# ATTACHMENT O

# CJA START-UP SERVICE NARRATIVE TEMPLATE

# CHILD ADVOCACY CENTER SERVICES

**Agency Name:**

**Physical Address of Proposed Start-Up CAC Location:**

*(Address below must match the address of a CAC location included in the Service Narrative (Attachment D)).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of CAC Location** | **Street Address** | **City** | **County** | **State** | **Zip Code** |
|  |  |  |  |  |  |

**List Counties Served by Proposed Start-Up CAC Location:**

1. **START-UP CAC OVERVIEW**

Provide a description of how the proposed start-up CAC location and the proposed service delivery model best meets the specific needs of the counties proposed given local needs, challenges, geography, and demographics. Provide a description of how the proposed start-up CAC location expands the CAC network, specifically to currently underserved counties and Regions.

1. **AGENCY ABILITY**

Provide a description of why your agency is particularly well suited to provide services at the proposed start-up CAC location.

1. **START-UP CAC IMPLEMENTATION PLAN**

Provide a description of the timeline leading up to the proposed start-up CAC operational start date, how the proposing agency plans to successfully meet this timeline, and from where else (in addition to the potential CJA start-up funding) the CAC is proposing to acquire funding from.