PROVIDED****Identified Issues** |
| Column one will list any issues that have been identified through a performance report or site visit. If there is no issue listed in column 1, no action is necessary. If there is one or more issues listed in column 1, address how you will resolve each issue in column 2. |
| Column 1 | Column 2 |
| Issues to be Resolved | Agency Response |
| 1.  | 1.  |
| 2.  | 2.  |
| 3.  | 3.  |
| 4.  | 4.  |
|  |  |