Selection of Service Providers I

Service Provider Organization Name	Project Director Name	Project Director's E-mail & Phone Number	# of Unduplicated Students to be Served*	Age(s) Served (Pre-K, Elementary, Middle, or High School)	Tier(s) Served (Tier 1, Tier 2, Tier 3)

^{*}If the Service Provider is serving more than one jurisdiction, please list the # of unduplicated students in each jurisdiction.

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Service Provider Organization Name	Project Director Name	Project Director's E-mail & Phone Number	# of Unduplicated Students to be Served*	Age(s) Served (Pre-K, Elementary, Middle, or High School)	Tier(s) Served (Tier 1, Tier 2, Tier 3)

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Selection of Service Providers II

Service Provider Organization Name	Description of Services Provided	Reason Selected for Funding	Feasibility/Readiness to Start Services	Currently Billing Medicaid? (Y/N)

Selection of Service Providers II

Service Provider Organization Name	Description of Services Provided	Reason Selected for Funding	Feasibility/Readiness to Start Services	Currently Billing Medicaid? (Y/N)

Selection of Service Providers II

Service Provider Organization Name	Description of Services Provided	Reason Selected for Funding	Feasibility/Readiness to Start Services	Currently Billing Medicaid? (Y/N)

Ensuring Service Quality – Priority Evidence-Based Programs (EBP)

Service Provider Organization Name	Name of Selected Priority EBP(s) to be Implemented During the Grant Year	Total # of Service Provider Staff to be Trained in each EBP

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Service Provider Organization Name	Name of Selected Priority EBP(s) to be Implemented During the Grant Year	Total # of Service Provider Staff to be Trained in each EBP

Ensuring Service Quality – Other Evidence-Based Programs (EBP)/Interventions

Service Provider Organization Name	Name of Other EBP/Intervention to be Implemented During the Grant Year	Description of EBP/Intervention

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Service Provider Organization Name	Name of Other EBP/Intervention to be Implemented During the Grant Year	Description of EBP/Intervention