

**FY 2023 REIMAGINE TRAUMA INFORMED BEHAVIORAL HEALTH SERVICES
(RTIBHS)**

APPENDIX D - EXECUTIVE SUMMARY

Applicant	
Organization Name:	
FEIN Number:	
Address:	
Website:	
Authorized Representative Name:	
Authorized Representative Phone:	
Authorized Representative Email:	
Contact Person Name:	
Contact Person Phone:	
Contact Person Email:	

Budget	
Grant Period	Requested Funding Amount
FY23 (through 6/30/23)	
FY 24 (7/1/23 to 6/30/24)	
Total Requested:	
Is applicant's budget for FY23 entered into CSA and submitted for program review?	
Is applicant's budget for the entire project period (through June 2024) entered on the PDF Uniform Budget Template and submitted as part of this application as an attachment?	

Service Area(s)	
Indicate the eligible service area for which applicant is applying:	
Indicate the site location(s) of where trauma informed behavioral health services will be performed in this community; Indicate if the location is a sub-recipient location.	
Is applicant organization planning to apply to offer trauma informed behavioral health services in more than one eligible service area?	
If yes, how many applications is organization planning to submit?	
Please list all additional areas here. A separate application must be submitted for each area.	

Programming

Does application include a plan to provide all three TIBHS program components?

Indicate below who will be directly providing each component:

Screening and Assessment	<input type="checkbox"/> Applicant <input type="checkbox"/> Subgrantee	Organization:
Psychoeducation	<input type="checkbox"/> Applicant <input type="checkbox"/> Subgrantee	Organization:
Service Linkage and Resource Navigation	<input type="checkbox"/> Applicant <input type="checkbox"/> Subgrantee	Organization:
Therapeutic Services	<input type="checkbox"/> Applicant <input type="checkbox"/> Subgrantee	Organization:

Indicate number of years of experience the applicant organization has delivering behavioral health services and trauma informed care consistent with the services described in this NOFO.	
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Indicate number of years of experience the applicant organization (and sub-recipients) have delivering behavioral health services and trauma informed care to individuals living in high-risk communities within the service area for which the applicant is applying.	
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Indicate and briefly describe the type(s) of trauma informed behavioral health services the applicant has provided or is currently providing (i.e., screening and assessment, education, behavioral health therapy, training in trauma specific treatment approaches, case management, etc.) Include the location(s) for these services.

Briefly describe applicant's knowledge of and willingness to serve high-risk youth residing and/or attending schools within the service area for which the applicant is applying. Please describe any experience providing any of the required services to this group.

Briefly describe the root causes of trauma in the high-risk communities you propose to serve. Please describe the way in which you have observed a link between youth experience trauma and those participating in community violence in the eligible community the applicant is applying for.

Briefly describe the proposed program and activities, including proposed screening, assessment tools and therapeutic modalities.

Briefly describe the anticipated program outcomes