

# Substance Use Disorder Residential Treatment Facility Subgrant PROPOSAL GUIDANCE

Release Date: Monday November 29<sup>nd</sup>, 2021 Proposals Accepted: Monday January 3rd, 2022

# DIVISION OF BEHAVIORAL HEALTH DEPARTMENT OF HEALTH AND WELFARE

Due to federal spending requirements, proposals **must be received** no later than, **Monday January 3<sup>rd</sup>**, **2022 at 5:00pm Mountain Time**. Proposals may be submitted via post, delivery, or email.

#### **Submit proposals to:**

Rachel Nenno and Catherine Kaplan Division of Behavioral Health

Email: Rachel.Nenno@dhw.idaho.gov, Catherine.Kaplan@dhw.idaho.gov

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#### I. Overview and Definitions

#### Overview

Almost 21 million Americans have at least one Substance Use Disorder (SUD), yet only 10% receive treatment. Drug overdose deaths in the US have more than tripled since 1990. On average, thirty (30) Americans die every day in alcohol-related car accidents, and six (6) Americans die every day from alcohol poisoning (Addiction Center). Idaho is not immune to the devastating impacts of Substance Use Disorders. Since the onset of the Covid-19 pandemic, like other states in the country, we are seeing an increase in substance misuse and need for services.

While the need for SUD treatment exists now more than ever, Idaho does not currently have the capacity to provide treatment services to all in need. Of particular shortage are the number of residential facilities offering ASAM levels of care 3.1 and 3.5 (more information on ASAM levels of care can be found <a href="here">here</a>). In 2020, 153 Idahoans accessed adult residential and/or medically monitored residential treatment services via the Department's Management Services Contractor, BPA Health. Though this number demonstrates the high demand for SUD residential treatment, it unfortunately does not capture how many Idahoans met ASAM level of care for residential services but were not able to obtain these services due to the significant lack of nationally accredited SUD residential providers accepting public funding in Idaho. Due to this shortage, the Department of Health and Welfare (DHW), Division of Behavioral Health (DBH), is providing this funding opportunity to incentivize treatment providers to establish new nationally accredited SUD residential treatment facilities in Idaho that will accept public funding.

Idaho expanded Medicaid eligibility in January 2020. However, while Idaho Medicaid has been granted the appropriate waivers to reimburse for residential level of care SUD services, that benefit has not yet been activated. DBH continues to fund this lifesaving benefit to qualifying Idahoans in need; however, there are currently only two (2) providers in the BPA Health network that offer residential level of care services. Idaho Medicaid has established requirements for all behavioral health providers seeking Medicaid reimbursement for the services they provide. Specifically, Medicaid will require that all participating hospitals and residential settings be ASAM certified and accredited by a nationally recognized accreditation entity in order to bill Medicaid. To align with Medicaid's standards, the DBH requires BPA Health residential treatment providers to be nationally accredited.

Funding made available through this announcement may be used to support residential treatment facility startup costs for new facilities, the expansion of an existing facility, and/or national accreditation and ASAM certification fees for new or existing facilities. Budget items for startup costs may include, but are not limited to:

i. equipment and supplies needed for implementing services

- ii. cost of initial salaries of staff members who provide direct client services
- iii. national accreditation and/or ASAM Certification fees
- iv. travel expenses required for development

Applicants may request up to \$20,000 for renovations and alterations of existing facilities, if necessary and appropriate for the project. Funds may not be used for the purchase of any building or structure to house any part of the program.

The funding for this opportunity has been provided by the State Opioid Response (SOR) grant, CFDA 93.788 and the COVID Emergency Relief Funding for the Substance Abuse Block Grant CFDA 93.959 awarded to the DBH by the Substance Abuse and Mental Health Services Administration (SAMHSA). The subgrant award is up to \$750,000, beginning the date the subgrant is signed by all applicable parties and ends on September 29, 2022, regardless of the start date. This is a competitive award with one (1) recipient being selected.

#### **Definitions**

American Society of Addiction Medicine (ASAM) Level of Care – Refers to the third edition manual of the patient placement criteria for the treatment of substance-related disorders, published by the American Society of Addiction Medicine, incorporated by reference in Section 004 of these rules.

Case Management – the administration and evaluation of an array of services that may include the assessment of client and client family needs, service planning, linkage to other services, client advocacy, monitoring service provision, and coordination of services.

Commission on Accreditation of Rehabilitation Facilities – The Commission on Accreditation of Rehabilitation Facilities (CARF) nationally accredits and certifies rehabilitation facilities in the United States. Additional information on CARF can be found <a href="https://example.com/here">here</a>.

Institution for Mental Diseases (IMD) – a hospital, nursing facility, or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders.

Medication for Opioid Use Disorder (MOUD) – Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder.

Outpatient Treatment – Educational classes and individual or group counseling consisting of regularly scheduled sessions within a structured program for up to eight (8) hours of treatment per week for adults and five (5) hours of treatment per week for adolescents.

Intensive Outpatient Treatment – Educational classes and individual or group counseling consisting of regularly scheduled within a structured program for a minimum of nine (9) hours of treatment per week for adults and six (6) hours of treatment per week for adolescents.

Residential Treatment – A planned and structured regimen of treatment provided in a 24-hour residential setting. Residential programs serve individuals who, because of functional limitations need safe and stable living environments and 24-hour care

Substance Use Disorder (SUD) – A substance use disorder is evidenced by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using a substance despite significant substance-related problems. According to the DSM-5, diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to use of the substance.

The Joint Commission – The Joint Commission nationally accredits and certifies health care organizations and programs in the United States. Additional information on the Joint Commission can be found <a href="here">here</a>.

### II. Purpose

The purpose of this subgrant opportunity is to increase access to SUD residential treatment services (ASAM levels of care 3.1 and 3.5) in Idaho by providing startup funds necessary for a new residential treatment facility to be established, an existing facility to be expanded, and/or to help off-set costs associated with obtaining national accreditation and/or ASAM certification for new or existing facilities. The Department welcomes applications from organizations who are committed to opening a new ASAM certified and nationally accredited residential treatment facility, expanding their existing residential treatment facility, and/or obtaining national accreditation and/or ASAM certification for an existing facility that will serve the adult population in Idaho.

This funding opportunity will be used to assist an Idaho residential treatment provider to acquire national accreditation and/or ASAM certification, expand their existing facility and services, and/or to establish a new residential treatment facility that:

- Provides, at a minimum, residential treatment services that meet ASAM level of care criteria for levels 3.1 and 3.5 (more information on ASAM levels of care can be found <u>here</u>).
- ii. Is accredited as a residential treatment provider by a national accreditation organization such as the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission.

- iii. Will become nationally accredited, ASAM certified, and will enroll with Medicaid-and the DBH's Managed Services Contractor as a residential treatment provider.
- iv. Will provide services to both adult men and/or women.
- v. Will provide case management services for discharge planning and immediate connection to outpatient treatment and recovery support services upon discharge.
- vi. Will provide the opportunity for individuals with an Opioid Use Disorder (OUD) to access Food and Drug Administration (FDA) approved Medications for Opioid Use Disorder (MOUD) if found clinically appropriate.
- vii. Will provide the opportunity for individuals with Alcohol Use Disorder (AUD) to access FDA approved medications for the treatment of AUD if found clinically appropriate.

#### **Goal of Solicitation**

The Idaho Department of Health and Welfare's Division of Behavioral Health is offering funding for new applicants to open a nationally accredited and ASAM certified SUD residential treatment facility or to assist already established Idaho residential treatment providers to expand their current facility and program, become nationally accredited and/or ASAM certified. The subgrant award is up to \$750,000, beginning the date the subgrant is signed by all applicable parties and ends on September 29, 2022, regardless of the start date. This is a competitive award with one (1) recipient being selected.

#### **Subrecipient and Contractor Determination and Requirements**

The Department of Health and Welfare has determined the nature of the relationship of the applicant agency is that of a sub-recipient. Due to the nature of sub-recipient relationships, the following items are required to be submitted or acknowledged by applicant agencies:

Applicants will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. 2 CFR 25.110. [An individual person is exempt from this requirement.]

- By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133) and shall provide proof of spending.
- ii. Applicant shall comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.
- iii. Applicant must prove active registration with the System for Award Management (SAM), <a href="www.sam.gov">www.sam.gov</a>.
- iv. If classified as a Disadvantaged Business Enterprise (DBE), Minorityowned Business Enterprise (MBE), Women-owned Business Enterprise

(WBE), the applicant must provide verifying documentation in the proposal attachments.

#### **Eligible Applicants/Who Can Apply**

This funding opportunity is available to SUD residential treatment providers who would like to become nationally accredited and/or ASAM certified, expand their current facility and services, or to SUD treatment providers who would like to establish a new nationally accredited and ASAM certified SUD residential treatment facility in Idaho.

#### **Eligibility Criteria**

Applicants must demonstrate how they meet the following criteria in their application:

- Comprehensive understanding of the treatment of SUD;
- ii. Comprehensive understanding of the ASAM level of care criteria;
- iii. Comprehensive understanding of how to become nationally accredited and/or ASAM certified

#### **Preferences**

Preferences shall be given to proposals that demonstrate:

- Successful track record with providing SUD treatment within a residential treatment facility;
- ii. Successful track record with opening new programs and/or facilities;
- iii. Support from community of proposed facility location.

#### **General Provisions**

Applicant, collaborative partners and projects supported by this funding opportunity must not discriminate by race, creed, religion, sexual orientation or gender identity.

# III. Scope of Work

#### **General Description of Awarded Expectations**

The Department invites proposals that adhere to the following scope of work requirements. The successful applicant will develop a proposal outlining how they plan to meet project strategies. They will move through the steps as described below, ensuring their proposal maintains a strong foundation and represents the necessary resources required for opening a new residential treatment facility that is nationally accredited and ASAM certified, expanding an existing residential treatment program, and/or obtaining national accreditation and/or ASAM certified for an existing residential facility.

#### **Statement of Need and Focus Population**

The successful applicant will provide details on their identified population(s) of focus and will describe the need for residential treatment within their community, including current service gaps in the proposed new location(s).

#### **Proposed Implementation Approach**

The successful applicant will provide a detailed plan outlining how they will successfully open a residential treatment facility, expand an existing residential treatment facility, obtain national certification and/or ASAM certification for their residential treatment facility. This plan will include:

- A description of the goals and objectives that incorporate SMART (Specific, Measurable, Attainable, Realistic, Time-Specific) goals and objectives for the proposed facility and how these goals and objectives align with the Statement of Need described above;
- ii. A project plan that includes a detailed timeline of anticipated project activities and milestones:
  - a. A description of required staff, their roles and responsibilities;
  - Verification and/or letter of attestation confirming all hired staff will comply with IDAPA 16.06.06 "Criminal History and Background Checks" and that certified peer workers that cannot pass the background check have been granted a waiver in compliance with IDAPA 16.07.17 and DBH process;
  - c. Anticipated number of beds that will be available;
  - d. A detailed list of planned expenses.

## **IV. Required Elements**

In addition to the above scope of work activities, applicants will be required to complete or participate in tasks or deliverables that will include but not be limited to:

#### Reporting

- i. Submit monthly invoices, to include: Personnel and Fiscal Operating Detail Reports.
- ii. Submit monthly updates on progress on achieving project milestones.
- iii. Submit an end-of-project report, including an assessment of overall effectiveness of strategies and approaches.

#### **Work Plan**

- i. Develop a work plan that adheres to project timelines and achievement of milestones.
- ii. Develop an evaluation plan and submit routine reports evaluating progress on objectives.

#### **Technical Assistance/Communication**

i. Participate in monthly conference calls with project staff from the Department to discuss progress on scope of work activities, collaboration progress, action planning, quality improvement, and other technical assistance, as needed.

ii. Participate in site visits, when deemed appropriate by the Department, to discuss work plan progress, successes and challenges, and build relationships with collaborative members and partners.

# V. Proposal/Project Narrative

#### **Technical Elements**

Proposal documents shall be single-spaced with 1" margins using 12-point Calibri font.

Applications must include all required information listed on the Application Checklist (see Appendix 1) to be considered for technical review.

The proposal must include the following elements as shown in the sequence below:

#### **Application Checklist**

Submit a completed Application Checklist found in the Application Packet.

#### **Title Page**

See Appendix 2 for Sample Title Page

#### **Cover Letter**

See Appendix 3 for Sample Cover Letter

#### **Project Summary**

The application must include a one-page high-level summary of the project that demonstrates how the applicant agency and community collaborative meet the Eligibility Criteria, as indicated on page 8, and how the proposed project meets the requirements of this proposal.

#### **Project Narrative**

The information within this section should demonstrate both the need for services and the applicant agency's proposal for addressing the need. The narrative must include the following elements:

#### Part A – Statement of Need and Target Population(s)

Describe the extent of the opioid epidemic and substance related issues within your community, including current service gaps in the proposed new location(s), and document the extent of the need. Identify your population(s) of focus and where the residential treatment facility will be established.

Describe how funding streams will be coordinated to address the needs.

#### Part B – Applicant Agency

Please provide a detailed description of the applying agency's (fiduciary agent and convener for this grant), including why the organization is an appropriate choice to coordinate this project.

- i. Type of organization
- ii. Mission, Vision
- iii. Current efforts and activities
- iv. Service area
- v. Description of how the agency has historically served or plans to serve individuals who require residential treatment
- vi. Organizations understanding of cost-reimbursement model of payment
- vii. Include an organizational chart with proposal

#### Part C – Goals, Objectives, Strategies, and Timeline

Applicants will develop goal statements that incorporate SMART (Specific, Measurable, Attainable, Realistic, Time-Specific) objectives clearly describing their strategies for expanding or opening a new residential treatment program and/or becoming nationally accredited and/or ASAM certified. All applicants will submit a Project Timeline that is realistic and achievable. A Sample Project Timeline Template is included in Appendix 4.

#### Part D - Supporting Narrative

New facility or expansion of existing facility: If the applicant's proposal is to expand or open a new nationally accredited and ASAM certified residential treatment facility the supporting narrative should include the following information:

- i. Identify the location of the residential treatment program
- ii. Identify the number of beds that will be available within the treatment facility
- iii. Identify the demographic characteristics, including but not limited to gender, of the population that will be receiving residential services
- iv. Identify how Medications for Opioid Use Disorder (MOUD) will be made available for individuals with an Opioid Use Disorder (OUD)
- v. Identify how medications will be made available for individuals with an Alcohol Use Disorder (AUD)
- vi. Describe the treatment program's process for discharging clients; this should include an individualized discharge plan and coordination of immediate access to outpatient treatment and recovery supports services upon discharge
- vii. Describe the required equipment and supplies for implementing services, cost of initial salaries of staff members who provide client services, and travel expenses required for development

viii. Identify what national accreditation the facility will seek (The Joint Commission, the Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF)) and the steps that will be required to achieve accreditation and ASAM certification

<u>Seeking national accreditation and/or ASAM certification:</u> If the applicant's proposal is to have their existing residential treatment program become a nationally accredited residential treatment facility and/or ASAM certified the supporting narrative should include:

- i. Identify the location of the residential treatment program
- ii. Identify the number of beds available within the treatment facility
- iii. Identify the demographic characteristics, including but not limited to gender, of the population that are receiving residential services
- iv. Identify how MOUD is available for individuals with an OUD
- v. Identify how FDA approved medications are made available for the treatment of AUD
- vi. Describe the treatment programs current process for discharging clients, this should include an individualized discharge plan and coordination of immediate access to outpatient treatment and recovery supports services upon discharge
- vii. Identify steps necessary for the organization to become accredited by The Joint Commission, the Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF) and obtain an ASAM Level of care certification.

#### Part E – Project Administration, Management, and Staffing Plan

Please describe plans for administration and management of the proposed plan including:

- viii. Role of the applying agency
- ix. Role of funded staff and/or subcontractors including role and responsibilities of each Governance and decision-making process and oversight of the project
- x. Describe role, qualifications, and experience in managing federal funds of financial management staff

#### Part F – Letters of Attestations

#### Applicants must submit a letter of attestation confirming the following:

xi. All hired staff will comply with IDAPA 16.06.06 "Criminal History and Background Checks" and that certified peer workers that cannot pass the background check have been granted a waiver in compliance with IDAPA 16.07.17 and DBH process

- xii. Medications for Opioid Use Disorder will be made available to individuals with OUD either directly through the treatment program or via referral to a local prescriber.
- xiii. Confirm that, as a recipient of this subgrant, you agree that funding and time will be allocated as stated in the subgrant language and staff time paid by these funds will not be allocated to purposes or services outside of this subgrant.

# VI. Budget/Cost Proposal

Please provide a cost proposal that includes anticipated costs and/or expenses for opening, expanding, and/or becoming a nationally accredited and ASAM certified residential treatment program. Funding requested should adequately cover costs of resources and staffing needed to accomplish the proposed activities by September 29, 2022. See Appendix 5 for a <a href="Sample Budget Template">Sample Budget Template</a>.

If selected for funding, an updated budget may be required within 30 days following awarding of funds from the Department.

#### **Cost Proposal/Financial Budget**

Please include known and anticipated project expenses, including Personnel, Operating and Fringe Costs. *Indirect costs must not exceed 10% of the overall program budget*.

#### **Allowable Expenses**

- i. Personnel to include Fringe Benefits
- ii. Accreditation fees
- iii. Facility Supplies -to include expenses such as patient beds, privacy curtains, vitals machines, computers, desks
- iv. Operating to include expenses such as consultants/trainers, subcontract payments, travel in-state travel only, printing, materials, supplies)
- v. Applicants may request up to \$20,000 for renovations and alterations of existing facilities, if necessary and appropriate for the project

**Unallowable Expenses** - Grant Restrictions: Funding may not be spent on the following activities:

- i. To supplant state, local, or organizational funding
- ii. Lobbying activities, e.g. to influence legislation or intervene in any political campaign per Section 4002 of Public Law 111-148
- iii. Fundraising
- iv. To provide inpatient hospital services
- v. To make cash payments to intended recipients of health services

- vi. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling with costs not to exceed \$20,000) any building or other facility, or purchase major medical equipment
- vii. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
- viii. To provide financial assistance to any entity other than a public or nonprofit private entity; or
- ix. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
- x. Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with Opioid SOR grant funds
- Funds may not be expended through the grant or a subaward by any agency xi. which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
- xii. Funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.

#### **Funding Limitations**

i. Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD. If medical withdrawal (detoxification) is performed, it must be accompanied by injectable extended-release naltrexone to protect such individuals from opioid overdose in relapse and improve treatment outcomes.

#### **Budget Narrative**

The budget narrative must include a justification of all known or anticipated project expenses listed in the budget. The narrative should describe how funds will be spent and the timeline for spending. While matching funds are not required, if the community plans to include a match using non-federal funds in the form of in-kind or cash contributions, please ensure the match is clearly described within the budget narrative.

#### **Resources Leveraged**

Within the budget narrative, please include any funding, resources, or partnerships that will be leveraged. Describe how this project will build or expand upon existing projects or efforts. Describe whether/how partner resources will support sustainability of the project and how this project relates to other initiatives being implemented in the community. If no current resources are being leveraged within the community, please identify any future partnerships or resources from local, state, or national agencies that can support this project.

# **VII. Proposal Evaluation**

#### **Evaluation Criteria**

The department will award a subgrant to the applicant whose proposal demonstrates alignment with the specifications outlined in this solicitation with respect to the scope of work and project cost. Applicants must demonstrate that they have the capacity to support the fiscal resources and project management requirements necessary to successfully implement the project they propose.

#### **Proposal Scoring Matrix**

Each section of the application has an assigned point value for scoring.

Criteria	Total Points
Title Page/DUNS	5
Project Summary	5

Project Narrative	8
Budget/Cost Proposal	10
Goals and Objectives	10
Timeline	10
Project Administration	7
Evaluation Plan	2
Meeting Submission Requirements (PDF, Etc.)	8
Overall Merit of Proposal	7
Total Possible Points	72

#### **Review Process**

The Technical Review Committee will select the final proposal to fund using the following process:

- i. Members of the Technical Review Committee will review and score each proposal to ensure all required elements and criteria are met.
- ii. Scores will be based on adherence to the Evaluation Criteria listed under section IV. Evaluation and Applicant Selection.
- iii. Final scores will be calculated based on the total score of all reviewers. Proposals will be ranked by final score. The applicant with the highest proposal score will be awarded.
- iv. The committee will inform all applicants of the status of their proposals by email by Monday January 10<sup>th</sup>, 2022.
- v. If an applicant is awarded but unable to uphold the fiscal or scope of work requirements of the subgrant, the funds will be offered to the applicant with the next highest score.

#### VIII. Administrative Information

#### Informational/Q&A Call

One informational call will be held prior to the proposal deadline to provide an overview of the purpose and requirements of the project and allow potential applicants an opportunity to ask questions. It is recommended that all interested applicants attend this call.

The informational call will be held on Thursday December 9<sup>th</sup>, 2021 at 11:00am MT. Registration for this call is required. To register, please send an email with the Subject:

Residential Startup Info Call to Rachel.Nenno@dhw.idaho.gov and Catherine.Kaplan@dhw.idaho.gov by Monday December 6<sup>th</sup>, 2021 at 5:00pm MT.

No other communication with state employees regarding this funding notice will be permitted.

#### **Key Dates and Details**

Funding opportunity released Monday November 29<sup>nd</sup>, 2021

Register for informational call by Monday December 6th, 2021 at 5:00pm MT.

Informational call will be held on Monday December 9<sup>th</sup>, 2021 at 11:00am MT.

All proposal due by 5:00pm MT on Monday January 3<sup>rd</sup>, 2022 at 5:00pm MT.

### IX. Proposal Format and Instructions for Submission

**Proposal Format:** Proposals must be submitted in PDF format, typed, single-spaced, with 1-inch margins, in 12-point Calibri or Arial font. The applicant's name and page number should appear on every page.

#### **Instructions for Proposal Submission**

Schedule: Applicants must submit their proposal by Monday January 3<sup>rd</sup>, 2022 at 5:00pm MT.

Email: Rachel.Nenno@dhw.idaho.gov & Catherine.Kaplan@dhw.idaho.gov

Subject: Residential Startup FOA Application – [Applicant's Name]

Note: Proposals received after the above-referenced due date and time will be considered late and <u>ineligible</u> for review and award.

# X. Proposal Attachments

- i. Attachment 1: Project Narrative
- ii. Attachment 2: Budget Narrative
- iii. Attachment 3: Project Timeline
- iv. Attachment 4: DUNS Number and registration confirmation in SAM (System for Awards Management)

# **XI. Appendices**

- i. Appendix 1: Application Checklist
- ii. Appendix 2: Sample Title Page
- iii. Appendix 3: Sample Cover Letter
- iv. Appendix 4: Sample Project Timeline
- v. Appendix 5: Sample Budget Template

### **XII. Closing Statements**

The Department of Health & Welfare reserves the right to accept or reject any or all proposals and to award in its best interest.

When an applicant has been selected for award, no work towards proposed project objectives shall commence until the subgrant has been agreed upon by all parties and includes signatures of all authorizing officials from the applicant agency and the Department.

Should this proposal not be awarded funding through the Division of Behavioral Health, the applicant agency shall acknowledge its desire to allow the Idaho Department of Health & Welfare to share their proposal with other funding agency partners for consideration of alternative funding or support. See Acknowledgement on the Application Checklist in <u>Appendix 1.</u>

# **APPLICATION CHECKLIST**

Name	of Applicant Organization:
Propos below:	al format meets required specifications, as listed on page $\underline{19}$ and adheres to the outline
	Application Checklist
	Title Page
	Cover Letter
	Project Summary
Project	t Narrative
	Part A: Statement of Need and Target Population(s)
	Part B: Applicant Agency Overview
	Part C: Collaborative
	Part D: Goals and Objectives
	Part C: Project Timeline and Action Plan
	Part D: Project Administration, Management, and Staffing Plan
	Part F: Evaluation Plan
Budget	t/Cost Proposal
	Budget Narrative
Requir	ed Attachments
	Attachment 1: Example Release Plan
	Attachment 2: GPRA Collection Plan
	Attachment 3: Organizational Chart
	Attachment 4: Letters of Support
	Attachment 5: Letters of Commitment
	<ul> <li>From partner organizations, agencies, or individuals</li> </ul>
	<ul> <li>From potential subcontractors</li> </ul>
	Attachment 6: Project Timeline
	Attachment 7: Budget Narrative
	Attachment 8: Completed Budget Template
	Attachment 9: DUNS Number and registration confirmation in SAM (System for Awards
	Management)
Acknow	wledgement:
	By checking this box, should this proposal not be awarded the Get Healthy Idaho
	funding opportunity, the applicant agency hereby acknowledges its approval for the
	Idaho Department of Health & Welfare to share this proposal with other funding
	partners in Idaho for consideration of alternative funding, resources, or support.

# **GRANT PROPOSAL TITLE PAGE**

(Please type answers using the space provided)

1. APPLICANT AGENCY INFORMATION:
Name of Agency:
Agency Address:
Phone Number:
Name of Community Agency is Representing:
2. NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF CONTACT PERSON:
Name:
Address:
Phone Number:
Email Address:
3. NAME AND TITLE OF PERSON COMPLETING APPLICATION:
Name and Title:
Signature: Date:
4. FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN #):
5. TOTAL GRANT FUNDING REQUESTED:

## SAMPLE COVER LETTER TEMPLATE

DATE
Rachel Nenno Project Director Division of Behavioral Health Idaho Department of Health & Welfare
Dear Ms. Nenno:
I am writing on behalf of [Community or Collaborative name]. Please find the enclosed grant request in the amount of \$[xxxxxx] to the Department of Health & Welfare in response to the Idaho Response to the Opioid Crisis (IROC) Reentry Services funding opportunity. In alignment with IROC's vision, our proposal includes the following strategies (please provide a few sentences about how your community will engage residents, promote cross-sector collaboration, and seek to innovatively improve health) to be completed in the community of [Name]:
The [Name of Community Collaborative, if applicable, or Lead Applicant Agency responsible for building the Collaborative] will be responsible for carrying out the strategies of this proposal.
Our community contact person for this project is:
Name Title or role in the community Contact (Phone, Email)
Thank you for your consideration of our grant proposal.
Sincerely,
Name, title, email and phone

# SAMPLE PROJECT TIMELINE TEMPLATE

# Goal Statement(s):

Objectives	Strategies/Activities	Timeline (Deadline)

#### **SAMPLE BUDGET TEMPLATE**

#### Project Total Cover all project costs through September 30, 2021

Use this worksheet to submit your budget. All items must include a detailed description in the Budget Narrative. While not a requirement, please include any known In-Kind Contributions in the Budget Narrative.

Indirect costs Not to Exceed 10% of total budget

A. Personnel + Fringe Benefits					
Personnel	Hourly Rate	Total # Hours	Total		
Title/Role			\$		
			\$		
			\$		
			\$		
Fringe Benefits	Fringe % Rate		\$		
	%		\$		
	%		\$		
	·		Estimated Salary		

Estimated Salary and Benefits \$

B. Operating Costs Item	Description/Justification	Total	
Examples:	•		\$ -
Consultants			\$ -
Subcontractors			\$ -
Training Costs			\$ -
In-State Travel			\$ -
Printing/Materials/Supplies			\$ -
		Estimated	
		Operating	\$ -

Estimated Total Project Budget \$ -