 **Attachment A**

**Qualified Service Provider Agency Development Grant Application**

The North Dakota Department of Human Services (DHS) is seeking to support the development or expansion of Qualified Service Provider (QSP) agencies through a competitive grant process. These grants are being made available for the purpose of providing the funds necessary to either start a new QSP agency or expand the services of a current QSP agency. The expanded capacity of the QSP agency will enable individuals to transition from institutional settings and/or with the support and services needed to continue to live successfully within the community.

Examples of the ways these funds can be utilized by the Grantee:

* + Training and professional development
	+ Compensation costs not paid by Medicaid or state funds
	+ Staff recruitment or retention costs
	+ Community outreach activities
	+ Promotional materials related to the new QSP agency services
	+ Furniture and equipment costs for new QSP agency office
	+ Simple building renovations where such improvements are needed to establish the QSP agency
	+ Background checks

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| **Applicant’s Name:** |
| **Mailing Address:**  | **Email Address:** |
| **Phone:** | **Cell Phone:**  |
| **Project Title:** |
| **Provide a Description of the QSP Agency Development Project Plan:** * **Purpose of the project - Describe the following:The need for the grant funds**
* **Development timeframe (within the required four months)**
* **Description of the how the funds be utilized**
* **Target date for operation as a QSP agency**
* **QSP agency marketing plan**
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| **What county or counties do you plan to provide services in as a QSP agency?**  |
| **What services does the QSP agency plan to provide?** |
| **Anticipated number of employees in the QSP agency and when they will be hired.**  |
| **What is the QSP agency’s plan for making the public aware that the agency is available to provide community-based services in its role as a QSP?** |
| **Who will be responsible for the project implementation?** |
| **What types of support (e.g. technical assistance, information, resources, etc.) does the QSP agency anticipate needing to carry out its project successfully?**  |
| **Does this proposal include a plan to seek the priority points to provide these services and demonstrate the knowledge and ability to serve individuals with behavioral health, significant medical and/or supervision needs, including overnight needs, and/or the need for intermittent on-call services?**  |
| **How much funding will the QSP agency need to effectively implement its project? The detailed budget sheet is required to be attached to the application. (See the attached worksheet)**  |
| **Signature:**  | **Date:** |