**3. Business Plan & Project Narrative**

To be considered for this funding opportunity, each organization must answer the following questions within your business plan. Any unanswered questions will lead to an ineligible application.

1. **Describe the physical (interior and geographic) space and location of your planned therapeutic community facility and how it may impact the success of your service program.**
2. **Share how your team will utilize this grant funding to increase service coverage and/or expand to new populations in need. Describe your objective and desired outcomes from this financial award.**
3. **What strategies will you utilize to impact key therapeutic community outcome domains such as supported employment, community transition services, and supportive living.**
4. **Describe your ability to collect data and participant experience stories in order to measure the effectiveness/impact of the project.**

**Projected Workplan & Timeline**

**Provide a workplan with a projected timeline that includes all phases of construction/renovation of the physical infrastructure to support new therapeutic communities for adults with IDD across Arkansas. Please provide any blueprints or construction plans you have for this project.**

**Be sure to include activities in each phase for planning, implementation, and evaluation.**

*Example:*

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| **Workplan** | **Q3 2024**  | **Q4 2024**  | **Q1 2025**  | **Q2 2025**  | **Q3 2025**  | **Q4 2025**  | **Q1 2026** | **Q2 2026**  | **Q3 2026**  |
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