

RFF-2016-06
REQUEST FOR FUNDING ANNOUNCEMENT
FOR
Provision of Evidence Based Prevention in Lower Population Priority Counties

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration (FSSA), Division of Mental Health and Addiction (DMHA), Bureau of Substance Abuse Prevention and Mental Health Promotion.

The purpose of this RFF is to provide substantial funds to highly targeted counties to provide evidence based substance abuse prevention within their county by using the Strategic Prevention Framework. Counties eligible to apply were selected based upon data which indicates a need for greater prevention services.

It is expected that grantees will propose prevention strategies to address their county wide issues. Grantees shall further divide their county into geographic or cultural communities as needed in order to provide evidence based prevention programs, policies and practices to specifically address the smaller “community” needs within the larger county.

Grantees (here after addressed as applicants) shall have an opportunity to tailor evidence based prevention towards smaller cultural or geographic areas or health disparate populations in order to comprehensively address the substance abuse prevention needs which are both of greatest need in their community, further the State of Indiana’s Strategic Substance Abuse Prevention and Mental Health Targets for 2020 and continue to strengthen the prevention workforce in Indiana.

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted hereto are to be construed as a legal offer.

CONFIDENTIAL INFORMATION

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

COMPENSATION

FSSA/DMHA encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a grant(s) will be awarded based on responses to the RFP. It is anticipated that 4-6 awards will be made of a sum not to exceed \$200,000.

TERMS

This agreement shall be for a period of twenty-four months commencing on July 1, 2016 and terminating on June 30, 2018 and may be renewed through reapplication based upon available funding.

PROPOSALS

Respondents interested in providing these services to FSSA/ DMHA should submit one original hard copy, four hard copies to:

Family and Social Services Administration
Division of Mental Health and Addiction

Julie Gries
Division of Mental Health and Addiction
402 West Washington Street, Room W353
Indianapolis, Indiana 46204

and one copy in electronic format to:

Email Address: Prevention@fssa.IN.gov

Print copies must be assembled in the following manner:

1. A letter of application signed by the Director or agency board president identifying the amount of funds requested.
2. Proposal (details to follow)
3. Job description for each grant position funded including evidence of Substance Abuse Prevention Skills Training (SAPST) training or plan to obtain SAPST training within the first 6 months of grant funding. All employees whose salary is partially or fully funded by this proposal are required to be SAPST trained within a year of grant receipt.
4. Budget with funds related to evidence based programs, policies and practices clearly delineated.
5. Most recent financial audit or other documentation of fiscal capacity to manage funds.
6. Documentation of coordination of or significant participation in an alcohol, tobacco and other drug prevention related coalition and other attachments as describe.

Proposals, electronic and hardcopies, must be received no later than 4:30 p.m. Eastern Time on April 22, 2016. Proposals received after 4:30 p.m. will not be considered. Proposals must be delivered in hard copy and electronic format. Electronic format may be submitted with the hard copies as a CD or jump drive or submitted via email with all appropriate forms. If submitted by electronic mail, the subject heading should state **“Provision of Evidence Based Prevention in Smaller Population Priority Counties”**.

No more than one proposal per respondent per county should be submitted. In the cover letter, please indicate the principal contact for the proposal along with telephone and fax numbers and an electronic mailing address. All proposals must have an electronic mailing address included.

All inquiries are to be directed to *Julie Gries at **Prevention@fssa.IN.gov*** and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF. Inquiries will not be answered after the responses to questions are disseminated.

Responses to questions received by March 3 will be disseminated through grant notification channels and posted on the DMHA prevention webpage. No questions will be answered if received after March 3, 2016.

Time frame:

February 23, 2016	RFF sent to potential applicants
February 29, 2016	Grantee Applicant Meeting
March 3, 2016	RFF questions due
March 11, 2016	Responses to questions
April 22, 2016	RFF proposals due back
May 2, 2016	Awardees notified
July 1, 2016	Grant effective date

Grant:

Selected applicants will receive a twenty four month grant (July 1, 2016 to June 30, 2018) with a renewal option through reapplication and new proposal through State Fiscal Year 2020. Contracts may be terminated early if applicant’s performance does not meet adequate performance standards.

Eligible applicants:

Indiana counties with State Epidemiological Outcomes Workgroup (SEOW) priority scores in the top 30% and/or those in the lowest 30% of county health factors ranking scores are eligible to apply. Organizations within eligible counties are able to apply. Eligible counties with a population of greater than 75,000 are:

Blackford, Clay, Crawford, Fayette, Fountain, Grant, Greene, Jackson, Jefferson, Jennings, Knox, Lawrence, Marshall, Miami, Montgomery, Morgan, Newton, Orange, Owen, Parke, Randolph, Rush, Scott, Starke, Sullivan, Switzerland, Vermillion, Washington, Wayne

Grantee applicants (henceforth referred to as applicants) shall comprehensively address the needs identified in their county through a variety of data sources. Applicants should demonstrate in their applications collaboration and subcontracting with other prevention providers within their county so that prevention capacity expands in the State.

Funding:

The award for the current fiscal year 2017 will not exceed \$200,000 for any applicant, and may be less than the stated amount. Grant awards for this program are subject to budgetary exigencies associated with the availability of Federal and State funding. Total Federal funding award to the state of Indiana for fiscal year 2017 is unknown, as is State match, at the time of preparation of this document. It is expected that 4-6 awards will be made.

Scope of Project:

Applicants will implement a comprehensive strategic plan addressing the risk factors, protective factors and community determinants which impact [Indiana's strategic substance abuse priorities](#) selected by the State Epidemiological Outcomes Workgroup (SEOW) for the entire state and which are of greatest concern in their county. (These include alcohol, tobacco, marijuana, prescription drugs and injection drug use. The specific priorities are listed in the [Indiana Strategic Substance Abuse Prevention and Mental Health Promotion Targets for 2020](#). (Applicants may also opt to address a prevention specific tobacco target as follows: Reduce monthly use of cigarette use by Indiana 10th graders from 10.7% to 9.6%: Data Source: INYS 2015.) Indiana's progress will be measured by the movement towards reaching these targets. Additionally, precursors to such changes such as fluctuations in perceived risk and increased protective factors will be considered when assessing community, county, and state level progress.

Applicants should focus on primary prevention and spend most of their efforts on addressing risk and protective factors and underlying community determinants in their applications.

Applicants will be expected to implement evidence based prevention programs, practices and policies across prevention domains. Messaging and efforts should be consistent and reinforced in multiple arenas. Applicants shall conduct planning and assessment efforts within the context of a coalition effort that addresses the prevention of alcohol, tobacco and other drugs misuse and abuse.

Applicants must use the Strategic Prevention Framework (SPF) to organize their proposals and their prevention efforts if funded. Applicants may use other planning frameworks in addition to the SPF but they may not replace the SPF.

The following counties are eligible to apply for this Request for Funding:

Blackford, Clay, Crawford, Fayette, Fountain, Grant, Greene, Jackson, Jefferson, Jennings, Knox, Lawrence, Marshall, Miami, Montgomery, Morgan, Newton, Orange, Owen, Parke, Randolph, Rush, Scott, Starke, Sullivan, Switzerland, Vermillion, Washington, Wayne

Applicants should provide adequate documentation of existing assessment data, community and county and existing community/ county planning efforts in relation to risk and protective factors, underlying determinants and ultimately substances addressed. Applicants will be asked to also propose methods to increase capacity and strengthen planning within their counties. Counties will be viewed as a whole but DMHA recognizes that within each county there are many communities and applicants will need to apply the SPF process to many different communities within their counties. If applicants are already working with or have already identified these communities within their counties they should describe these efforts in their application. Be advised that this assessment data will be expanded and revised with further training and technical assistance throughout the grant process.

Applicants shall provide examples of capacity building for the following: implementation of evidence based prevention programming; ability to evaluate programs; and address community needs in a culturally competent way within their counties. This may include, but is not limited to, previous experience around working with diverse populations to provide prevention services, adaptations to evidence based programs, policies and practices for different settings and populations, process and

outcome evaluation of current programmatic efforts, and any cultural considerations of the applicants' evaluation methods.

Applicants should provide tentative information and plans to address health disparities within their proposal. Healthy People 2020 [defines a health disparity](#) as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Communities will address health disparities with greater detail and competence as the project progresses. For purposes of this application, applicants will be expected to provide community needs and resource assessment for populations in their county who are experience preventable burden from substance use, increased risk factors related to substance use, or who are underrepresented in prevention services because of barriers which can be addressed. The health disparities described may be the result of socioeconomic, cultural or other factors that result in disparities in access to services, substance abuse prevention and mental health promotion programs, or negative substance use outcomes. These plans shall not be binding but will be revised and refined with ongoing guidance, data collection, evolving knowledge and technical assistance.

Applicants will be expected to provide comprehensive evidence based prevention programming across domains (individual, peer, family, school and community) with consideration for high risk/health disparate populations to address their communities' risk factors. Applicants shall address any specific community risk factors and/or conditions that impact their community as supported by community level data. Applicants should work across multiple prevention domains with a comprehensive mix of strategies.

If other programs, practices and policies are currently being implemented in the county, applicants should note these efforts and clearly identify that these funds will either continue or expand these efforts. Grant shall not be used to supplant existing efforts in the community. These grant funds should not duplicate existing services and programs for which funding streams other than this RFF are available.

In order to assure good value for the state of Indiana, Applicants are expected to allocate at least 60% of funds towards the implementation of programs, policies, and practices that were selected to address community conditions. When appropriate, staff time should be associated with the cost of a particular evidence based program, practice or policy.

Evidence based practices shall be selected from programs listed in *Indiana's Evidence Based Practice Guide*. This will be posted at the [Addiction Prevention and Mental Health Promotion homepage at the FSSA/ DMHA website](#). Applicants proposing a program not listed in the guide must submit documentation in accordance with the waiver procedure described in the guide. The final approval of these programs may come after grant awards. Applicants should assure that programs selected address identified community risk and protective factors and determinants. Communities should be prepared to substitute other programs if deemed necessary.

Communities are expected to spend more than 70% of the funds allocated to program efforts on evidence based programs, policies and practices as identified by Indiana's evidence based workgroup. Less than 30% of funds shall be used for promising practices or non evaluated programs.

Programs, policies and practices, which are not listed in the Evidence Based Practice Guide, shall be submitted for approval if funds allocated for programs policies or practices, which are not considered evidence based, exceed 30% of funds allocated for programs, policies and practices. This effort should not supplant existing coalition or drug prevention programming efforts. Applicants continuously plan for sustainability of program efforts after the grant funding ends. Additionally, DMHA reserves the right to refuse funding for programs that have been proven ineffective and/or detrimental to substance abuse prevention.

This effort shall be coordinated within the context of an existing alcohol, tobacco and other drug prevention coalition. Applicants shall continue to coordinate and collaborate with other prevention providers and coalitions throughout the course of this project. Applicants shall build Indiana's prevention capacity and workforce by participating in shared funding activities with other prevention providers. To this end, evidence of ongoing, substantive participation in existing and ongoing prevention efforts in the community whether by independent agencies or coalition efforts will be required for initial and ongoing funding. This may include the following collaborative activities: training; SPF planning; providing expertise in a particular area; and subcontracting at the local level between agencies to use relative agency strengths. Applicants may also consider demonstrated efforts to continue to strengthen the county and community prevention infrastructure unique to the county.

Applicants also may propose specific activities, increase coalition development or institute task forces in order to involve health disparate populations, to address community or county specific issues or specific regions within a county (such as a specific school corporation or township.) Applicants will need to coordinate these efforts and avoid efforts that duplicate or supplant others. The overall plan should address the needs of the entire county.

Applicants shall comply with considerable technical assistance visitation, evaluation and reporting requirements, and ongoing project evaluation. Applicants should budget staff time and monetary resources toward attending monthly training with the possibility of up to six in person trainings required per year.

Applicants shall report National Outcomes Measures (NOMs), process and outcome evaluation data, expenditures and capacity measures to the Division of Mental Health and Addiction (DMHA) or its designee.

Applicants will be required to provide information about costs per person served.

Throughout the funding period, applicants should be prepared to meet the following requirements and expectations:

- A. Evidence of participation in a coalition effort that addresses alcohol, tobacco and other drugs misuse and abuse.
- B. Evidence of substance abuse prevention coordination across multiple agencies, organizations and efforts. Examples are submission of memorandum of understandings or contractual agreements if funded to one or more additional agencies, shared training and capacity building,

shared data resources and interpretation and prevention capacity building through education and outreach. Applicants may use other examples of county and community coordination that builds the prevention support and infrastructure within their county and within Indiana. Evidence of Applicants capacity to undertake comprehensive prevention planning for their county.

- C. Evidence of commitment by school corporation(s) to participate in the Indiana Youth Survey that is shown through a written agreement to participate. Evidence of advocacy for additional questions to support NOMs data collection and provide value to their individual counties and communities. Evidence of commitment by the community to participate in other data collection activities.
- D. A proposed method to address health disparities and address cultural competency issues within their communities/county. This plan will be refined with technical assistance throughout the project.
- E. Submit a logic model which includes data based consequences of use, risk and protective factors and other determinants, behaviors addressed, strategies proposed clearly linked to contributing factors and proposed process and outcome measures. The logic model will be refined with technical assistance support during the first fiscal year of funded projects.
- F. Implement at least one environmental strategy from Indiana's list of evidence based programs, policies and practices in each region which supports state and local efforts to impact at least one of the state's strategic prevention targets supported by local needs assessment.
- G. Participate in ongoing professional development and submit evidence of Substance Abuse Prevention Skills Training (SAPST) or plan to attend the training within the first six months of the award.
- H. Conduct all programs with maximum fidelity and adherence to the evidence-based model. Applicants shall be prepared to provide DMHA with justification for any adaptations made.
- I. Adhere to funding allocations for evidence based programs.
- J. Adhere to evaluation requirements. Participate in state-level program evaluation as determined by DMHA.
- K. Maintain communication with DMHA identified technical assistance and evaluation providers.
- L. Participate in ongoing refinement of evaluation methods in conjunction with DMHA evaluation contractor.
- M. Provide an up-to-date timeline and work plan annually. Provide progress reports monthly and include financial reports quarterly.
- N. Develop and implement a sustainability plan during the grant funded period.
- O. Participate in substance abuse prevention trainings as designated by DMHA. Show ongoing commitment to continued professional development.

- P. Notify the DMHA Bureau Chief of Substance Abuse Prevention and Mental Health Promotion and any DMHA designees within five (5) business days of any changes in program staff supported with these funds.

SELECTION PROCESS AND CRITERIA

To be eligible to apply for this grant award, organizations must possess the following characteristics:

1. Be constituted as a private, nonprofit and community based organization or agency possessing specialized knowledge and expertise in the field of substance abuse prevention.
2. Have demonstrated fiscal and programmatic capacity.
3. Have demonstrated capacity to maintain competent and well trained staff to carry out program tasks.
4. Have participated in and have the support of a coalition with membership representation sufficient to carry out program objectives. Coalition shall have been in existence for a minimum of 12 months.
5. Have sufficient organizational capacity to organize and fund sub recipient agencies and support high quality, high fidelity implementation.
6. Be willing to engage nontraditional partners for implementation of programs, policies and procedures in order to build capacity and sustainability.
7. Be willing to engage nontraditional partners in subrecipient relationships in order to build statewide prevention capacity.
8. Be willing to engage fully in the Strategic Prevention Framework, including completing a community needs assessment, community readiness assessment, capacity/resource assessment, and implementation plan.
9. Express a commitment to ongoing agency and county level capacity building and training.

Each proposal will be evaluated on the basis of the submission sections listed below. Scores for each section have been provided, but each section is deemed important.

Proposal shall be typewritten in 12 point font with one inch page margins.

PROPOSAL SUBMISSION SECTIONS:

Proposals will be reviewed and scored by a committee selected by the DMHA or its designee. The scores of each grant applicant will be averaged into a final score.

Please be advised and plan for revision in needs and capacity assessments and strategic implementation plan during the first 6 months of the grant.

Proposals should be submitted with the following sections, each of which will be worth a number of points, with a total possible of 112 points. Contract negotiation and plan revision may be required for some proposals which are deemed fundable.

- 1) Completed Attachment A, Respondent Information (*1 point*)
- 2) County Assessment (Not to exceed 6 pages) (*18 points*)
 - a. Using pertinent data, select which of the Indiana Strategic Substance Abuse Prevention and Mental Health Promotion Target(s) are a shared concern of the local community and identify community risk and protective factors or county determinants which will be addressed through this effort. Identify the county/community's most pressing

problems and needs. Applicants shall focus their efforts on substance abuse prevention targets. (6 points)

- b. Identify any sub populations or diverse populations that have increased risk or protective factors and health disparities that are present in the county or in communities within the county. Identify gaps in prevention services to sub communities within the county (i.e. Latino, medically underserved, LGBTQ populations, etc.) (3 points)
- c. Identify any cultural adjustments that will need to be considered when addressing substance abuse prevention within the county. (3 points)
- d. Outline a plan to sustain assessment activities throughout the course of the grant and beyond. At a minimum, communities should propose updating the county needs assessment, community readiness/resource assessments in accordance with contract deliverables in year one and year three of the program efforts. (3 points)
- e. Provide proof of school and college agreement to participate in the Indiana Youth Survey, Indiana College survey or a survey instrument that could be substituted to measure program outcomes. Applicants will need to obtain baseline data for the project. (3 points)

3) Capacity/ Capacity Building Efforts (Not to exceed 8 pages) (18 points)

- a. Provide a description of the applicant's historical and current substance abuse prevention efforts. Describe previous efforts from both the applicant and the county that have been undertaken to increase community awareness; garner key stakeholder support; coordinate and collaborate across agencies; and expand monetary and in kind resources. (6 points)
- b. Describe current efforts and past to address prevention services to diverse groups within the county. (3 points)
- c. Describe applicant's participation in a coalition effort that has been in existence at least 12 months. Describe coalition strengths. Applicants shall coordinate and collaborate with this coalition throughout the funding process. (3 points)
- d. Describe previous community training and substance abuse prevention awareness building. Describe coalition's previous preparation (i.e. training, previous funding, and community prevention workforce) for prevention efforts (3 points)
- e. Outline a plan to sustain county and coalition capacity and capacity building throughout the course of the grant and beyond. (3 points)

4) Strategic Plan (Not to exceed 10 pages) (20 points)

- a. Submit a logic model for proposed program efforts. Submit a logic model which includes data based consequences of use, risk and protective factors and other determinants, behaviors addressed, strategies proposed clearly linked to contributing factors and proposed process and outcome measures. The logic model will be refined with technical assistance support during the first fiscal year of funded projects. Use *Indiana's Evidence Based Practice Guide* posted on the Addiction Prevention and Mental Health Promotion homepage at the FSSA/ DMHA [website](#) for selection of evidence based programs. (Programs which are not on this list must either be less than 30% of the strategy budget or be submitted for consideration of evidence based using the proposed format and which will be negotiated and approved after the applicants are awarded.)

Include linkages to the SPF components of assessment, capacity building, cultural competence, sustainability and evaluation in the strategic plan.

- County assessment may indicate prevention needs across the lifespan. If that is the case and the applicant will be addressing them as part of their comprehensive efforts, include evidence based programs, policies and practices to implement and if necessary, partner with another agency in a sub recipient agreement to address these needs. *(12 points)*
- b. Propose at least one evidence based prevention policy or practice for implementation within each county which supports the applicant's logic model and contributes to Indiana's Strategic Substance Abuse Prevention and Mental Health Promotion targets. *(2 points)*
 - c. Describe proposed workforce development training for staff and subcontractors of the project. Agree to attend all DMHA required training up to 6 on site trainings and 6 webinar based trainings annually. Applicant may propose other training and workforce development activities and is expected to comply with ongoing technical assistance. *(3 points)*
 - d. Outline a plan to sustain planning activities throughout the course of the grant and beyond. *(3 points)*
- 5) Implementation (Not to exceed 8 pages) ***(15 points)***
- a. Quarterly timeline for program activities through June 2018. Allow time for assessment and planning refinement. *(3 points)*
 - b. Propose evidence based prevention strategies of at least 70% of program dollars. Describe efforts across the lifespan if needs assessment merits such work. These programs should link clearly to the proposed logic model. *(6 points)*
 - c. Estimate numbers served during State Fiscal Year 17 and State Fiscal Year 18. Provide a rationale why this number served is of good value to the State of Indiana with limited prevention funds. Activities and numbers served should be reasonable expected to, over time, prevent substance misuse and abuse. *(3 points)*
 - d. Outline a plan to sustain program activities throughout the course of the grant and beyond. *(3 points)*
- 6) Evaluation Capacity (Not to exceed 3 pages) ***(7 points)***
- a. Propose process for monitoring program fidelity and program outcomes. *(2 points)*
 - b. Describe current capacity and activities around data collection and project evaluation. *(2 points)*
 - c. Outline a plan to sustain evaluation activities throughout the course of the grant and beyond. *(3 points)*
- 7) Cultural Competence (Not to exceed 2 pages) ***(4 points)*** (Similar measures previously have been assigned point values in other sections)
- a. Describe the applicant's capacity to deliver culturally competent prevention programming. *(2 points)*
 - b. Describe the applicant's ability to involve diverse groups in coalition building and service delivery. *(2 points)*
- 8) Description of Key Staff ***(5 points)*** (as many pages as needed)
- a. Provide a description of key staff, if available, or submit a proposed job description. (At least one full time equivalency is required for the project. Additional staff positions may be include dependent upon proposed plan of action.) All job description of project program staff should include SAPST training. *(3 points)*

- b. Highlight key staff and/or agency capacity to carry out proposed activities. (2 points)*
- 9) Proposed Budget (Complete Attachment B and Budget Summary Narrative for both State Fiscal Year 2017 and 2018. **(18 points)**)
 - a. Complete attached forms. Applicants should submit completed forms for FY17 and FY18 separately. Include budget for proposed training and staff should plan to attend semiannual business meetings with DMHA or DMHA's designee. (6 points)*
 - b. Attach a separate document detailing proposed program, policy, and practices implementation budget which delineates 70% of funds spent on evidence based categories. Staff time should be allocated to the program in addition to materials, training, subcontracting or other costs. Applicants should submit separate budgets for FY17 and FY18. (6 points)*
 - c. Proposed budget is deemed reasonable and of good value to the State of Indiana (6 points)*
- 10) Attachments (As many pages as necessary) **(6 points)**
 - a. Letter of support from the Local Coordinating Council (LCC) for this effort. (2 points)*
 - b. Letter of support from the System of Care initiative in the county served. (1 point)*
 - c. Documentation (a list of meetings and activities is acceptable) of ongoing participation in a coalition that addresses alcohol, tobacco or other drug misuse or abuse prevention. (2 points)*
 - d. Most recent financial audit or other documentation of organizational financial capacity. (1 points)*

Attachment A
Form of Proposal

- 1) Completed Attachment A, Respondent Information
- 2) County Assessment (Not to exceed 6 pages)
- 3) Capacity/ Capacity Building Efforts (Not to exceed 8 pages)
- 4) Strategic Plan (Not to exceed 8 pages) (include other training and workforce development activities and intention to comply with ongoing technical assistance)
- 5) Implementation Proposal
- 6) Evaluation Capacity
- 7) Cultural Competence (as many pages as needed)
- 8) Description of Key Staff (as many pages as needed)
- 9) Proposed Budget
- 10) Attachments (as many pages as needed)

**ATTACHMENT B
RESPONDENT INFORMATION**

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) COUNTIES TO SERVED:
9) TAXPAYER IDENTIFICATION NUMBER ¹ :
10) DUNS Number:
11) Congressional District:

RESPONDENT FACILITY INFORMATION

1) Type of Facility:

Private ()
Non-Profit ()
Other ()

2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

¹ Employer I.D. number or Social Security number, as appropriate, whichever is used for Federal Income Tax purposes.

ATTACHMENT C

Budget Summary

Respondent Name: _____

Twelve Month Figures (100%)

	AMOUNT REQUESTED
Personnel	
1) Staff Salaries	
2) Staff Fringes	
Non-Personnel	
3) Staff Travel	
4) Staff Training	
5) Equipment	
6) Participant Travel	
7) Other	
*****	*****
Total Project Costs (100%) (1+2+3+4+5+6+7)	

State will provide reimbursement for 100% of cost.

Personnel Budget
Staffing Detail Sheet

Respondent Name: _____

Staff Position *	(100%) Salary (a)	(100%) Fringe Benefits (b)**	% of Time on Project (c)	Total Amount of Salary Requested (a x c)	Total Amount of Benefits Requested (b x c)
TOTAL					

Salary and fringes are to be shown as 12 month figures

* Include Job Description for each staff position

SALARIES: Show title, salary, and time commitment for all staff positions under this project. Staff positions must be new positions. If existing staff are hired for these positions, their previous positions must be filled by a new staff position.

** Include detail of Fringe Benefit amounts

FRINGE BENEFITS: Include contributions for Social Security, employee insurance, pension plans, etc.

Non-Personnel Budget Travel Detail Sheet

Respondent Name: _____

[illegible]

* TRAVEL includes travel related to grant staff travel for client services and can include travel, per diem, and overnight accommodations.

Reimbursement for travel cannot exceed the allowable state reimbursement rates for travel, per diem and overnight accommodations.

Travel related to staff training must be included under Training.

NOTE: Use additional sheets as needed. (Number each additional page.)

Non-Personnel Budget Training Detail Sheet

Respondent name: _____

[illegible]

NOTE: Use additional sheets as needed. (Number each additional page.)

Identify each training activity and persons involved. Reimbursement for travel, per diem and overnight accommodations cannot exceed the allowable state reimbursement rate (see enclosed). Food and drink expenses are not an allowable cost unless they can be covered under per diem.

For consultant expenses, give the total number of consultants that will work on the project and their costs (fees, per diem, and travel). Provide the basis for the determination of the rate identified for consultant costs for which Federal funds are requested. The justification should demonstrate how the consultant costs are reasonable, customary, and consistent with the established institutional/organizational/agency policy governing consultant costs.

Non-Personnel Budget
Equipment Detail Sheet

Respondent name: _____

Item Description	Quantity (a)	Estimate (100%) Cost Per Item (b)	Total (100%) Cost (a x b)	% Assigned to Project	Total Funds Requested
TOTAL					

List non-expendable personal property that has an acquisition of \$50.00 or more.

NOTE: Use additional sheets as needed. (Number each additional page.)

NARRATIVE JUSTIFICATION FOR EQUIPMENT:

Submit detailed justification for each equipment item and how it will be used to achieve objectives of the project.

Respondent Name: _____

Total

Non-Personnel Budget
Other

Respondent name: _____

[illegible]