

RFF-2022-011
REQUEST FOR FUNDING ANNOUNCEMENT
FOR
Local System of Care Suicide Prevention Plan

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration *Division of Mental Health and Addiction, Youth Services*.

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/*Division of Mental Health and Addiction* 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 RFF.

TERMS

This agreement shall be for a period of nine (9) months with anticipated start date of *October 1, 2022* (or from date of final State approval of grant) and terminating on *June 30, 2023*.

PROPOSALS

Respondents interested in providing these services to FSSA/*Division of Mental Health and Addiction* should submit an electronic proposal to:

Amber Becker
Family and Social Services Administration
Division of Mental Health and Addiction
Bureau of Youth Services
Division of Mental Health and Addiction
402 West Washington Street, Room W353
Indianapolis, Indiana 46204

Email Address: Amber.Becker@fssa.IN.gov

The submission must include:

1. A letter of application signed by the Director or agency board president identifying the amount of funds requested
2. Ensure all supporting documents are attached to the e-mail
3. Proposal
4. Budget
5. Organizational chart for overall agency with grant funded positions shown with dotted lines (Please indicate percentage of position to be funded by grant.)
6. Most recent audit report made in accordance with OMB circular A-133 if applicable.

Proposals must be received no later than **4:30 p.m. Eastern Time on July 1, 2022. Proposals received after 4:30 p.m. will not be considered.** Proposals must be delivered in electronic format with all appropriate forms and in the subject heading of the electronic mail should state:

RESPONSE TO REQUEST FOR FUNDING
RFF-2022-011
Local System of Care Suicide Prevention Plan

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

Any questions regarding this RFF must be submitted in electronic format to **Amber Becker** no later than **4:30 p.m. Eastern Standard Time on June 1, 2022. Questions received after 4:30 p.m. may not be**

considered. Please keep questions brief and of high priority. Please utilize the following subject heading for emails regarding questions:

Questions: Local System of Care Suicide Prevention Plan

Responses to all questions will be listed on DMHA funding page and other notification systems.

All inquiries are to be directed to *Amber Becker* 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.

PROJECT DESCRIPTION/SCOPE OF WORK

Funds for this project have been secured through the Mental Health Block Grant and Coronavirus Response and Relief Supplemental Appropriations Act for the Family and Social Services Administration, through the Division of Mental Health and Addiction to increase access for youth with Serious Emotional Disturbance (SED). Funds will be divided between the awardees.

The purpose of this initiative is for Local Systems of Care (SOCs) to work collaboratively to develop a local plan for reducing suicide risk among youth. DMHA intends to fund functioning Local SOCs who meet the criteria as described below in the Selection Process and Criteria section of this RFF. Funds must be used to purchase and create materials/social media/media events and/or education and outreach activities. It is expected that the funds will be used/distributed in the community and not used for the funding of the position of Local SOC Coordinator. The planning of this initiative and distribution of materials must be completed with a cross-system team reflective of the Local SOC or by a subcommittee of the Local SOC.

Respondents must choose one or two of the following activities:

- ❖ Develop and disseminate materials to increase public awareness of best practices and evidence-based treatments and approaches to address suicide risk among youth and ultimately to prevent suicide.
- ❖ If your region has a Local Outreach to Suicide Survivors (LOSS) Team, or is developing one, collaborate with them to create culturally competent marketing materials about LOSS teams and how many lives have been touched by suicide.
- ❖ Develop strategies for reducing suicide risk among youth by addressing local quality of life issues and disseminating that information in your community, excluding the use or training of Question Persuade Refer (QPR).

Proposals must include a detailed plan including but not limited to the following:

1. Description of activity(s) chosen and breakdown of how funding will be utilized
2. Underserved or high-risk populations (e.g., rural areas, youth that identify as LGBTQ+, etc.) that will be targeted, if any, for the initiative.
3. Timeline, including goals/outcomes of activity(s)
4. Indication of cross-system involvement in the development of response to this RFF and how a cross-system team will be involved in the implementation of the activity(s)

The time frame is as follows:

****Subject to Change****

April 1, 2022	RFF sent to potential applicants
June 1, 2022	RFF questions due
June 15, 2022	Responses due back to applicants
July 1, 2022	RFF proposals due to DMHA
July 31, 2022	Awardees notified
October 1, 2022	Grant effective date

GRANT

Selected applicants will receive a nine-month grant (*October 1, 2022 to June 30, 2023*).

FUNDING

The maximum award for this funding opportunity is *six hundred thousand (\$600,000), which will be split between awardees, with a maximum of twenty thousand (\$20,000) per awardee.*

Potential respondents shall develop a budget appropriate to their organization’s capabilities to deliver quality services. Submitted budget amount is subject to review by *Division of Mental Health and Addiction* and can be modified for those respondents selected to receive an award.

TARGET POPULATION

Applicants must identify target populations as supported by data. The State desires to provide a variety of evidence-based universal, selective, and indicated prevention services.

The proposal must include a clear description of how the applicant will provide services to eligible participants who identify as members of groups that are traditionally underserved or high risk. The proposal must identify the social consequences and impact that health disparities (including but not limited to race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status) have on the target community. The purpose of this section is to demonstrate an understanding of the need to address health disparities during services, the ways health disparities negatively impact quality of life for populations at risk, and the impact health disparities have on the community.

ELIGIBLE APPLICANTS

1. Indiana Local System of Care through their fiscal agent (aka a nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code)
Applicants/Fiscal Agents must:
 1. Be incorporated or registered in Indiana
 2. Employ individual(s) who serve in the role of Local System of Care Coordinator
 3. Partner with child-serving systems including but not limited to schools, churches, and other entities that provide support and/or services to children and families

ALLOWABLE COSTS

1. Indirect costs should not exceed 12% of the total cost of the allotted grant amount. Indirect costs are those which are necessary for the operation of the organization, but are not incurred specifically for any one project or program. Familiarity with the types of costs included in the

indirect cost pool provides a basis for assuring that these costs are not being charged as direct costs.

Common examples of indirect costs are:

- a. General management – president, vice president, executive director, etc.
- b. General organizational expenses – insurance, taxes, legal services, telephone expenses, etc.
- c. Administrative services – personnel, administration, accounting, procurement, grant/contract administration, business office, etc.
- d. Operation and maintenance of facilities – utilities, janitorial services, repairs, etc.
- e. Depreciation or use allowances on the buildings and equipment
- f. Fringe benefits applicable to administrative staff and fringe benefits applicable to project staff

SUPPLANTING

Funds under this grant announcement must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Funds cannot be used to supplant state, federal, or local funds. Each applicant must attest that the proposed activities are not supplanting current funding. The review committee may disqualify applicants who cannot adequately distinguish that they are not supplanting or blending funding streams.

SELECTION PROCESS AND CRITERIA

Proposals must be in written format. Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction or designee. The scores of each applicant will be averaged into a final score. Final selection of the grant awards, however, will be made by the Division Director or designee. The procedure for evaluating the proposals against the evaluation criteria will be as follows:

Specific categories and criteria are:

1. **Local System of Care Functionality (45 points)**
 - a. Demonstration of a fully functioning Local System of Care by submission of
 - i. Minutes from the 3 most recent Local SOC meetings
 - ii. Attendance from 3 previous Local SOC meetings, including the name of participant, title, and agency or entity they represent
 - iii. Cross-system participation represented in the meeting minutes/attendance from at least four (4) different systems from this list: Family or youth member, mental health, child welfare, juvenile justice, education, health, community provider
2. **Memo of Understanding (10 points)**
 - a. Memo of Understanding (MOU) agreeing to this local suicide prevention initiative signed by at least four (4) different systems, who are represented on your local System of Care (i.e., family or youth member, mental health, child welfare, juvenile justice, health, education, community provider)
3. **Plan of Operation (25 points)**
 - a. Description of the activity(s) to be implemented, including a general timeframe

- b. Proposed budget for initiative
 - c. Description of the collaborative group who will implement this initiative
4. **Budget and Cost Effectiveness** (10 points)
- a. Budget is adequate to support the project
 - b. Costs are reasonable in relation to the objectives of the project
5. **Sustainability of the Program** (10 points)
- a. Likelihood that the service program will be sustained after the completion of the grant assistance
 - b. Extent to which to the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.

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

Attachment A
Form of Proposal

1. Local System of Care Functionality
2. Memo of Understanding
3. Plan of Operation
4. Budget and Cost Effectiveness
5. Sustainability of the Program

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:

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

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:

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
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.

