



Eric Holcomb, Governor  
State of Indiana

*Division of Mental Health and Addiction*  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739

**REQUEST FOR FUNDING ANNOUNCEMENT – RFF-2022-008**  
**FOR**  
***Transportation for Justice-Involved Populations***

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

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 proposals for this RFF, to be as creative as possible regarding costs, as cost efficiency will be considered when determining grant(s) awards.



## Terms

Selected applicants will receive a grant commencing on July 1, 2022 (or from date of final State approval of grant), and terminating on June 30, 2023, and may be renewed through reapplication and new proposal, based upon available funding.

## Proposal Requirements

Applicants interested in providing these services to FSSA/DMHA should submit an electronic or oral proposal no later than **April 12, 2022 @ 4:00 pm ET** via email to:

Email Address: Tina.Smith@fssa.in.gov

- Proposals received **after 4:00 p.m. ET will not be considered.**
- The email subject line should state: ***“RESPONSE to RFF-2022-008 – Transportation for Justice-Involved Populations.”***
- Ensure that all supporting documents are attached to the e-mail.
- Although not mandatory, pdf file format is preferred and only one file totalling all documents should be submitted.
- No more than one proposal per applicant should be submitted. However, an applicant can address more than one strategy within a single proposal.
- In the cover letter please indicate the principal contact for the proposal along with a telephone number and email.

**All proposals must have an electronic mailing address included.**

## Point of Contact

Tina Smith

Addiction Stimulus Funds Coordinator

Tina.Smith@fssa.in.gov/317-233-4714

Please do not direct questions/inquiries to any other staff members of FSSA/DMHA, as this action may disqualify the applicant from further consideration for this RFF.

## Project Description/Scope of Work

The Division of Mental Health and Addiction has been awarded funding through the House Enrolled Act (HEA) 1001 of the 2021 legislative session, signed into law by Governor Eric Holcomb on April 29, 2021, using appropriated federal coronavirus (COVID-19) relief funds from the American Rescue Plan Act (ARPA).

Transportation continues to be a barrier to successful re-entry, and recovery, for justice-involved individuals (i.e. individuals who are on work release, probation, awaiting sentencing, formerly incarcerated, etc.). This grant aims to assist with reliable transportation to/from places of employment, substance use/mental health treatment or appointments, court, or other services related to re-entry and overall wellbeing.

Funds can be used for the lease, maintenance, insurance and overall care of a vehicle(s) and Non-Medical share ride programs. Organizations can provide assisted pickup/drop-off options

for customers and provide assistance to those needing medical or stretcher transportation and wheelchair accessible vehicles. This funding will also cover the cost of the staff time for transport. BE CREATIVE!

Priority will be given to respondents with extended operation hours outside of business hours and those respondents serving rural areas of the state.

Grantees must: 1) provide monthly reports to DMHA; 2) participate in the evaluation of this program; and 3) provide periodic oral updates, as requested by DMHA.

### Project Timeline

\*Subject to change\*

March 23, 2022	RFF Released
March 30, 2022	RFF Questions Due
April 12, 2022	RFF Proposal Submissions Due Back
April 26-27, 2022	Oral Presentations Conducted
May 13, 2022	Notify Grantees of Awarded Funds
July 1, 2022	Grant Start Date

Any questions regarding this RFF must be submitted by e-mail to Tina Smith, [tina.smith@fssa.in.gov](mailto:tina.smith@fssa.in.gov) no later than 4:00pm Eastern Standard Time, **March 30, 2022**

### Funding

The total funding amount available for this RFF is \$2,000,000.00. Grantees will be awarded up to \$200,000 each.

### Selection Process and Criteria – RFF-2022-008

Proposals can be in written or oral format. Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction or designee. Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the Program in a cost-effective manner.

Written Proposal Scoring Criteria	Points
<p><b>Cover Letter / One (1) page maximum</b></p> <ul style="list-style-type: none"> <li>A letter of application signed by the Director or agency board president identifying the amount of money requested, Population(s) of focus, proposed catchment area, and proposed numbers to be served. Include name, email, and phone number for the primary program contact. The cover letter needs to include the total amount requested.</li> </ul>	<p><b>2</b></p>

<p><b>Organizational Information / Two (2) page maximum</b></p> <ul style="list-style-type: none"> <li>• Tell us about your organization – who are you? Describe your mission/goals and/or your area(s) of focus. What makes your agency unique especially working with justice-involved individuals? Describe your ability to provide services to the special population(s) you have chosen- describe existing relationships.</li> <li>• Explain the make-up of your organization. Does the leadership group/owner represent the special population you will serve?</li> <li>• Provide the resume of Key Personnel involved with the program [Note: Resumes are not counted toward page maximum].</li> </ul>	<p>20</p>
<p><b>Current and Past Program Experiences; Gaps / Two (2) page maximum</b></p> <ul style="list-style-type: none"> <li>• Provide a thorough explanation of experience in implementing community projects or community health initiatives.</li> <li>• Highlight at least one program you are especially proud of and why. What outcomes were achieved?</li> <li>• What gaps exist and how will this funding help?</li> <li>• Are any of the initiatives you've implemented considered evidence-based? If so, which ones? <ul style="list-style-type: none"> <li>▪ Do you currently have an established Non-Medical ride/share program?</li> </ul> </li> </ul>	<p>12</p>
<p><b>Program Narrative / Five (5) page maximum</b></p> <ul style="list-style-type: none"> <li>• Provide a description of the activities you plan to implement. Describe the process used to come to this decision, how were the activities chosen, what data was used, who was involved, etc. <ul style="list-style-type: none"> <li>▪ Describe the hours of operation</li> </ul> </li> <li>• If activities have not been fully identified, describe the process you will use to decide which activities are best for your community, what data will you use, who will be involved, etc.</li> <li>• Provide detailed explanation of which local partners you are working with /or intend to work with for the completion</li> </ul>	<p>35</p>

<p>of this project. (Strongly suggest: Partners should include individuals from the population(s) of focus.) List partners who have been contacted and describe what each partner will contribute to fulfill the grant requirements.</p> <ul style="list-style-type: none"> <li>• Please prepare a realistic timeline for implementation. Indicate outcomes you plan to achieve. How will you measure the outcomes?</li> <li>• Explain potential barriers to success and ways to overcome said barriers.</li> <li>• Describe your contingency plans in the event you are unable to implement the activities as originally planned (i.e., consequences of Covid, closures, etc.)</li> </ul>	
<p><b>Budget Template with Budget Justification</b></p> <ul style="list-style-type: none"> <li>• Using the attached sample budget, develop a budget for the selected project. Include the associated justification. Please include the total amount requested.</li> </ul>	<b>25</b>
<p><b>Letters of Support</b></p> <ul style="list-style-type: none"> <li>• Provides letters of support from partners that are fully committed to this project and the role they will play, etc.</li> </ul>	<b>3</b>
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>▪ Documentation of auto insurance policy</li> <li>▪ All drivers will be subject to background checks</li> </ul>	<b>3</b>
<b>TOTAL</b>	<b>100</b>

### Oral Proposal Presentation Scoring Requirements

- 1) Following the application deadline, a timeslot will be given to each grantee who wishes to present their proposal orally.
- 2) Proposals will be evaluated based on the criteria outlined below. Scores for each section have been provided, and each section is deemed important.
- 3) Oral Proposals may be face to face, teleconference (i.e. Microsoft Teams, Zoom) or videotaped and submitted via YouTube.
- 4) Oral Proposals must have a presentation software program (i.e. PowerPoint) or a written outline of the presentation including the criteria outlined below for scoring as well as a written budget submitted by April 12, 2022 (just like the written requirements deadline).
- 4) Presentations are limited to a 30 minute maximum timeframe.

Oral Proposal Scoring Criteria	Points
<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• A letter of application signed by the Director or agency board president identifying the total amount of money requested, Population(s) of focus, proposed catchment area, and proposed numbers to be served. Include name, email, and phone number for the primary program contact.</li> </ul>	<p>2</p>
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<p><b>Current and Past Program Experiences; Gaps</b></p> <ul style="list-style-type: none"> <li>• Provide a thorough explanation of experience in implementing community projects or community health initiatives.</li> <li>• Highlight at least one program you are especially proud of and why. What outcomes were achieved?</li> <li>• What gaps exist and how will this funding help?</li> <li>• Are any of the initiatives you've implemented considered evidence-based? If so, which ones? <ul style="list-style-type: none"> <li>▪ Do you currently have an established Non-Medical ride/share program?</li> </ul> </li> </ul>	<p>12</p>
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<b>TOTAL</b>	<b>100</b>

### SAMPLE BUDGET TEMPLATE – RFF-2022-008

#### A. Personnel

Position	Name	Hourly Rate	Annual Rate	Amount Requested

Provide brief description of job duties:

#### B. Fringe Benefits

Position	Name	Insurance Cost	FICA	Amount Requested

Provide brief description of percentages of costs:

#### C. Travel

Purpose	Destination	Item (Ex: Hotel, flight, per diem)	Cost	Amount Requested

Provide brief description of travel (Ex: conference, workshop, location, dates if known)

**D. Supplies**

Item	Cost	Bases (Ex: monthly, quarterly)	Quantity	Amount Requested

Provide brief description of supplies

**E. Contracts**

Name/Vendor	Duty	Amount Requested

Provide brief description of contractor duties:

Total Amount Requested \$

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