PROJECT PLAN

Youth Development Division
2026-2027 Safe Communities for Youth Grant
[Grantee Name]

Important Information:

Grant Agreement Executed	
Grant Funding Start Date	
Project Plan Meeting Date	
Final Project Plan Submission Deadline	
Project Plan Approval Date	
Grant Agreement Number	
EGMS Subgrant Number	
SMA ID	

I. Program Information

Organization (Grant Recipient):	
Program/Project Name:	
Entity Type:	
Grant Type:	
Award Amount:	
Other YDD Grants:	
Formal Partnerships: (MOU or other formal agreement)	
Partnering Organizations:	
Other Grant or Leveraged Funds:	
Subcontracts/subgrantees:	
Communities Served:	

• Region:	
• Federally Recognized Tribes:	
• Counties:	
• School Districts:	
Youth Age Range:	
Organization (Grant Recipient) Business Address:	
Organization (Grant Recipient) Service Address/Primary Service Location(s):	
Institution ID# (for EGMS):	

Project Description (RFA Executive Summary)
Organization Notes:
YDD Notes:

II. Grant Staff

Role	**Name**	**Title**	**Phone Number**	**Email**
Executive Director				
Program Manager				
Fiscal Manager				
Primary Reporting Contact				

III. Project Scope

Check boxes for services provided.

- ☐ Identification and Engagement Services

- Street Level Outreach with Real Time Violence Interruption and Crisis Mediation

- Comprehensive Support and Transition Services
  - Trauma-Informed Health Support and Care
  - Substance Use and Recovery Services
  - Life Coaching and Long-Term Case Management
  - Crisis Relocation

IV. Project Operations

Project Operations (RFA Evaluation Item 1)
Organization Notes:
YDD Notes:

V. Project Youth Population in Service Area

Project Youth Population in Service Area (RFA Evaluation Item 2)
Organization Notes:
YDD Notes:

VI. Project Services and Activities

Project Services and Activities (RFA Evaluation Item 3)
Organization Notes:
YDD Notes:

VII. Project Equity and Access

Project Equity and Access (RFA Evaluation Item 4)
Organization Notes:
YDD Notes:

VIII. Budget Description

Budget Description
Organization Notes:
YDD Notes:

IX. Project Outcomes

Project Outcomes
Please list any Project goals or intended outcomes below.
Organization Notes:
YDD Notes:

X. Upstream Suicide Prevention

Project Outcomes
Organization Notes:
YDD Notes:

XI. Reporting

1. Expenditure Report (Quarterly)
2. Data Report (Quarterly)
3. Narrative Report (Quarterly)

Data Reporting
Data sharing agreements and partnership agreements may be needed for quarterly Participant Data report.
Organization Notes:
YDD Notes:

XII. Additional Notes

Organization Notes:
YDD Notes: