

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

RFF-2023-004 REQUEST FOR FUNDING ANNOUNCEMENT FOR

Transition Aged Youth Programming

Introduction

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

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.

Submission Requirements

Respondents should submit an electronic proposal to Amber Becker (<u>Amber.Becker@fssa.in.gov</u>), no later than **4:30 p.m. Eastern Standard Time (EST) on February 3, 2023.**

- Proposals received after 4:30 p.m. EST will not be considered.
- The email subject line must be RFF # 2023-004 Transition Age Youth
- Proposal must include the following:
 - A letter of application signed by Director or agency board president identifying the amount of funds requested.



- Organizational chart for overall agency with grant funded positions <u>shown with dotted</u> <u>lines</u> (please indicate percentage of position to be funded by grant)
- Job description for each grant funded position
- Detailed Budget
- Submit one proposal per applicant. Agencies that are not the lead applicant, may be included in multiple proposals.

Questions

Questions regarding this RFF must be submitted via e-mail to (Amber.Becker@fssa.in.gov) no later than 4:30 p.m. Eastern Standard Time on January 14, 2023. Questions received after 4:30 p.m. may not be considered. Please keep questions brief and of high priority. Please utilize the following subject heading for emails regarding questions.

Questions: RFF 2023-004 Transition Aged Youth

Questions received by the due date will be answered by **January 20, 2023,** and posted to the DMHA funding webpage (https://www.in.gov/fssa/dmha/funding-information/)

All inquiries are to be directed to <u>Amber Becker</u> and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF.

Project Description

Funds have been secured through the Mental Health Block Grant for the Family and Social Services Administration, through the Division of Mental Health and Addictions to facilitate the implementation of new or expand/continue services for transition aged youth in various communities across Indiana. The purpose of this program is to assist youth, age 14 to 26 years old, with successfully transitioning to adult activities and responsibilities while maintaining sufficient mental wellness.

DMHA intends to fund approximately six (6) proposals that either establishes or expands quality services/programs related to transition aged youth. The respondents must use data to support the selection of the target population, identified risk or protective factors, and proposed strategies. Respondents must use an evidence-based model for SMI/SED.

RFF Timeline:

Subject to change

December 27, 2022 RFF Released
January 14, 2023 RFF Questions Due

January 20, 2023 RFF Answers Posted to DMHA Funding Website

February 3, 2023 RFF Proposal Submissions Due

February 14, 2023 Notify Applicants of Award Determination

July 1, 2023 Grant Effective Date

Eligible Applicants

Community Mental Health Centers and other social service agencies

- Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code
- All applicants must be incorporated or registered in Indiana

Project Timeline

Selected applicants will receive a two-year grant (*July 1, 2023* to *June 30, 2025*) with a renewal option through reapplication and new proposal.

Funding

Applicants may be awarded up to \$300,000 each, over a two-year period, with a maximum of \$150,000 per State Fiscal Year.

FSSA/Division of Mental Health and Addiction encourages applicants to be as creative as possible in their proposals regarding costs. Cost efficiency will be considered when determining grant(s) awards.

Non-Authorized Activities: Such items may include, but not be limited to the following:

- Food
- Pay for promotional items
- Capital purchases such as buildings
- Treatment participation incentive or transportation

Evaluation – Total Points Available: 100

Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction. Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner. **Each proposal submitted should be organized as shown below.**

1. **Eligibility** (5 points)

- a. All eligibility criteria as outline above must be met; applicants not meeting all criteria will not be considered for award
- b. Demonstration of culturally competent range of services
- c. Brief description of agency, inclusive of mission, vision, and primary focus

2. Extent of Need (10 points)

- a. Identification of needs addressed by the project
- b. How the applicant identified those needs
- c. How the needs will be met by the project
- d. Number of persons in need of this programming

3. Location of Services (15 points)

- a. Demonstration of partnership with local entities (i.e., schools, community organizations, juvenile justice, local government)
- b. Identification of counties to be served for this project
- c. Identification of methods to target underserved location (i.e., rural counties)

4. Populations Served (17 points)

- a. Identification of ways and commitment to engage youth that belong to underserved and high-risk populations
- b. Programming promotes maximum participation of the target population within the geographical area served by the project.

5. Plan of Operation (20 points)

- a. Quality of the design of the project
- b. Identification of measurable goals
- c. Identification of evidence-based programming for transition age youth population
- d. How well the objectives of the project relate to the purpose of the program
- e. Quality and adequacy of the applicant's plan to use its resources and personnel to achieve each objective

6. Applicant Experience and Quality of Key Personnel (10 points)

- a. Qualifications of each of the management and decision-making personnel to be used on the project
- b. Amount/percentage of time key personnel will commit to the project
- c. Experience in providing mental health and related services for transition age youth

7. Budget and Cost Effectiveness (10 points)

- a. Budget is adequate to support the project
- b. Costs are reasonable in relation to the objectives of the project

8. Sustainability of the Program (13 points)

a. Extent to which the applicant will identify and to the extent possible use comparable services and benefits that are under other programs for which project participants may be eligible.

ATTACHMENT B

RESPONDENT INFORMATION

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) COUNTIES TO SERVED:
9) TAXPAYER IDENTIFICATION NUMBER ¹ :
10) DUNS Number:
11) Congressional District:
RESPONDENT FACILITY INFORMATION
1) Type of Facility:
Private –
Non-Profit ()
Other ()
2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE: To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.
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. 5 | P a g e

ATTACHMENT C Budget Summary

Respondent Name: SFY:	
	Twelve 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)	

State will provide reimbursement for 100% of cost.

Personnel Budget Staffing Detail Sheet

Respondent Name:		SFY:	
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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

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

Respondent Name: SFY:

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

Respondent Name:	SFY:
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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 \$50.000 or more

NOTE: Use additional sheets as needed. (Number each additional page.)

NARRATIVE JUSTIFICATION FOR EQUIPMENT:

• Within proposal, submit detailed justification for each equipment item and how it will be used to achieve objectives of the project.

Non-Personnel Budget Participant Travel

Respondent Name: SFY:

Item Description	Estimated Cost (100%)
Total	
Total	

Non-Personnel Budget Other

Respondent Name: SFY	•
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Item Description	Estimated Cost (100%)
Total	