Attachment B-01b

RPG3 Description of Other Services/Activities

Instructions: Please use this attachment (and the table below) to provide information for any additional services, such as screening, case management, or housing you plan to provide or are providing. Complete one table for each additional service, adding additional tables within this document as necessary. If the additional services you plan to implement differ from those outlined in your application, please indicate what, if any, changes you are making, any services you have added or discontinued, and describe why these changes are occurring. Below are definitions for each section of the table.

Content: Briefly describe the service/activity (e.g., screening to identify whether child needs trauma-focused services)

Target Population: Briefly describe the population to be served by the service/activity (e.g., all or select RPG participants)

Dosage: Briefly describe how frequently the service will be provided, the length of each interaction, and the length of time the participant will receive the service (e.g., one-time activity or a service that continues throughout the program)

Implementing Agency: Indicate which organization will be providing the service

Proportion of RPG participants expected to use service(s): Please estimate the proportion of enrollees in RPG you expect to receive or use this particular service using the categories provided. If the service is not expected to be provided to all RPG participants, explain why (such as provided only to those with specific needs, or specialized service to address certain situation/condition)

Name of Other Service/Activity	

Content	
Target Population	
Dosage	
Implementing Agency	
Proportion of RPG participants expected to use service(s)	_____ All _____ Most _____Some _____ A few If not "all," please describe reason

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Dosage	
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Proportion of RPG participants expected to use service(s)	_____ All _____ Most _____Some _____ A few If not "all," please describe reason

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Dosage	
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