**Child & Family Workforce Stabilization Program**

**Grant Application Form**

|  |  |
| --- | --- |
| **Entity Name** |  |
| **Address** |  |
| **Tax ID / EIN** |  |
|  |  |
| **Chief Executive Name** |  |
| **Chief Executive Email** |  |
| **Chief Executive Phone**  |  |
|  |  |
| **Contact Name** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
|  |  |
| **Amount of Total Request** |  |

**Grant Application Narrative (maximum 5 pages plus budget worksheet)**

|  |
| --- |
| (1) Describe how your organization will use grant funds to your workforce or recoup costs of stabilizing your workforce that were incurred in the preceding twenty-four months. Provide detail to support information in the budget worksheet. |
|  |
| (2) Describe how grant funds will assist your organization in providing child services to high acuity or complex children, youth, or families. |
|  |
| (3) Describe the challenges your organization is facing in providing child services to Indiana children, youth, and families due to workforce issues. Quantify how staffing challenges have negatively impacted referrals and wait times for children and families. |
|  |
| (4) Describe any steps your organization has taken to stabilize your workforce, or the reasons that your organization has been unable to take steps to stabilize your workforce.  |
|  |