

RFF-2019-12-1
REQUEST FOR FUNDING ANNOUNCEMENT
FOR
Community Substance Misuse Prevention and Mental Health Promotion

This is a Request for Funding announcement 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 four months commencing on **July 1, 2020** (or from date of final State approval of grant), and terminating on **June 30, 2022**, 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:

Melissa Carroll

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. Proposal
3. Budget with funds related to evidence based programs, policies and practices clearly delineated
4. Job description for each grant position funded including evidence of Substance Abuse Prevention Skills Training training or plan to obtain SAPST training within the first 6 months of grant funding. *Please also include percentage of position to be funded by the grant.* All employees whose salary is partially or fully funded by this proposal are required to be SAPST trained within a year of grant receipt.
5. Letter(s) of support from partnering local entity/ies
6. Documentation of coordination of or significant participation in an alcohol, tobacco and other drug prevention related coalition and other attachments as described.
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 February 28, 2020. 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
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 **January 3, 2020**. 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:

December 2, 2019	RFF sent to potential applicants
January 3, 2020	RFF questions due to DMHA
February 28, 2020	RFF proposals due to DMHA
April 24, 2020	Notification of Awards to Agency
July 1, 2020	Effective date of contract

Grant:

Selected applicants will receive a 24 month grant (*July 2020 to June 2022*) 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 *2021-2022* will not exceed **\$400,000** 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 years *2021 - 2022* is unknown, as is State match, at the time of preparation of this document. It is expected that 10 – 15 awards will be made.

SCOPE OF WORK

Funding is 100% from federal sources and funded solely through the substance abuse mental health service block grant, substance abuse prevention. 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. Applicants will be expected to provide comprehensive 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. Applicants shall address any specific community determinants as supported by community level data. Applicants should work across multiple prevention domains with a comprehensive mix of strategies. Prevention efforts may be universal, selective or indicated in their population focus and should align with SAMHSA's six prevention strategies (examples of activities and methods for each strategy include but are not limited to):

- Prevention education (i.e. classroom and/or small group sessions, parenting and family management classes, peer leader/helper programs, education programs for youth groups, children of substance abusers groups)
- Positive alternatives (i.e. drug free dances and parties, youth/adult leadership activities, community drop-in centers, community service activities)
- Problem identification and referral (i.e. employee assistance programs, student assistance programs, driving while under the influence/driving while intoxicated education programs)

- Community-based processes (i.e. community and volunteer training, systematic planning, multi-agency coordination and collaboration, accessing services and funding, community team-building)
- Information dissemination (i.e. clearinghouse/information resource centers, resource directories, media campaigns, brochures, radio/TV public service announcements, speaking engagements, health fairs, information line)
- Environmental strategies (i.e. promoting the establishment/review of alcohol, tobacco and drug use policies in schools; technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use; modifying alcohol and tobacco advertising practices; product pricing strategies)

Grantees will be expected to utilize the Strategic Prevention Framework to implement evidence based prevention programs. The SPF process offers a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing communities. The SPF process includes five steps:

1. Assessment: Identify local prevention needs based on data.
2. Capacity: Build local resources and readiness to address prevention needs.
3. Planning: Find out what works to address prevention needs and how to do it well.
4. Implementation: Deliver evidence-based programs and practices as intended.
5. Evaluation: Examine the process and outcomes of program and practices

The SPF is also guided by the principles of Cultural Competence and Sustainability, which should be integrated into each step. The SPF process can be accessed through SAMHSA at <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>.

Applicants must identify target populations as supported by data. This data should include data-based consequences of substance use/misuse, and risk and protective factors. The proposal should describe any existing prevention efforts and provide a clear description of how applicant will address gaps in services to these populations. Applicants shall comprehensively address the needs identified in their county (ies) through a variety of data sources. Applicants should demonstrate in their applications collaboration and subcontracting with other prevention providers within their county, local and other State designated partners so that prevention capacity expands in the State.

The proposal must include a clear description of how the applicant will provide services to eligible participants who identify as members of a group that are traditionally under-served or at high risk for substance misuse, as demonstrated by county determinants. The proposal should demonstrate an understanding of the ways that one or more of the following; race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status; impacts the target population's quality of life and 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.

For purposes of this application, applicants will be expected to provide community needs and resource assessment data for populations who are underrepresented in prevention services because of barriers, included but not limited to:

- LGBTQ+ youth to age 26 years
- Children of incarcerated parents
- Pregnant woman/woman with children
- Previously incarcerated individuals
- Veterans and Military Families
- Individuals with co-occurring disorders/ Serious Mental Illness
- Rural populations

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.

Applicant shall submit a logic model as a visual tool to help present the rationale behind the program and communicate and connect the proposed prevention plans and evaluation efforts. The logic model should break down the risk and protective factors within the community as well as ways to help identify the contributing influences associated with those factors. The model should provide a clear picture of each intervention that will be implemented as well as the outcomes associated with it. The logic model will be refined with technical assistance support during the first fiscal year of funded projects. The logic model must be submitted using the table in Attachment D.

Grantee shall implement evidence based programs, policies and practices within the following specific perimeters. The grantee shall allocate at least 60% of funds towards service delivery and at least 70% of service delivery funds to evidence based prevention programs, practices and policies. Applicant should present the program(s) or strategy proposed for implementation, describe how it aligns with the population's needs, determinants and desired outcomes, and include supporting evidence of effectiveness for positive outcomes in similar populations. Applicant should provide information supporting the use of selected programs (i.e. goodness of fit to community, evidence of effectiveness and support for promising/innovative programs). Use of promising or best practice strategies should be submitted to DMHA for approval. For guidance on selecting evidence-based programs, policies and practices, applicants should refer to Indiana's Evidence Based Practice Guide (August 2019 version and SAMHSA's *Selecting Best-fit Programs and Practices* (https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf)).

Applicant should describe their capacity to evaluate the effectiveness of their prevention efforts through the collection of fidelity and process data, program outcomes, changes in Alcohol, Tobacco and Other Drugs use, and changes in ATOD consequences and intervening variables. Applicant will also be required to collect National Outcome Measurement System data as appropriate that includes the following domains:

- Abstinence from drug and alcohol use
- Decreased symptoms of mental illness with improved functioning
- Getting and keeping a job or enrolling in school
- Decreased involvement with the criminal justice system
- Access to services
- Retention in services
- Use of evidence-based practices in treatment

- Client perception of care

If a particular strategy is found to be ineffective, applicants should be prepared to implement a different strategy. Data and program outcomes will be collected in collaboration with DMHA-designated technical assistance and evaluation partners. An evaluation plan will be developed and implemented in collaboration with the evaluation contractor during the first three months of the grant cycle.

Applicants should provide a proposed sustainability plan describing how the proposed program(s) will be integrated into the organization/community after the funded grant period. This plan should include future funding streams and recommendations for further work. This plan will be refined with technical assistance throughout the project.

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 either continue or 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. Throughout the funding period, applicants should be prepared to meet the following requirements and expectations:

- A. Evidence of participation in a coalition effort that addresses alcohol, tobacco and other drug misuse and abuse.
- B. Evidence of substance misuse prevention coordination across multiple agencies, organizations and efforts.
- C. A proposed method to address health disparities and cultural competency issues (including but not limited to: race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status) within their communities. This plan will be refined with technical assistance throughout the project.
- D. Utilize a logic model which includes data based consequences of substance use, risk and protective factors and other determinants, behaviors addressed, proposed strategies which are clearly linked to contributing factors and proposed process and outcome measures. The logic model will be refined with technical assistance support during the first fiscal year of funded projects.
- E. Communicate and collaborate with local partners, the Prevention Regional Coordinator, DMHA, and DMHA-designated partners throughout the term of the grant.
- F. Participate in ongoing professional development, submit evidence of Substance Abuse Prevention Skills Training or plans to attend the full 4 day in person training within the first six months of the award and participate in other training as directed by DMHA. Obtain or maintain Certified Prevention Specialist status for at least one staff member by the end of SFY 2022.

- G. Conduct all programs with maximum fidelity and adherence to the evidence-based model. Applicants shall be prepared to provide DMHA with justification for any adaptations made to the model. Use of promising programs and best practices may be allowed upon DMHA approval.
- H. Maintain communication with DMHA identified technical assistance, evaluation providers and comply with site visits and recommendations.
- I. Adhere to evaluation requirements, participate in state-level program evaluation as determined by DMHA, and participate in ongoing refinement of evaluation methods in conjunction with DMHA designated evaluation contractor.
- J. Provide and update timeline and work plan annually. Provide progress reports monthly and include financial reports quarterly.
- K. Develop and implement a sustainability plan during the grant funded period.
- L. Notify the DMHA Bureau Chief of Substance Abuse Prevention and Mental Health Promotion and any DMHA designees within five business days of any changes in program staff supported with these funds.

With the State Regional Model, you will be expected to work with the Regional Coordinator in those regions where you are providing DMHA funded services.

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, organizations 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 with other agencies to support high quality, high fidelity implementation.
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 nontraditional partners in MOU relationships in order to build statewide prevention capacity.
8. 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.
9. Express a commitment to ongoing agency and county level capacity building and training.

Each proposal will be evaluated on the basis of 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 (*113 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

- 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) (18 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, 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. (3 points)
- c. Describe current and past efforts to address prevention services to diverse groups within the communities. If there have been little to no previous efforts, please present possible barriers that prevented these activities and what has changed that now makes these efforts possible. (3 points)
- d. 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. (3 points)
- e. 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. (3 points)

4. Logic Model (Not to exceed 8 pages) (21 points)

- a. Submit a logic model (Attachment D) to support the rationale behind the proposed program efforts. Applicant must use the provided table (Attachment D) to present: the problem, including data-based consequences of use and behaviors that need to be addressed; factors that contribute to these stated problems, including the risk and protective factors and other determinants; proposed strategies and interventions; and short-term outcomes and long-term outcomes that are clearly linked to these contributing factors and proposed measures. 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.

County assessment may indicate prevention needs across the lifespan. If that is the case and the applicant will be addressing them as part of their comprehensive efforts, include

evidence based programs, policies and practices to implement and if necessary, partner with another agency in an MOU to address these needs. (12 points)

- b. Propose at least one evidence based prevention policy or practice for implementation within each county which aligns with the applicant's logic. (2 points)
- c. Describe cooperative agreements or memorandum of understandings to administer prevention services with at least two other community prevention providers that have expertise in service delivery or target populations that the primary agency does not. *This should include payment for services rendered.* (4 points)
- d. Highlight key staff and/or 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. (3 points)

5. Implementation (Not to exceed 4 pages) (12 points)

- a. Quarterly timeline for program activities through June 30, 2022 (3 points)
- b. Propose evidence based prevention strategies of at least 70% of program dollars. Describe efforts across the lifespan if needs assessments merits such work. These programs should link clearly to the proposed logic model. (6 points)
- c. Estimate numbers served during State Fiscal Year 21 and State Fiscal Year 22, including plans to increase these numbers during the second year. 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. (3 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) (15 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) (5 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. Indicate which staff will obtain/maintain status as a Certified Prevention Specialist. Include a hierarchical employment chart along with resumes of key prevention staff. (5 points)

10. Proposed Budget (Complete Attachment B and Budget Summary Narrative for both State Fiscal Year 2021 and 2022. (18 points)

- a. Complete attached forms. Sites should submit completed forms for FY21 and FY22 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 which delineates 70% of funds spent on evidence based categories. 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. (1 point)
- c. Documentation (a list of meetings and activities is acceptable) of ongoing participation in a coalition that addresses alcohol, tobacco or other drug misuse or abuse prevention. (2 points)
- d. Signed memorandum of understanding between applicant agency and at least two other prevention providers in the community to implement evidence based prevention programs, practices or policies during the grant period. (2 points)

- e. Most recent financial audit 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.

Attachment A
Form of Proposal

1. Complete Attachment A, Applicant Information
2. County Assessment
3. Capacity Building Efforts
4. Strategic Plan

Include other training and workforce development activities and intention to comply with ongoing technical assistance

5. Implementation Proposal
6. Evaluation Capacity
7. Sustainability Plan
8. Cultural Competence
9. Description of Key Staff
10. Proposed Budget
11. Attachments

**ATTACHMENT B
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 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
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.

ATTACHMENT D

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)?
<p><i>(Example)</i></p> <p><i>High rates of prescription medication misuse.</i></p>	<p><i>Increased access to prescription medications.</i></p> <p><i>Low perception of risk of harm.</i></p>	<p><i>Educate on effects of Rx drugs and potential harm to body (use pre/post-test)</i></p> <p><i>Key Staff: Program Coord.</i></p>	<p><i>Increased knowledge of the risks of misusing Rx drugs</i></p>	<p><i>Decrease in prescription drug misuse rates.</i></p>