

RFF-2021-008
REQUEST FOR FUNDING ANNOUNCEMENT
FOR

CRSSA/ARP Community Readiness, Capacity Building, and Planning for Substance Misuse Prevention

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

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

Applicants 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. Applicants 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 applicant. 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 applicant upon request. The State will not determine price to be confidential information.

COMPENSATION

FSSA/DMHA encourages applicants, 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 RFF.

TERMS

This agreement shall be for a period of twenty (20) months commencing on ***November 1st, 2021*** (or from date of final State approval of grant), and terminating on ***June 30th, 2023***, and may be renewed through reapplication and new proposal, based upon applicant performance, outcomes, compliance with guidelines within the contract and available funding.

PROPOSALS

Applicants interested in providing these services to FSSA/DMHA should submit an electronic proposal via email or online submission to:

DMHA/Prevention
Family and Social Services Administration
Division of Mental Health and Addiction
402 West Washington Street, Room W353
Indianapolis, Indiana 46204

Email Address: Prevention@fssa.IN.gov

Online submission site: https://infssa.az1.qualtrics.com/jfe/form/SV_1R0cHBA1Bq8AQmi

The copies must be assembled in the following manner:

1. A cover letter of application signed by the Director or agency board president identifying the amount of funds requested
2. Completed Attachment A, Application Information and Proof of Non-Profit Status-501(c)(3) Certificate
3. Description of Organization
4. Community Needs
5. Community Substance Misuse Prevention Efforts
6. Capacity to Provide Prevention Programming
7. Community Partners
8. Description of Key staff
9. Proposed Budget (Complete Attachment B and Budget Summary Narrative)
10. Attachments

Proposals must be received no later than **4:30 p.m. Eastern Time on October 1, 2021. Proposals received after 4:30 p.m. will not be considered.** Proposals must be delivered in electronic format with all appropriate forms and the subject heading of the electronic mail should state:

RFF-2021-008

RESPONSE TO REQUEST FOR FUNDING: *CRSSA/ARP Community Readiness, Capacity Building, and Planning for Substance Misuse Prevention*

No more than one proposal per applicant should be submitted. In the cover letter please indicate the principal contact for the proposal along with a telephone, fax number and email address. **All proposals must have an electronic email address included.**

If submitting via the online link (https://infssa.az1.qualtrics.com/jfe/form/SV_1R0cHBA1Bq8AQmi) please be sure that you have all the information and attachments you will need (see list above) prior to starting the online submission process. You will be able to copy and paste plain text only into the sections that require narrative responses and upload required attachments when indicated. If submitting online, please complete the proposal in one session as there is not a reliable way to save and return to complete at a later time.

Any questions regarding this RFF must be submitted in electronic format to *Melissa Carroll* at Prevention@fssa.IN.gov no later than 4:30 p.m. Eastern Standard Time **September 17, 2021**.

All inquiries are to be directed to *Melissa Carroll* and are not to be directed to any other staff member of FSSA. Such action may disqualify applicant from further consideration for this RFF.

TIME FRAME:

September 3, 2021	RFF sent to potential applicants
September 17, 2021	RFF questions due to DMHA
October 1, 2021	RFF proposals due to DMHA
October 15, 2021	Notification of Awards to Agency
November 1, 2021	Effective date of contact

Grant:

Selected applicants will receive a twenty (20) month grant (*November 1, 2021 to June 30, 2023*) with a renewal option through reapplication and new proposal based upon DMHA funding, applicant performance, outcomes, and compliance with guidelines within the contract.

Funding:

The award for fiscal years **2022-2023** will not exceed **\$150,000** for any applicant applying for this grant and can 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 **2022-2023** is unknown in State match at the time of preparation of this document. It is expected to fund approximately 20 awards.

SCOPE OF WORK

This funding is 100% from federal sources and funded solely through the Substance Abuse Prevention and Treatment Block Grant, supplemental Coronavirus Response and Relief Supplemental Appropriations (CRSSA) and American Rescue Plan (ARP) stimulus funds, Primary Prevention set-aside. Funds are to be used for **primary prevention services** that are targeted to the general public, specific high-risk populations, or other groups who are identified as not needing treatment. Funding may **not** be used for treatment, referral to treatment, recovery support, or other activities that do not qualify as primary prevention. Funding is to be used to address community needs that have been affected or exacerbated by the COVID-19 pandemic.

This funding is intended for organizations that have minimal experience providing primary prevention and minimal current or past funding for primary prevention efforts, to be implemented in communities with little to no current primary prevention programming.

Applicants will need to disclose any current primary prevention funding and programs or efforts taking place in the proposed community/county. This funding is intended to develop the capacity of communities to provide substance misuse primary prevention.

Recipients of this funding will spend the first 12-14 months of the award period on assessment, capacity building, and planning efforts. Recipients will be expected to implement at least one best practice or evidence-based program, practice, or policy during the final six to eight months of the award period, based on the needs identified during the assessment phase.

Recipients will follow the Strategic Prevention Framework (SPF) throughout the grant period. This framework will guide recipients through Assessment, Capacity Building, Planning, Implementation, and Evaluation with Sustainability and Cultural Competency woven throughout. Through this process, the recipient will assess their community's needs and resources regarding substance misuse prevention, assess and build capacity to address substance misuse prevention, identify appropriate primary prevention strategies and plan for their implementation, and in the last six-eight months, implement and evaluate those strategies.

DMHA's Prevention Strategic Plan cites the following priorities for Indiana: Prevent underage alcohol use; Prevent binge drinking; Prevent tobacco sales to underage youth; Reduce the use of tobacco in youth; and reduce illicit drug use. Recipients of this funding will be expected to include these priorities when assessing the needs of their community. Recipients will also be expected to assess any high-risk, health disparate, and/or vulnerable populations in their community. Additionally, applicants will need to consult with the Regional Prevention System's local Client Consultation Board to obtain the locally identified priorities and commit to assessing and addressing those priorities if funded.

If other prevention programs, practices, and policies are currently being implemented in the proposed county(ies), applicants shall note these efforts, explain why these funds are needed and describe how they will expand these efforts. Grant funds shall not be used to supplant existing efforts in the community. These grant funds shall not duplicate or replace existing services and programs for which funding streams other than this RFF are available.

Recipients will attend DMHA-sponsored training on the SPF Process and foundational Prevention skills during the first quarter, as well as ongoing training throughout the grant period. Recipients will also work closely with the DMHA-designated Technical Assistance and Evaluation providers to guide their work and build skills. Recipients will utilize the DMHA-designated data collection system for reporting and tracking prevention efforts.

Recipients will be expected to engage with community coalitions, Local Coordinating Councils, and other community partners. Recipients will also be expected to engage with the DMHA Regional Prevention System and Regional Prevention Coordinator, and participate on the local Client Consultation Board. Please visit <https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/prevention-partners/> to learn more about the regional system and view a map of regions. Contact information for the Regional Prevention Coordinators can be found here: https://www.in.gov/fssa/dmha/files/DMHA_Prevention_Regional_Coordinators.pdf

Additional information about primary prevention and the SPF process can be found here: <https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>

SELECTION PROCESS AND CRITERIA

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

1. Be constituted as a private, nonprofit, and community-based organization or agency.
2. Have demonstrated fiscal and programmatic capacity to complete the work stated in the RFF.
3. Have demonstrated capacity to maintain competent and well-trained staff to carry out program tasks.

4. Commit to engage fully in the Strategic Prevention Framework, including completing a community needs assessment, community readiness assessment, capacity/resource assessment, implementation plan, and evaluation plan.
5. Have the capacity to collect and enter community and program data into the DMHA-designated data collection system.
6. Commit to active collaboration and communication with the DMHA-designated technical assistance and evaluation support providers.
7. Be prepared to attend a 4-day prevention skills training and up to 4 other in-person trainings in Indianapolis each fiscal year, as well as other virtual trainings and meetings.
8. Express a commitment to ongoing agency and county level capacity building and training.
9. Be willing to engage with community partners, coalitions, and the DMHA Regional Prevention System.
10. Employ one full-time employee or equivalent (FTE) for this project.

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

Proposals 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 DMHA or designee. The scores of each grant applicant will be averaged into a final score (*70 total possible points*). Final selection of the grant awards, however, will be made by the Division Director or designee. Contract negotiation and plan revision may be required for some proposals which are deemed fundable.

Applicants must demonstrate that they meet the basic eligibility criteria to be considered for award:

This funding is intended for organizations that have minimal experience providing primary prevention and minimal current or past funding for primary prevention efforts, to be implemented in communities with little to no current primary prevention programming.

Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the program in a cost-effective manner. Specific criteria are:

Form of Proposal and Evaluation Criteria

- 1. Cover Letter -not to exceed 1 page (1 point)**
 - a. A letter of application signed by the Director or agency board president identifying the amount of funds which are being requested, proposed service area, and proposed numbers served. Include name, email and phone number for the primary program contact.
- 2. Complete Attachment A, Applicant Information, and Proof of Non-Profit Status-501(c)(3) Certificate (1 point)**

3. Description of Organization -not to exceed 1 page (10 points)

- a. Describe applicant organization, including mission, vision, goals and focus of work.

4. Community Needs -not to exceed 2 pages (10 points)

- a. Describe the community's needs related to substance use/misuse and mental health. Include data if available.
- b. Describe how the community has been impacted by the COVID-19 pandemic, especially regarding substance use and mental health.

5. Community Substance Misuse Prevention Efforts -not to exceed 2 pages (10 points)

- a. Describe all current or past substance misuse prevention efforts and programs in the community. These would include efforts by the applicant agency, other agencies, coalitions, and LCCs.
- b. Describe any known barriers to substance misuse prevention efforts in the community. Include issues such as community norms, lack of capacity and lack of funding.

6. Capacity to Provide Prevention Programming -not to exceed 2 pages (10 points)

- a. Describe applicant's ability/capacity to participate in the Strategic Prevention Framework process and implement at least one best practice or evidence-based program, practice or policy.
- b. Describe applicant's previous work related to substance misuse prevention, substance use, mental health, youth, families, communities or coalitions, facilitation of programs, or other related efforts.

7. Community Partners -not to exceed 1 page (6 points)

- a. Describe any partnerships the applicant has with other community agencies, schools, or coalitions. Include formal (contracted/MOU) and informal partnerships.

8. Description of Key Staff -not to exceed 1 page (6 points)

- a. Provide a brief description of staff who will be involved in this project. Indicate if additional staff will be hired for this project.

9. Proposed Budget (Complete Attachment B and Budget Summary Narrative). (12 points)

- a. Provide a brief Budget Summary Narrative describing how the applicant intends to utilize the funds if awarded – not to exceed 1 page.
- b. Submit completed Attachment B forms.
- c. Include in budget:

- i. Attendance at a four-day prevention skills training in Indianapolis during the first quarter of the grant as well as up to four additional in-person trainings or meetings in Indianapolis each state fiscal year.
 - ii. Pre-implementation costs related to strategy/program-specific training and supplies in SFY23.
- d. Proposed budget should be reasonable and match the narrative.

Applicants shall develop a budget appropriate to their organization's capabilities to deliver quality services. Submitted budget amount is subject to review by DMHA and can be modified for those applicants selected to receive an award.

10. Attachments (4 points)

- a. Most recent audit report made in accordance with OMB circular A-133 if applicable, or other documentation of organizational financial capacity. (1 point)
- b. Letter of support from a community coalition, Local Coordinating Council, or other community partner. (1 point)
- c. Letter of commitment to address identified priorities from the local DMHA Regional Prevention System Client Consultation Board. (2 points)
 - i. Include a letter from the DMHA Regional Prevention Coordinator indicating the identified prevention priorities in the proposed community and, if applicable, dates of applicant's past attendance at the local (or other) Client Consultation Board.
 - ii. Include a letter of commitment from applicant program director, acknowledging the priorities identified by the Client Consultation Board in the proposed service area and committing to assess and address those priorities in consultation with the Client Consultation Board during the course of the grant.

Proposals will be evaluated based upon the proven ability of the applicant to satisfy the requirements of the proposal in a cost-effective manner.

Form of Proposal

1. A cover letter of application signed by the Director or agency board president identifying the amount of funds requested.
2. Completed Attachment A, Applicant Information, and Proof of Non-Profit Status-501(c)(3) Certificate
3. Description of Organization
4. Community Needs
5. Community Substance Misuse Prevention Efforts
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9. Proposed Budget (Complete Attachment B and Budget Summary Narrative)
10. Attachments

**ATTACHMENT A
APPLICANT 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:

APPLICANT 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 B

Budget Summary

**Total for 20-month Award Period
SFY22-23 (11/01/2021-6/30/2023)**

Applicant Name: _____

20 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)	

Should include but not limited to the above.
State will provide reimbursement for 100% of cost.

Please provide brief explanation of costs here:

ATTACHMENT B
Personnel Budget – Staffing Detail Sheet
SFY22 (11/01/2021-6/30/2022)

Applicant 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 8-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.

Please provide brief explanation of costs here:

ATTACHMENT B
Non-Personnel Budget – Travel Detail Sheet
SFY22 (11/01/2021-6/30/2022)

Applicant Name: _____

Item Description	Estimated Cost (100%)
Total	

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.)

Please provide brief explanation of costs here:

ATTACHMENT B
Non-Personnel Budget – Training Detail Sheet
SFY22 (11/01/2021-6/30/2022)

Applicant Name: _____

Item Description	Estimated Cost (100%)
Total	

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.

ATTACHMENT B
Non-Personnel Budget – Equipment Detail Sheet
SFY22 (11/01/2021-6/30/2022)

Applicant 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.

ATTACHMENT B
Non-Personnel Budget – Participant Travel
SFY22 (11/01/2021-6/30/2022)

Applicant Name: _____

Item Description	Estimated Cost (100%)
Total	

Please provide brief explanation of costs here:

ATTACHMENT B
Non-Personnel Budget – Other
SFY22 (11/0 1/2021-6/30/2022)

Applicant Name: _____

Item Description	Estimated Cost (100%)
Total	

Please provide brief explanation of costs here:

**ATTACHMENT B
Personnel Budget – Staffing Detail Sheet
SFY23 (07/01/2022-6/30/2023)**

Applicant 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.

Please provide brief explanation of costs here:

ATTACHMENT B
Non-Personnel Budget – Equipment Detail Sheet
SFY23 (07/01/2022-6/30/2023)

Applicant 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.
