

RFF-2021-006
REQUEST FOR FUNDING ANNOUNCEMENT
FOR
CRRSA/ARP Community Substance Misuse Prevention and Mental Health Promotion

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-one months commencing on ***October 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 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

The 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. Completed Attachment A, Applicant Information
3. Community Assessment
4. Capacity Building Efforts
5. Complete Attachment B, Substance Misuse Logic Model
6. Implementation Proposal
7. Evaluation Capacity
8. Sustainability Plan
9. Cultural Competence
10. Description of Key Staff
11. Complete Attachment C, Proposed Budget
12. Attachments (Letters of support and most recent financial audit)

Proposals must be received no later than **4:30 p.m. Eastern Time on August 13th, 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:

RFF-2021-006
RESPONSE TO REQUEST FOR FUNDING
CRRSA/ARP Community Substance Misuse Prevention and Mental Health Promotion

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 and fax number. **All proposals must have an electronic mailing address included.**

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 **August 6th, 2021.** Please keep question brief and of high priority.

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 a grant as a result of this RFF.

TIME FRAME:

July 29, 2021	RFF sent to potential applicants
August 4, 2021	RFF questions due to DMHA
August 13, 2021	RFF proposals due to DMHA
August 23, 2021	Notification of Awards to Agency
October 1, 2021	Effective date of contact

Grant:

Selected applicants will receive a twenty-one (21) month grant (*October 2021 to June 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 **\$260,000** 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 5 awards.

SCOPE OF WORK

Supplemental relief funding is 100% from federal sources and funded solely through the Substance Abuse Prevention and Treatment Block Grant. Funds are to be used for primary prevention services (targeted to the general public or specific high-risk populations) or people who are identified as not needing treatment. *Funding is to be used to address needs within communities that have been affected due to COVID-19.* Applicants will be expected to provide comprehensive best practice and/or 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 and protective factors.

This RFF is intended for agencies with previous experience providing prevention programming, to implement prevention efforts in counties or communities that have little to no current prevention programming. Applicants who are awarded funds will be expected to begin program implementation in early 2022.

Grantees will be expected to utilize the Strategic Prevention Framework (SPF) to implement best practice and/or evidence-based prevention programs.

Applicants will implement a comprehensive strategic plan addressing the risk factors, protective factors, and determinants in their community. Mental health promotion activities should clearly link to a reduction of risk factors and strengthening of protective factors that impact both mental health and substance use outcomes.

If other programs, practices, and policies are currently being implemented in the proposed county(ies), applicants should note these efforts and clearly identify that these funds will expand these efforts. Grant funds 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.

The applicant must use data to support the selection of the target population, identified risk and protective factors, and proposed strategies.

Applicants will be expected to work with the Regional Prevention System and Regional Coordinators in those regions where DMHA funded services are provided.

Region 1 (La Porte, Lake, Porter)

Region 2 (Cass, Elkhart, Fulton, Howard, Kosciusko, Marshall, Miami, Pulaski, St. Joseph, Starke, Wabash)

Region 3 (Adams, Allen, De Kalb, Huntington, Lagrange, Noble, Steuben, Wells, Whitley)

Region 4 (Benton, Boone, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White)

Region 5 (Blackford, Delaware, Grant, Hamilton, Hancock, Henry, Jay, Madison, Randolph, Tipton, Wayne)

Region 6 (Clay, Hendricks, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo)

Region 7 (Marion)

Region 8 (Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick)

Region 9 (Bartholomew, Brown, Clark, Crawford, Floyd, Harrison, Jackson, Johnson, Lawrence, Orange, Scott, Washington)

Region 10 (Dearborn, Decatur, Fayette, Franklin, Jefferson, Jennings, Ohio, Ripley, Rush, Shelby, Switzerland, Union)

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 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 community 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, if necessary, to organize and fund Memorandums of Understanding (MOU) with other agencies to support high quality, high fidelity implementation if necessary.
6. Be willing to engage nontraditional partners for implementation of programs, policies and procedure in order to build capacity and sustainability.
7. Be willing to engage fully in the Strategic Prevention Framework, including completing a community needs assessment, community readiness assessment, and capacity/resource assessment and implementation plan.

8. Express a commitment to ongoing agency and county level capacity building and training.

Each proposal will be evaluated based on the submission section 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 (*100 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.

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:

Evaluation Criteria

Note: You may submit existing documentation (i.e., Community Assessment, Capacity Building Efforts, Evaluation Capacity, Cultural Competencies), if it reflects data and efforts from 2018 or more recent.

1. Completed Attachment A, Applicant Information (1 point)

2. Community Assessment (Not to exceed 6 pages) (12 points)

- a. Using pertinent data, 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. (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).

3. Capacity Building Efforts (Not to exceed 6 pages) (16 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 support from key influencers (stakeholders/champions/prime movers); coordinate and collaborate across agencies; and expand monetary and in-kind resources. If there have been little to no previous efforts in the county/community, please present possible barriers that prevented these activities and what has changed that now makes these efforts possible. (6 points)
- b. Describe applicant's direct experience with providing substance misuse prevention and mental health promotion programming. Include numbers served and program outcomes. (6 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. (2 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. (2 points)

4. Logic Model (Not to exceed 8 pages) (9 points)

- a. Submit a logic model to support the rationale behind the proposed program efforts. Applicant must use the provided table (Attachment B) The logic model will be refined with technical assistance support during the first funded fiscal year of the project.

Provide clear linkages to the Strategic Prevention Framework's five steps of assessment, capacity building, planning, implementation, and evaluation, integrated with the guiding principles of cultural competence and sustainability. (4 points)

- b. Propose at least one best practice and/or evidence-based prevention policy or practice for implementation within each county which aligns with the applicant's logic model. Applicants should propose probable programs for selection, but final approval of the work plan will be delayed until after additional review from DMHA and the technical assistance provider. (2 points)
- c. Describe your past experience partnering with other agencies (i.e. MOUs) and provide at least one prevention partner for this grant cycle. (3 points)

5. Implementation (Not to exceed 4 pages) (18 points)

- a. Quarterly timeline for program activities from October 1, 2021 through June 30, 2023. Please include plans to begin implementation in early 2022. (6 points)
- b. Propose at least one best practice or evidence-based prevention strategy. Describe efforts across the lifespan if the needs assessments merit such work. These programs should link clearly to the proposed logic model. Applicants should propose probable programs for selection, but final approval of the work plan will be delayed until after additional review from DMHA and the technical assistance provider. (6 points)
- c. Estimate numbers served during State Fiscal Year 22 through State Fiscal Year 23, including plans to increase these numbers. Provide a rationale of why this number served is of good value to the State of Indiana with limited prevention funds. Activities and numbers served should be reasonable and expected to, over time, prevent substance misuse and abuse. (6 points)

6. Evaluation Capacity (Not to exceed 3 pages) (4 points)

- a. Describe how you have monitored program fidelity and program outcomes in the past. (2 points)

- b. Describe past data collection and project evaluation efforts and current capacity to collaborate with the DMHA evaluation contractor to develop and implement an evaluation plan. (2 points)

7. Sustainability Plan (Not to exceed 3 pages) (10 points)

- a. Outline a plan to sustain planning activities and program efforts beyond the grant period. Address plans for the following areas:
 - i. Community needs and resource assessment activities
 - ii. Community and coalition capacity building
 - iii. Strategic planning activities
 - iv. Implementation of program activities
 - v. Evaluation of programs

8. Cultural Competence (Not to exceed 2 pages) (2 points)

- a. Describe the applicant's ability to involve diverse groups in coalition building and service delivery. (2 points)

9. Description of Key Staff (Not to exceed 10 pages) (4 points)

- 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 included dependent upon proposed plan of action). All job descriptions of project program staff should include SAPST training. (2 points)
- b. Describe agency capacity to carry out the proposed strategies and interventions described in the logic model. Describe as well proposed workforce development training for staff and subcontractors of the project. Agree to attend monthly DMHA required training, including web-based training and up to six on-site trainings. Applicant may propose other training and workforce development activities and is expected to comply with ongoing technical assistance. (2 points)

10. Proposed Budget (Complete Attachment C and Budget Summary Narrative for both State Fiscal Year 2022 and 2023. (18 points)

- a. Applicants should submit completed forms for FY22 and FY23 separately. Include budget for proposed training and staff attendance at semiannual business meetings with DMHA or DMHA's designee. (6 points)
- b. Attach a separate document detailing proposed program, policy, and practices implementation budget of funds. Staff time should be allocated to the program in addition to materials, training, subcontracting or other costs. (6 points)
- c. Proposed budget is reasonable and matches the narrative and logic model. (6 points)

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.

11. Attachments (Not to exceed 10 pages) (6 points)

- a. Letter of support from the Local Coordinating Council (LCC) for this effort. (2 points)
- b. Letter of support from community coalition partner. If applicable, may need to obtain documentation from coalition demonstrating the need for additional prevention dollars in a county currently receiving some prevention funding. (2 points)
- c. Letter of support from DMHA Regional Prevention System Client Consultation Board. (1 point)
- d. Most recent audit report made in accordance with OMB circular A-133 if applicable, or other documentation of organizational financial capacity. (1 point)

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 letter of application signed by the Director or agency board president identifying the amount of funds requested.
2. Completed Attachment A, Applicant Information
3. Community Assessment
4. Capacity Building Efforts
5. Complete Attachment B, Substance Misuse Logic Model
6. Implementation Proposal
7. Evaluation Capacity
8. Sustainability Plan
9. Cultural Competence
10. Description of Key Staff
11. Complete Attachment C, Proposed Budget
12. Attachments (Letters of support and most recent financial audit)

**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

Substance Misuse Prevention Logic Model

Use this table to present the problems, contributing factors, interventions, short-term and long-term outcomes for your proposed prevention program. Highlight key staff and/or agency capacity to carry out proposed activities.

What is the Problem?	What are the Contributing Factors to the problem?	What are the strategies/interventions that will be used to combat or get in front of the problem?	What are the short-term outcomes (i.e. what do you hope to see happen / what do you want to see in 6 months to a year?)	What are the Long-term outcomes (i.e. more than 1 year)?
<i>(Example)</i> <i>High rates of prescription medication misuse.</i>	<i>Increased access to prescription medications.</i> <i>Low perception of risk of harm.</i>	<i>Educate on effects of Rx drugs and potential harm to body (use pre/post-test)</i> <i>Key Staff: Program Coord.</i>	<i>Increased knowledge of the risks of misusing Rx drugs</i>	<i>Decrease in prescription drug misuse rates.</i>

**ATTACHMENT C
Budget Summary**

Applicant Name: _____

24 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 following above.
State will provide reimbursement for 100% of cost.

**Personnel Budget
Staffing Detail Sheet**

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.

**Non-Personnel Budget
Travel Detail Sheet**

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.)

**Non-Personnel Budget
Training Detail Sheet**

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.

**Non-Personnel Budget
Equipment Detail Sheet**

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.

**Non-Personnel Budget
Participant Travel**

Applicant Name: _____

Item Description	Estimated Cost (100%)
Total	

**Non-Personnel Budget
Other**

Applicant Name: _____

Item Description	Estimated Cost (100%)
Total	