

**RFF-2021-011**  
**REQUEST FOR FUNDING ANNOUNCEMENT**  
**FOR**  
*Family Peer Support Programming*

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration *Division of Mental Health and Addiction, Adult 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 four years with anticipated start date of *July 1, 2022* (or from date of final State approval of grant) and terminating on *March 30, 2026*.

## PROPOSALS

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

*Michelle Bulington*  
**Family and Social Services Administration**  
*Division of Mental Health and Addiction*  
*Adult Services*  
*402 West Washington Street, Room W353*  
**Indianapolis, Indiana 46204**

Email Address: [Michelle.Bulington@fssa.in.gov](mailto:Michelle.Bulington@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. A letter of intent sent to local System of Care and the local suicide prevention coalition
3. Proposal
4. Budget
5. Job description for each grant position funded
6. Organizational chart for overall agency with grant funded positions shown with dotted lines (Please indicate percentage of position to be funded by grant.)
7. 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 December 03, 2021. 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-2021-011 Family Peer Support Programming***

No more than one proposal per respondent should be submitted. **Limit page amount to 15 pages.** 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 Michelle Bulington no later than **4:30 p.m. Eastern Standard Time on November 19, 2021. 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: Family Peer Support Programming***

Responses to all questions will be sent to applicants via email and other grant notification channels.

**All inquiries are to be directed to *Michelle Bulington* 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.**

**SCOPE OF WORK**

Funds have been secured through the SAMHSA State GLS Youth Suicide Prevention Grant, “A Focus in Community, State & Peer Collaboration: Striving to Achieve Zero Suicides in Indiana”, for the Family and Social Services Administration, through the Division of Mental Health and Addiction to facilitate the implementation of new or expand/continue family peer support programming in emergency room healthcare settings across Indiana. The purpose of this program is to provide peer support to family/loved ones of youth who are experiencing a mental health and/or suicidal crisis requiring emergency services. The peer support may include providing information on risk factors for suicide, common mental health conditions, typical care provided during emergency services including follow-up and referral, and *caring contact* best practices.

DMHA intends to fund one (1) proposal that either establishes or expands quality family peer support programming in emergency healthcare settings. The respondents must use data to support the selection of the target population, identified risk or protective factors, and proposed strategies. Community mental health centers (CMHCs) and other social service agencies are eligible to apply for these funds. Applicants must provide information about their proposal to their local System of Care and local suicide prevention coalition (if applicable). Applicants can contact DMHA if they are unaware of their local System of Care representative and local suicide prevention coalition lead. Proposals must include a detailed plan including but not limited to the following:

1. Locations of service, including emergency healthcare settings
2. Potential impact of the program (e.g. number of youth, family, etc. to be affected from implementation)
3. Methods of identifying and engaging those that serve underserved and high risk populations (e.g. rural areas, youth that identify as LGBTQ+, those with disabilities [physical, sensory, intellectual, etc.], youth that identify with tribal or immigrant groups)
4. Strategy for implementation of family peer support programming
5. Timeline, including goals/outcomes and entities responsible for meeting outcomes or goals
6. Plan for how funding will be blended with other agencies/partners funds, if applicable

7. Sustainability plan outline and potential funding sources for programming continuation after end of grant period
8. Identification of ways the applicant provides culturally competent services across their entire range of services

The time frame is as follows:

November 12, 2021	RFF sent to potential applicants
November 19, 2021	RFF questions due
November 26, 2021	Responses due back to applicants
December 3, 2021	RFF proposals due to DMHA
December 17, 2021	Awardees notified
July 1, 2022	Grant effective date

**GRANT**

Selected applicant will receive a four-year grant (*July 1, 2022 to March 30, 2026*).

**FUNDING**

The maximum award for this funding opportunity is one hundred and seventy-five thousand dollars (\$175,000) per fiscal year for one awardee. The length of the award is four (4) years (SFY22-SFY26), which equates to a total award amount of *seven hundred thousand dollars (\$700,000)*.

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.

***Division of Mental Health and Addiction will withhold ten percent (10%) of the total amount of the grant award until receipt of a final report documenting the enumerated performance objectives have been obtained.***

**TARGET POPULATION**

Applicants must identify target populations as supported by data and the focus of this funding opportunity as in the Scope of Work section. 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. Community mental health centers (CMHCs) and other social service agencies
2. Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code

Applicants must:

1. Be incorporated or registered in Indiana
2. Employ individuals who are certified and/or trained to provide the evidence-based programs proposed by the applicant
3. Partner with schools, churches, and other entities to provide services to children and families

## **ALLOWABLE COSTS**

1. Staff costs (Salary or contracted): If existing staff is hired for a grant position, their previous position must be filled unless you were a new program funded last year.
2. Staff training costs include cost associated with training activities to prepare staff to deliver program services. Travel costs related to training cannot exceed the allowable state rates. Food and drink expenses are not allowable costs 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.
3. Staff travel costs include board/staff/consumer travel, per diem, and overnight accommodations. Travel for training must be included under Training. Travel costs cannot exceed the allowable state rates. Expenditures made by the Participant for travel will be reimbursed at the current rate paid by the State and in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular. Out-of-state requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines. In-state lodging is not allowable within 50 miles from home or station of the employee. Exceptions may be made if it is determined that it may be dangerous or undesirable for a person to travel because of any one of a number of conditions, e.g. unsafe highway/weather conditions, or the person's physical conditions. Prior written approval by the state is required for exceptions. Out of state travel must be approved by the State prior to scheduling conferences, trainings, or other events. To access current state information regarding travel costs, fees, and per diem proceed to the following State government website:  
[www.in.gov.idoa/2549.htm](http://www.in.gov.idoa/2549.htm).

4. Equipment for Program (Non expendable personal property that has an acquisition cost of \$50.00 or more)
5. Costs of services provided directly to participants.
6. Participant Travel Costs
7. 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**

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, agency or individual possessing specialized knowledge and expertise in the field of ***mental health, mental health promotion, suicide prevention, and substance misuse/abuse prevention.***
2. Have a demonstrated plan targeting the unserved and underserved i.e. ethnically diverse and rural populations.
3. Have demonstrated fiscal and programmatic capacity to carry out supervision.

4. Have demonstrated capacity to maintain competent and well trained staff to carry out program tasks. Have ability to assure program implementation with fidelity. Have ability to oversee program implementation staff.
5. Have demonstrated capacity for collecting program data and submitting it in a monthly format.
6. Have sufficient organizational capacity to organize and fund sub recipient agencies and support high quality, high fidelity implementation.

Proposals will be reviewed and scored by a committee selected by the *Division of Mental Health and Addiction* or designee. The scores of each grant 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:

1. Each proposal will be evaluated based on the categories listed below. A point score will be established for each response in each category.
2. Based on the results of the evaluation, the proposal determined to be most advantageous to the Target Population, taking into account all of the evaluation factors, may be selected by the State for further action.

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

1. **Eligibility (5 points)**
  - a. All eligibility criteria as outline above must be met; applicants not meeting all criteria will not be considered for award
  - b. Demonstration of culturally competent range of services
2. **Agency Overview (5 points)**
  - a. Experience in working with emergency room healthcare settings
  - b. Experience in providing family/peer support to individuals with mental health conditions and/or suicidality
  - c. Location of agency and any satellite offices that may assist in achieving project goal
3. **Location of Services (10 points)**
  - a. Identification of methods to target family peer support in emergency healthcare settings
  - b. Demonstration of partnership with local entities (e.g. schools, community organizations, local government)
  - c. Letter of intent that has been sent to local System of Care and the local suicide prevention coalition
4. **Plan of Operation (30 points)**
  - a. Quality of the design of the project, including proposed number of individuals served per year
  - b. Identification of measurable goals

- c. History of use of family peer support programming
  - d. How well the objectives of the project relate to the purpose of the program
  - e. Extent to which the plan of management ensures proper and efficient administration of the project
  - f. Quality and adequacy of the applicant's plan to use its resources and personnel to achieve each objective
5. **Applicant Experience and Quality of Key Personnel** (10 points)
- a. Experience in providing family peer support programming
  - b. Qualifications of each of the management and decision-making personnel to be used on the project
  - c. Amount/percentage of time key personnel will commit to the project
6. **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
7. **Sustainability of the Program** (30 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. Agency Overview
2. Location of Services
3. Plan of Operation
4. Applicant Experience and Quality of Key Personnel
5. Budget and Cost Effectiveness
6. 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 <sup>1</sup> :
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:

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<sup>1</sup> 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	
<b>Personnel</b>	
1) Staff Salaries	
2) Staff Fringes	
<b>Non-Personnel</b>	
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.





