Proposal Renewal – Recovery Residences

Fiscal Year 2022-2023 (FY23)

Provider Name: _____

Contact Name: _____ Email: _____

Location Name	Address	County	Gender	Number of Beds	CARR expiration date	LGBTQIA2+ friendly

Renewal Information

1. Please briefly describe your program. Impact statements are encouraged.

2. Please identify the priorities of your program and the statuses of any capacity enhancement, staffing, or service plans.

3. How is quality of services measured for your program? What processes are currently in place to ensure performance and improvement?

Return this form and Budget Planning Template or your program budget for July 1, 2022-June 30, 2023. Send to hndeliverables@diversushealth.org.