 **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** | | |
| **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:** | |