**FLEXIBLE FACILITIES PROGRAM**

**SUSTAINABILITY PLAN**

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| **Project Information** | | |  | | | |  | | |  | | |
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| **Grantee Name (Local or Tribal Government):** | | | | |  | | | | | | | | | | | | |
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| **Subrecipient Organization(s)/**  **Entity Name(s) (if applicable):** | | | | |  | | | | | | | |
|  | | |  | | | |  | | |  | | |
| **Project Name:** |  | | | | | | | | | | |
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| **Preparer Full Name:** | | | |  | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |
| **Preparer Position Title:** | | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | |
| **Preparer Company/ Entity Name:** | | | |  | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |
| **Preparer Phone Number:** | | | |  | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |
| **Preparer Email Address:** | | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | |
| **Preparer Signature:** | |  | | | | | | | **Date Signed:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **CEO Printed Name:** | | |  | | | |  | | |  | | |
| **CEO Position Title:** | | |  | | | |  | | |  | | |
|  | | |  | | | |  | | |  | | |
| **Signature of Chief Elected Official (CEO):** | |  | | | | | | | **Date Signed:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| **DEHCR Grant Agreement #** *(e.g., FFP 24-99)***:** | | | | | | | |  | | | | | | | | |
|  | | |  | | | |  | | |  | | |
| **DEHCR Project Representative Full Name:** | | | | | | | |  | | | | | | | | |
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**SUSTAINABILITY PLAN**

*Identify the plan, resources and strategies ensuring the programs/services at the FFP facility continue to directly enable and provide access to work, education, and health monitoring, for* ***5 years*** *following the FFP project completion and grant closeout. The detailed sustainability plan should outline the operational capacity and financial capacity of the FFP facility and describe how the plan ensures the FFP facility and programs/services offered will provide access to, and enable, work, education and health monitoring in response to the COVID-19 pandemic.*

1. **Operational Capacity – ensuring work, education and health monitoring**:

Provide a narrative outlining the plan, resources, and strategies for the next **5 years**, ensuring the FFP facility has the operational capacity, to continue providing access and enable work, education and health monitoring. Please provide the 5-year plan details for managing and continue to provide the following operational items:

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| --- |
| **facility public access** |
|  |
| **facility operations continued functioning** |
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| **facility programs and services planning for enabling access to work, education, and health monitoring** |
|  |
| **facility staffing recruitment, management, and supervision** |
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1. **Financial Capacity – ensuring work, education and health monitoring:**

Provide a narrative outlining the plan, resources and strategies for the next **5 years**, ensuring the FFP facility has the financial capacity, to continue providing access and enable work, education and health monitoring. Identify all costs and expenditures anticipated over the next 5 years and describe the plan to fund these costs and/or expenses.

Please provide the 5-year plan details for the following financial capacity items, including details of items that fall under the category, estimated costs and the plans and resources for funding to cover the cost:

|  |
| --- |
| **staffing compensation & BENEFITS COSTS** |
|  |
| **facility operations costs** |
|  |
| **facility MAINTENANCE costs** |
|  |
| **programs and services costs** |
|  |
| **equipment maintenance costs** |
|  |
| **digital connectivity (services & servicing) COSTS:** |
|  |
| **supplies COSTS:** |
|  |
| **subscriptions, licenses and fees COSTS:** |
|  |
| **other COSTS:** |
|  |

1. **Financial Capacity (Table-1)**

Provide a financial breakout of costs/expenses, identified in the financial capacity above. Be sure to include all possible costs/expenses that could be incurred for the next 5 years. Double-click or tap on the table to open it into Excel for editing. Add rows if necessary.

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