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REQUEST FOR APPLICATIONS (RFA) FOR FFY24 Substance Use Prevention, Treatment and Recovery Services (SUPTRS)

Release Date: 04/19/2023

AMENDMENT #1: MAY 5, 2023

Questions to be Submitted: On or before 04/26/2023, 5:00 p.m. PST
Must be submitted by email to Brandon Beckman (bbeckman@health.nv.gov)
with **FFY24 SUPTRS RFA** in the subject line of the email.

Response to Questions will be posted on or before 05/04/2023,
6:00 p.m. PST at:
https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/

Webinars to be held on the following days and times:
04/27/2023 from 1:00 p.m. – 3:00 p.m. PST
04/28/2023 from 11:00 a.m. – 1:00 p.m. PST

DEADLINE FOR APPLICATION SUBMISSION
05/31/2023 at 5:00 p.m. PST

For additional information, please contact:
Brandon Beckman
Health Program Manager I, Contracted
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
FFY24 SUPTRS REQUEST FOR APPLICATION (RFA) SUMMARY

Applicants to be considered for funding under this Request for Application (RFA) must submit a completed and signed application in compliance with the instructions within this RFA, pursuant to Code of Federal Regulations (CFR 200.318) and the federal funding source. **This includes any Applicant that is currently receiving any federal or state grant funds.** The geographic target area is limited to Nevada. This is a rolling application in which applicants can apply at a later time in the case additional funding is received or additional initiatives are needed.

The Nevada Division of Public and Behavioral Health (DPBH) and the Bureau of Behavioral Health Wellness and Prevention (the Bureau) reserve the right to utilize responses to this RFA for other state or federal subgrant funding that may come available, in compliance with both federal and state procurement limitations. **The Bureau will utilize Applicants who are funded, as well as those that may not be funded at this time, to create a pool of Applicants that the Bureau can pull from to fund additional program or project needs that arise with other Bureau funding.** Additionally, those Applicants that do not receive funding will be given the opportunity for technical assistance to strengthen their proposals and approaches, so that the State can grow its pool of strong providers to meet unmet health needs.

Notice of Funding Type: New Award
Funding Opportunity Award Type: Subgrant Agreement
Estimated Number of Awards: Dependent on Funding
Funding Limitations: Dependent on Funding. Applicant that submits a budget not in alignment with the narrative, scope of work, or allowable activities may be subject to disqualification.

Expected Project Period. Anticipated to be two (2) years. Project dates are subject to change but are anticipated to begin on or after 10/01/2023 as approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). *The State retains the option to extend program periods depending on needs of the state and availability of funding through 09/2025.*

Reporting Periods: Monthly and Annual, as defined in RFA and Grant Assurances

Award Restrictions: *Grant Funds cannot be carried over.* All funding is subject to change based on availability of funds, federal awards, and State needs. **By submitting an application in response to this RFA, there is no guarantee of funding or funding at the level requested. The State reserves the right to fund any, all, or any variation of services requested in this application.**

RFA Timeline	
Task	**Due Date/Time**
Request for Application (RFA) Opportunity Released	04/19/2023
Deadline for submission of written questions	04/26/2023
Deadline for written response to submitted written questions	05/04/2023
Grant Submission Deadline	**05/31/2023**
Evaluation Period (Estimated)	5/31/2023 - 06/28/2023
Funding Decisions, Applicants Notified (Estimated) – Letter of Intent	06/28/2023
Completion of subgrant awards, on or before (variable)	07/26/2023
Notice to Proceed (NTP)/Project Start Date, on or after (variable)	09/29/2023
FFY24 Grant Period	10/01/2023 – 09/30/2024

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I. FUNDING OPPORTUNITY INTRODUCTION

1. Background

Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) is part of the Bureau of Behavioral Health Wellness and Prevention (the Bureau) within the Division of Public and Behavioral Health (DPBH). Pursuant to Nevada Revised Statutes (NRS) 458.025 and the Nevada Administrative Code (NAC) 458, SAPTA has the regulatory authority to govern the substance-related prevention and treatment programs and services in Nevada. The Bureau plans, funds, and coordinates statewide substance use service delivery. While the Bureau is not responsible for direct service delivery, it distributes state and federal grant funding, creates and implements statewide plans for substance use services, and develops standards for certification of programs and services.

Since 2007, the Bureau has been partnering with **prevention, treatment, and recovery** service providers, community coalitions, and county governments to ensure that public dollars are dedicated to effective and efficient programs by using tools such as performance data management and reporting, fiscal and program monitoring, corrective action planning, onsite reviews, and technical assistance. Nevada's statewide program is funded through investments received from the Substance Abuse and Mental Health Services Administration (SAMHSA) with a goal of addressing substance use needs and issues in targeted communities across the state that demonstrate high need. The Bureau serves as the Single State Authority (SSA) for federal grants issued by SAMHSA.

The Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS) , formerly the Substance Abuse Prevention and Treatment Block Grant (SAPT Block Grant or SABG), housed within SAMHSA, is a federal block grant distributed by formula to all States, Territories, and jurisdictions. The SUPTRS Block Grant supports States to "plan, implement, and evaluate activities that prevent and treat substance [use]". The SUPTRS Block Grant serves as the cornerstone of States' substance use disorder prevention, treatment, and recovery systems. The funds are dedicated to help implement evidenced-based programming. State alcohol and drug agencies oversee the funds through tools such as performance data management/reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance.

2. Purpose

The Bureau is the state agency responsible for the administration of SAMHSA funding and for investing those funds through subgrants and contracts that address substance use and misuse across the state. This is accomplished through the identification of the alcohol and drug use needs of Nevadans and by supporting a continuum of services including prevention, early intervention, treatment, and recovery support. Based on data and the Two-Year Substance Abuse Prevention Program Strategic Plan, the Bureau has the following objectives:

- **Statewide formulation and implementation of a state plan for prevention, intervention, treatment, and recovery of substance use.**
- **Statewide coordination and implementation of state and federal funding for alcohol and drug use programs.**
- **Statewide development and publication of standards for certification and the authority to certify treatment levels of care and prevention programs.**

Substance use and co-occurring condition data is collected by numerous sources in Nevada, including the Youth Risk Behavior Surveillance System (YRBSS), Behavior Risk Factor Surveillance System (BRFSS), Treatment Episode Data Set (TEDS), Web Infrastructure for Treatment Services (WITS), and data from hospital billing sources, state-funded behavioral health facilities, and vital records. Government Performance and Results Act (GPRA) and Department of Health and Human Services (DHHS) Data Analytics are also accessed to identify emerging trends and high need areas as well as disproportionately affected populations and their different levels of need over time for prevention, treatment, and recovery services.

The purpose of this RFA is to fund programs in the three focus areas - prevention, treatment, and recovery - utilizing grant funding from the SUPTRS Block Grant, and others if appropriate. The SUPTRS program's objective is to help plan, implement, and evaluate activities that prevent and treat (and support, through recovery services) substance use using evidence-based strategies that have a positive impact on the prevention of substance use. **NOTE: SAPTA will only be funding proposals to implement evidence-based practices (EBP). SAMHSA provides EBP resources at this link:**
https://www.samhsa.gov/resource-search/ebp#collapse-samhsa_uswds_base_resourcecenter

SAMHSA's 2023-2026 Strategic Plan Draft details SAMHSA's strategic goals, and related objectives.

A description of the three (3) substance use service areas per SAMHSA's definitions is included below:

A. Prevention Programs and Services

Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Substance use and co-occurring mental health disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions.

SAMHSA's Primary Prevention Strategies include but are not limited to the following:

- **Information Dissemination -** provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two.
- **Education** - builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.
- **Alternatives** - provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.
- **Problem Identification and Referral** - aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior

can be reversed through education. This strategy does *not* include any activity designed to determine if a person needs treatment.

- **Community-based Process** - provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.
- **Environmental** - establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

B. Treatment Programs and Services

Treatment for substance use disorders is designed to help people stop alcohol or drug use and remain sober and drug free. Treatment programs include but are not limited to following basic components: assessment, a treatment plan based on assessment and needs, medical care if needed, medication, group and individual counseling, education about substance use disorders, relapse prevention training, treatment for mental disorders, family education and counseling services, and follow-up care.

SAMHSA has published the Treatment Improvement Protocol (TIP) Series, a collection of best practice guidelines for treatment of substance use disorders. Topics include but are not limited to:

- Assessment and Screening
- Children and Family
- Co-Occurring Disorders and Cognitive Disabilities
- Criminal and Juvenile Justice
- Disaster Readiness and Response
- HIV/AIDS and Infectious Diseases
- Homelessness
- Medication-Assisted Treatment
- Older Adults
- Program Development
- Specific Treatment Approaches

C. Recovery Programs and Services

SAMHSA's working definition of recovery is described as a *process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential*. This definition is operationalized through the four major dimensions of recovery: 1) health: overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well- being; 2) home: having a stable and safe place to live; 3) purpose: conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and 4) community: having relationships and social networks that provide support, friendship, love, and hope.

SAMHSA's **treatment and recovery** support programs include a range of evidence-based services that specifically aim to link people with SUDs and those who have experienced an overdose to low- threshold medication, non-pharmacologic treatment options, and peer support services to reduce repeat overdoses. Together, these efforts

help address mental health and substance use conditions by meeting people wherever they are on the behavioral health continuum, through targeted services and supports that are evidence-based, culturally responsive, and driven by public health data.

3. Target Population(s)

Nevada's FFY24 SUPTRS RFA has identified the following priority populations. If awarded, Applicants must prioritize and expedite access to appropriate prevention, treatment, and recovery services for **at least one** of the following target populations:

a) People who take opioids
b) Military
c) Tribal Communities
d) LGBTQIA+
e) Faith-based
f) Youth, juvenile
g) Pregnant or postpartum women, including women with children
h) People who use intravenous drugs

Additional subpopulations may be identified for specific programs. Applications that do not clearly define the target population and, as applicable, subpopulations, will be ineligible for funding. The goal of prioritizing specific populations for services is to improve health equity across the state. For this RFA, Nevada is utilizing SAMSHA's statement on their definition of health equity:

Behavioral health equity is the right to access high-quality and affordable healthcare services and supports for all populations, including Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. As population demographics continue to evolve, behavioral healthcare systems will need to expand their ability to fluidly meet the growing needs of a diverse population.

4. Eligible Entities

Nevada is seeking applications from **public, tribal, or non-profit organizations** that:

1. Currently demonstrate current SAPTA certification, are in the process of obtaining certification, or have the ability and willingness to become SAPTA certified with technical assistance as needed within six (6) months.
2. Are registered with the Nevada Secretary of State if applying as a non-profit 501(c)3, and have the appropriate business license as defined by law in the county/city of geographic location.
3. Do not have any provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs (42 CFR 1001.1901).
4. Are able to comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance (this includes Medicaid, Medicare, etc.).

5. Are registered as a Nevada vendor by time of application – Registration can be submitted to: http://purchasing.nv.gov/Vendors/Registration/. This is in addition to the state business license.
6. You must register your organization with the System for Award Management (SAM) at https://sam.gov/content/home. A Unique Entity Identifier (UEI) will be assigned as part of the registration process. The UEI replaced the Dun and Bradstreet Number (DUNS). If your organization is currently registered in SAM.gov, the UEI has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The UEI is currently located below the DUNS Number on your entity registration record. You must be signed in to your SAM.gov account to view entity records.
7. Pursuant to NRS 458 and NAC 458, a program must be:
   - Certified by the Bureau to be eligible for any state or federal money for alcohol or drug use programs administered for the prevention or treatment of substance-related disorders
     OR
   - Have not less than two (2) years of providing direct services to at-risk populations and the ability and willingness to become SAPTA Certified within six (6) months.
8. Can provide direct services within 60-days of Executed Subgrant, if providing direct services.
9. Can demonstrate significant completion and start of project within 60-days of Executed Subgrant within 90-days of awards.
10. Can demonstrate the development and submission of the following documents within the first 6 months of subgrant. If the Applicant is new to this process, the Bureau will provide input and technical assistance to complete these documents:
    - A Cultural Competency Plan (required- formally called the Community Comprehensive Prevention Plan). ** Note- this plan is now required of ALL applicants and providers, not just prevention providers, so applicants applying for treatment and recovery program funding must also submit this Plan. Guidance will be given on how to draft these plans will be given upon subaward.
    - Any additional emergency response plans (i.e., Opioid Emergency Response Plan). Guidance on how to draft the emergency response plan will be given upon subaward.
11. Have the capacity to administer grant funds from multiple funding streams.
12. Provide letters of commitment or memorandums of understanding (MOUs) (sample templates provided in Appendix H) that further demonstrate the extent of coordinated, intentional collaboration in their community.

5. Ineligibility Criteria

The Bureau will consider the following criteria as potential reasons for Applicant disqualification for consideration of award.

1. **Incomplete or late application for this round of funding**.
   - Failure to meet application requirements as described including word and page limits, attachments or other supporting material requested; and/or
   - Omission of required application elements as described. If the response is Not Applicable (N/A), this needs to be written in the application.
   - Late submissions will not be accepted for the initial round of funding.
2. **Insufficient supporting detail provided in the application.** The Bureau will not review applications that merely restate the text within the RFA. Reviewers will note evidence of how well Applicants detail their approach to achieving program goals and milestones, as

well as their qualifications and capacity to implement and evaluate the project.

3. **Inability or unwillingness to collect and share monitoring and evaluation** data with the Bureau and/or its contractors.
4. **Program Integrity concerns**. The Bureau may deny selection to an otherwise qualified Applicant based on information found during a program integrity review (see Scoring Rubric in Section VI) regarding the organization, community partners, or any other relevant individuals or entities.
5. **Supplanting Funds**. Federal grant dollars must NOT be used to supplant existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Grant dollars must be used to supplement (expand or enhance) program activities and must not replace those funds that have been appropriated for the same purpose.
6. **Required Certifications** must be submitted with the application. Applicants are cautioned that some services may contain licensing requirement(s). Applicants shall be proactive in obtaining verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensures may be deemed non-responsive.
7. **Certified Community Behavioral Health Centers (CCBHC's)** may not be able to apply for services, unless services have not been incorporated in each prospective payment services model that considers the service areas and the total number of individuals, with and without Third Party Liability (TPL) and are required to meet certification criteria. If a CCBHC applies for funding:
   - Sufficient documentation must be provided for the need outside of the 9 required core components covered by the CCBHC;
   - Include the need for critical infrastructure to provide additional services, expand catchment areas, or to expand to specialized populations; and
   - Only CCBHCs in good standing, without substantial plans of corrections, with record of complete and timely submission of data, are eligible for consideration of funding.

6. Matching Fund Requirements

There are no matching funding requirements.

II. Project Specific Information

1. Vision and Guiding Principles

Nevada's visions and guiding principles align with the SUPTRS Block program as we aim to provide funding to Applicants to support programs and services that help prevent the onset of substance use disorders, provide treatment and recovery support for individuals with substance use disorders, and reduce the negative consequences of substance use. All programs and services supported by the grant are intended to promote the prevention and treatment of substance use disorders and support individuals and families in recovery.

2. System Goals and Strategies

To further the mission of the Bureau, this RFA seeks partners whose proposed programs are focused on achieving positive, measurable outcomes. This RFA and the Bureau's funding priorities are aligned with SUPTRS program objectives to help plan, implement, and evaluate substance use **prevention, treatment, and recovery** programs and services, including:

- Primary Prevention
- Evidence-Based Treatment
- Recovery Support
- Harm Reduction

These essential services must address gaps in services that may prevent individuals from accessing and/or participating in prevention, treatment, and recovery programs addressing identified needs in the community. The Bureau's work is guided by SAMHSA's four core principles that are infused throughout all activities:

- Equity
- Trauma-Informed Approaches
- Recovery
- Commitment to Data and Evidence

Substance use disorder (SUD) is a complex condition that requires a range of prevention, treatment, and recovery services to effectively manage and overcome. The levels of prevention, treatment, and recovery services for individuals with SUD are categorized into three broad categories: primary, secondary, and tertiary prevention:

- **Primary Prevention:** Primary prevention services are designed to **prevent** substance use and SUD from occurring. This level of prevention aims to address risk factors, such as social and environmental influences, that may increase the likelihood of an individual developing SUD. Examples of primary prevention services include. community-based education and outreach campaigns, school-based prevention programs, harm reduction, prevention programs targeted at specific populations, such as youth or pregnant women, and policies that limit the availability of substances.
- **Secondary Prevention:** Secondary prevention services are designed to provide **treatment** and support to individuals who are experiencing the negative consequences of SUD. This level of prevention focuses on early intervention and includes services such as screening, brief intervention, and referral to treatment.
- **Tertiary Prevention:** Tertiary prevention services are designed to provide treatment and support to individuals who are experiencing the negative consequences of SUD. This level of prevention focuses on **recovery** and includes services such as detoxification, medication-assisted treatment (MAT), inpatient and outpatient treatment programs, and aftercare services such as support groups, peer counseling, recovery coaching, and housing and employment support services.

The levels of prevention, treatment, and recovery services for individuals with SUD are interconnected and essential to addressing the multifaceted nature of the condition. By providing a continuum of care across these different levels, individuals with SUD can receive the support they need to achieve and maintain long-term recovery.

3. Priority Areas for Funding Consideration

Proposals must provide essential services and address gaps in *prevention, treatment, and recovery* programs and services in Nevada communities for the target populations mentioned above. The goal is to identify and fund programs that are using evidence-based practices, reach underserved populations, can measure and report impact, and those that will be sustainable.

Applicants may submit one (1) application for one or multiple service categories i.e., prevention, treatment, recovery.

To reach underserved populations and to achieve demonstrable impact, collaboration with school-related settings, health care agencies, and/or community organizations is *required* to holistically meet client needs. A holistic approach includes evidence-based practices and recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met. Social determinants are also important to focus on, and include factors such as socio-economic status, education, the physical environment, and access to services. Underserved, low-income, and disparate populations have barriers to accessing care, and this too must be a focus of strong programs. Access barriers include but are not limited to transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede patients from accessing services.

Agencies are encouraged to be creative to meet the needs of Nevada's families, especially those who are difficult to reach, and to weave the philosophy of a holistic-centered approach into their proposals. Agencies must have the ability to address Third-Party Liability (TPL) and should follow the American Society of Addiction Medicine (ASAM) Levels of Care.

RFA Focus Area Funding Priorities:

NOTE: All prevention efforts are intended to flow through a certified prevention coalition as outlined in division criteria.

PREVENTION

Primary Prevention programs and services aim to create a safe and healthy environment that discourages people, particularly children or young adults, from starting to use drugs, and reduces the risk of SUD development. Prevention programs and services to be funded may include but are not limited to:

- Public education campaigns designed for different audiences (i.e., school-aged children, parents, medical providers, and the general public) aimed at increasing awareness about the risks of substance use to help prevent SUD.
- Community-based programs that provide education and support to individuals and families.
- Family-based programs that promote positive family dynamics, such as open communication, healthy relationships, and parental involvement.
- School-based prevention programs that provide education and support to students, such as peer mentoring programs, counseling services, and substance-free social events.

TREATMENT

Secondary Prevention programs and services aim to provide early intervention and support to individuals who may be at risk of developing SUD and/or to encourage those already using drugs to stop, reduce their use, or to use more safely (harm reduction). Treatment programs and services to be funded may include but are not limited to:

- Screening and Brief Intervention (SBI) involves the use of evidence-based screening tools to identify individuals who may be at risk of developing SUD or who have mild symptoms. This may involve counseling and education about the risks of substance use, strategies to reduce substance use, and referral to further treatment.

- Brief treatment services designed to provide short-term support to individuals who are experiencing mild to moderate SUD symptoms. These services may include counseling, evidence-based behavioral therapy, and support groups.
- Community-based programs, such as support groups and recovery coaching services to help individuals manage symptoms and prevent relapse.
- Healthcare provider education and training programs that help healthcare providers identify early signs on SUC, provide brief interventions, and refer individuals to appropriate treatment and support services.
- Early intervention services for HIV at the sites at which individuals receive SUD treatment services.
- Fee-for-Service: (IMD and non-IMD) room and board only- possible reimbursement for non-Medicaid covered services including, but not limited to, room and board.
- Women's Services including primary medical care, prenatal care, home visiting, plans of care, child-care including pediatric care and immunizations, therapeutic interventions for women that may address sexual/physical abuse, parenting and child care, case management and transportation.
- Project-based Programming- the state is looking for initiatives that develop project-based treatment programs that are not fee for service.

RECOVERY

Tertiary Prevention programs and services aim to help individuals experiencing the negative consequences of SUD manage their symptoms, prevent relapse, and maintain long-term recovery. Recovery programs and services to be funded may include but are not limited to:

- Detoxification programs that provide medical and psychological support to individuals who are experiencing withdrawal symptoms associated with substance use. These can be provided in inpatient or outpatient setting.
- Residential treatment programs that provide 24-hour care and support to individuals who are experiencing severe SUD symptoms. These programs may include individuals and group counseling, behavioral therapy, and medication-assisted treatment.
- Outpatient treatment programs that provide support and treatment to individuals who may not require 24-hour care. These programs may include counseling, evidence-based therapies, group therapy, family therapy, support groups, and consultation to caregivers.
- Medication-Assisted Treatment (MAT) involves the use of medications, such as methadone, buprenorphine, and naltrexone, to help individuals manage their SUD symptoms. MAT is often combined with behavioral therapy and counseling. Includes medication management.
- Aftercare services, such as support groups, peer counseling, and recovery coaching to provide ongoing support to individuals who have completed treatment for SUD. These services can help individuals prevent relapse and maintain long-term recovery.
- Community Services including parent/caregiver support, targeted case management, behavior management, supported employment, education, transitional care, permanent supported housing, and recovery housing.
- Recovery supports including peer support services, recovery support coaching, recovery support center services, and supports for self-directed care.

Note: Organizations that are Medicaid eligible (e.g., qualify for provider type 14, 17, 82) providing peer recovery support services under this award must be capable of providing services as outlined in Medicaid Chapter 400. Priority will be given to organizations with the ability to bill Medicaid. All Medicaid-billable services MUST BE billed to Medicaid.

4. Excluded Activities

- Activities that are not evidence-based practice (EBP) implemented to fidelity. These terms are defined in the Nevada Evidence Based Programs and Practice Manual.
- Activities that are funded through other program grants.
- Activities not identified as a priority within this RFA, based on first round of funding.

5. Funding Restrictions

Applicants may not use funding for the following:

- Services and programs for Medicaid-covered services to Medicaid enrollees.
- Cash payments to Individuals.
- Purchase or improve land; purchase, construct, or permanently improve (other than Special minor remodeling) any building or other facility; or purchase major medical equipment.
- Provide financial assistance to any entity other than a public or nonprofit private.
- Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- Construction or the renovation of facilities.
- Treatment of other medical conditions.
- Equipment costs over $5,000.
- Capital assets or the accumulation of operating reserve accounts.
- **Certified Community Behavioral Health Centers (CCBHC's)** may not be able to apply for services, unless services have not been incorporated in each prospective payment services model that considers the service areas and the total number of individuals, with and without Third Party Liability (TPL) and are required to meet certification criteria. If a CCBHC applies for funding:
  - Sufficient documentation must be provided for the need outside of the 9 required core components covered by the CCBHC;
  - Include the need for critical infrastructure to provide additional services, expand catchment areas, or to expand to specialized populations; and
  - Only CCBHCs in good standing, without substantial plans of corrections, with record of complete and timely submission of data, are eligible for consideration of funding.

III. GRANTEE RESPONSIBILITIES

1. Grant Program Implementation

All Applicants identified for funding awards must comply with the Grant Instruction and Requirements (GIRS). Failure to comply with corrective action within sixty (60) days may result in termination of funding.

2. Modernization Act of 2010 - Data Collection and Reporting

As part of the 21st Century Cares Act, the Government Performance and Results Modernization Act (GPRA) of 2010 was updated requiring all SAMHSA grantees to collect and report performance data using approved measurement tools. All SAMHSA programs must collect and report performance data for Federal and State level reporting requirements. Data is collected

through numerous state data systems, and used to monitor the progress of grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. By submitting a response to this RFA, all Applicants are agreeing to be compliant with any and all data reporting requirements and data system use requirements and recognizes that funding is contingent on compliance as required per funding source. Applicants must provide details in the grant that document the plan for data collection and reporting. In the event that funding ends, agencies are still obligated to provide client discharge information.
SAMHSA collects data on key output and outcome measures to monitor and manage grantee performance, improve the quality of services provided, and inform evaluation reports. All subgrantees will be required to collect client-level data including:

- demographics
- diagnostic categories
- substance use
- mental health and physical health functioning
- housing
- employment
- criminal justice status
- social connectedness.

Recipients will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of medications for opioid use disorder (MOUD) received.

3. Data Collection

By submitting a response to this RFA, the Applicant agrees to be compliant with the data reporting requirements that will be detailed in their funding agreement if awarded and recognizes that funding is contingent on compliance. Applicants must provide details in the grant that document the plan for data collection and reporting using the Data Collection and Performance Measurement tools. Depending on the funding source, Applicants will be required to utilize specific State data collection systems or have specific reporting requirements, which may include:

1. Collect data, including data collected using SAMHSA approved measurement instruments, at a minimum of pre and post service on each individual client served to include providing template instruments and at a minimum, aggregated raw data results from surveys with non-identifiable individual raw data preferred.
2. Document and track the amount of service received per client.
3. Collect standard demographic information for each client, reflecting gender, race, ethnicity, income, education, age; geographic location (zip code), target population status, and other similar demographic variables.
4. Collect information on adverse events (including but not limited to hospitalization, in-patient treatment facilities, emergency room visits, and other similar outcomes).
5. Comply with submitting data and information as part of the National Outcome Measurement System (NOMS), Client Level Data (CLD) and/or Treatment Episode Data Set (TEDS) data and Web Infrastructure for Treatment Services (WITS) to DPBH's Central Data Repository (CDR), and Applicants must be able to extract data from each respective EHR systems to comply with the data collection measures.

Monthly meetings are held for grantees at which one representative from each agency must attend. Grantees will also be required to collect and report TEDS data, SPARS, and WITS data, as applicable to their funding agreement.

4. Performance Reports

Grantees will submit a Progress Report on a monthly basis in the form of RFR supporting documentation and data. Additional performance reports may be requested as instructed by the State. **Monthly progress reports will be due by the 15th of the month. Applicants will also be required to submit an annual report.**

Performance reports must show progress towards completing Scope of Work (SOW) deliverables, goals and services through defined data collection processes and measures. Specific outputs will be negotiated during the contract award process. The Bureau anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded.

Examples of <u>output measures</u> to be reviewed and to be included in subgrants include, if appropriate, but are not limited to:

- The number of unduplicated individuals served annually (by fiscal year).
- The number of encounters, treatment/services provided, activities occurring per month.
- The percentage of service slots that are filled per month, that also includes a baseline for what organizational and program capacity.
- The percentage of individuals that receive the intended number of service encounters.
- The percentage of individuals that receive the required screenings/assessments.

Examples of <u>outcome measures</u> to be reviewed and to be included in subgrants included, if appropriate, but are not limited to:

- Reduction of individuals who used alcohol, tobacco, other drugs (ATOD), illicit or prescription drug, in the last 30-days.
- Reduction of individuals who were seen in the emergency room from ATOD, illicit or prescription drug use/abuse.
- Decrease in the individual reported level of social acceptability of ATOD, illicit or prescription drug use/abuse.
- Decrease in percentage of youth who first consumed alcohol, tobacco, or marijuana products before age 13.
- Reduction in the number of youths who reported “ever” using ATOD, illicit or prescription drugs.
- Increase in rate of compliance of retail sales to minors in alignment with Federal and State regulations.
- Reduction in injuries and fatalities related to accessible ATOD, illicit or prescription drugs.
- Increase in participation in Drug Take Back events to include measures for individuals attending the event and number of Deterra or similar bags that were used to properly dispose of medicines and drugs.
- Increase in self-reported awareness related to dangers of ATOD, illicit or prescription drug use.

6. Compliance of Application

Applicant agrees to the following requirements of compliance with submission of an application.

1) If the Applicant has not met performance measures of previous DHHS contracts/subgrants, DHHS reserves the right to not award additional contracts/subgrants.
2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
3) DHHS may conduct on-site subrecipient reviews annually, or as deemed necessary. Results of these reviews may result in reductions of current and future funding.
4) DHHS reserves the right during the subgrant period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.
5) The Applicant, its employees and agents must comply with all Federal, State, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.
6) The Bureau may require any and/or all of the following: a corrective action plan or withhold funding for reimbursement.

7. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving SAPTA funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives.

Program income must be identified monthly on the Request for Reimbursement (RFR). The Bureau requires the use of a standardized Excel spreadsheet reimbursement request form received via an Excel workbook that self-populates certain financial information. This form known as "Section D" within the Subaward must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. (See **Upon Approval of Award** on Page 23).

8. Licenses and Certifications

The Applicant, employees and agents must comply with all Federal, State, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, the Bureau reserves the right to request that agencies provide documentation of all licenses and certifications, which may include, but are not limited to licensing board requirements, SAPTA certification and service endorsements, facility licensing requirements, Health Care Quality Compliance (HCQC) (ex: residential), county business license, proof of non-profit status, and any provider licenses and certifications that are required for a provider to provide services in Nevada. For treatment providers, these licenses and certifications should align with the State's Division Criteria for different service levels.

9. Disclosures

Applicant must disclose any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFA shall also be disclosed.

10. Payment & Billing

Upon review and acceptance by the State, payments for monthly RFRs are normally made within 30 - 45 days of receipt, after all required information, documents and/or attachments have been received. The State does not issue payment prior to receipt of goods or services. The Bureau has implemented the Smartsheet system to support payment within 30 days. The vendor shall bill the State as outlined in the approved subgrant/contract and/or payment schedule. The State is on a fiscal year calendar. All billings for dates of service prior to July 1 shall be submitted to the State no later than the first Friday in August of the same year. A billing submitted after the first Friday in August that forces the State to process the billing as a stale claim pursuant to NRS 353.097, shall subject the subgrantee to a potential administrative fee not to exceed $100.00. This is the estimate of the additional costs to the State for processing the billing as a stale claim and this amount shall be deducted from the stale claim payment due the contractor.

11. Technical Assistance

The funded Applicant will receive Technical Assistance during the project period. **Mandatory components** of funding are attendance at regularly scheduled and compliance meetings, data reporting, ad hoc reports as requested, timely and complete program reports, and corrective actions to address deficiencies of program fidelity or quality.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Technical Requirements

Applicants may not call to discuss applications or processes with any staff person. Only emails to the point of contact, Brandon Beckman at bbeckman@health.nv.gov, will be permissible during the application process. Any violation of this is subject to disqualification of funding. The RFA Evaluation Committee remains confidential to ensure an open and transparent application process with no appearance of impropriety by any one Applicant receiving information that is not available to all Applicants. Employees who violate this policy may be subject to disciplinary action.

Applications will be reviewed, evaluated and considered for award based on the merits of the proposal. Completed applications must be submitted via email to the Bureau no later than Wednesday**, 05/31/2023, at 5:00 p.m. Pacific Standard Time (PST).** Please note that the application has been condensed to reduce the burden on Applicants. Additionally, applications may remain on file for consideration of funding for future funds as they may come available for a period not to exceed four years (May 2027).

The documents required to be submitted include:

1) The completed **Application Package** (all components saved in one PDF), and
2) The **Budget Worksheet Template.**

These two documents must be emailed to Brandon Beckman at bbeckman@health.nv.gov. Each required document should be titled according to Application Requirements in the next section. If you do not receive an email acknowledgement of application receipt within 48 business hours, please send an email to with **Notification Status** in the subject line to Brandon Beckman at bbeckman@health.nv.gov.

- **The Bureau is not responsible for issues or delays in e-mail service**. Any applications received after the deadline may be disqualified from review, based on the initial round of funding. Therefore, the Bureau encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.
- **Formatting:** Applicants must follow the requirements identified in the application including limitations on page and word counts.
- **Do not submit unsolicited materials** as part of your application. Any unsolicited materials mailed, delivered, or e-mailed to the Bureau will **not** be accepted. This includes support letters, cover letters, brochures, newspaper clippings, photographs, media materials, etc. **The submission of additional materials is subject to disqualification.**
- Once the application is submitted, no corrections or adjustments may be made. Only after selecting Applicants, the Bureau will consider corrections or adjusted prior to the issuance of a subgrant, should both the Bureau and the Applicant agree on such changes or adjustments. Corrections or adjustments shall not be considered on any item that was considered critical to the consideration for the award.

2. Application Requirements

To be considered compliant with this RFA, a complete application includes the following two (2) components:

1. **Application Package** includes the following:
   - Cover page,
   - Project Application Form,
   - Project Narrative Components,
   - Scope of Work,
   - Provisions of Grant Assurances,
   - Agency Self-Assessment,
   - Resumes of key staff,
   - Licenses and certifications, and
   - MOUs/Letters of Commitment
   - Organizational Chart
   - Subrecipient Questionnaire (if subgranting to other agencies)

   Name the **Application Package** “[Name of Applicant] Application”.

2. **Budget:** The Excel budget worksheet (budget template available for download at https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/) includes two

worksheets: the budget summary and budget narrative (see tabs at the bottom of the spreadsheet).

Name the **Budget** “[Name of Applicant] Budget”.
The required components described in detail below are included in the appendix of this RFA. The Application Checklist is for the benefit of the Applicants and is not required to be included in the submission packet.

Component	Description
	Application Package - One PDF
Cover Page	A one-page cover page provided in **Appendix A** must be completed and signed and included as the first page of the grant application.
Project Application Form	All Applicants must complete the Project Application Form provided in **Appendix B**. *Failure to complete any section may disqualify the Applicant.*
Project Narrative Components	**The Project Narrative must be single-spaced, Times New Roman 12-point font, 1 inch margins, and limited to 10 pages in length**. The Applicant must provide a Project Narrative that articulates in detail the content requirements provided in **Appendix C**. Page numbers, headings and subheadings are required.
Scope of Work	Complete the Scope of Work (SOW) provided in **Appendix D**. Details on how to complete the SOW are provided as well.
Provisions of Grant Assurances	**Appendix F.** Please review and sign.
Agency Self-Assessment	**Appendix G.** Please complete and sign.
Resumes of Key Staff	Provide the resume of the key staff members ((i.e., Executive Director/CEO, Department Director, Fiscal Manager, Evaluator, etc.) with the licensure or expertise in providing evidence-based services. This resume should not be more than two (2) pages long and should represent experience related to the proposed project. The Bureau receives the right to request additional resumes based on the proposed project (and also included in the Project Information Form).
Licenses and Certifications	Include the appropriate licenses and certifications of key staff.
MOUs/Letters of Commitment	See sample templates in **Appendix H**.
Organizational Chart	Include a copy of the organization’s organizational chart.
Subrecipient Questionnaire (if applicable)	If the Applicant is subgranting any of the awarded funding to a sub grantee, then a Subgrantee Questionnaire must be filled out and attached.
	Budget - Excel Worksheet (2 Worksheets)
Budget Worksheet (includes Budget Summary, Budget Narrative)	An example of the Budget Worksheet is provided in **Appendix E** along with instructions. The Budget Worksheet can be downloaded at https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/. All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes. The Budget Worksheet includes two sheets – **Budget Summary,** which is depiction of all funding sources that support your agency: including

	private, state, and federal dollars; and **Budget Narrative** is a more detailed budget breakdown by category.

3. Webinars, Written Questions, and Answers

In lieu of a pre-proposal conference, the Bureau will provide two recorded webinars for Applicants on **04/27/2023 from 1:00 p.m. – 3:00 p.m. PST and 04/28/2023 from 11:00 a.m. – 1:00 p.m. PST**. Details are provided at https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/.

Applicants are also encouraged to submit questions in writing, received by email regarding this RFA on or before 04/26/2023**.** All questions and/or comments shall be addressed in writing and responses posted to the Bureau website at https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/ on or before 05/04/2023. Applicants shall provide their company name, phone number, contact name and email address when submitting questions.

V. PROCUREMENT PROCESS

The Bureau reserves the right to accept or reject any or all applications. This RFA does not obligate the Bureau to award a subgrant, and the Bureau reserves the right to cancel solicitation if it is in its best interest.

- The Bureau reserves the right to alter, amend, or modify any provisions of this RFA, or to withdraw this RFA, at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
- The Bureau reserves the right to waive informalities and minor irregularities in proposals received.
- Pursuant to NRS 333.350, the Bureau reserves the right to limit the scope of work prior to award, if deemed in the best interest of the State.
- Proposals which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of the project/contract, may be rejected.
- The Bureau is not liable for any costs incurred by vendors prior to entering a formal contract or subgrant agreement. Costs of developing the proposals or any other such expenses incurred by the vendor in responding to the RFA, are entirely the responsibility of the vendor, and shall not be reimbursed in any manner by the State.
- Proposals submitted per proposal submission requirements become the property of the State, selection or rejection does not affect this right; proposals shall be returned only at the State's option and at the vendor's request and expense.
- Pursuant to NRS 333.338, the State of Nevada cannot enter a contract with a company unless that company agrees for the duration of the contract not to engage in a boycott of Israel. By submitting a proposal or bid, vendor agrees that if it is awarded a contract, it will not engage in a boycott of Israel as defined in NRS 333.338(3)(a).

VI. RFA REVIEW AND SELECTION PROCESS

The Bureau has selected to use the Request for Application (RFA) process, which describes the needs and existing goals under the state plans.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation.
- The application must include all items designated as basic minimum requirements.

1. Project Scoring Matrix

Application	*Scoring*	*Application Section*
Project Application Complete	Pass/Fail (P/F)	Technical Review
Budget Narrative Complete	P/F	Technical Review (Separate Excel Document)
Provisions of Grant Award is signed	P/F	Technical Review
Agency Self-Assessment completed	P/F	Technical Review
MOUs/Letters of Commitment	P/F	Technical Review/Sample template provided in Appendix H
Resumes for Key Personnel	P/F	Technical Review
Organizational Chart	P/F	Technical Review
Project Narrative Components		
Organization Description	10	Appendix C
Population of Focus and Statement of Need	10	Appendix C
Project Design and Implementation Approach	20	Appendix C
Capabilities and Competencies	10	Appendix C
Data Collection and Performance Measurement	20	Appendix C
Capacity and Sustainability	10	Appendix C
Other Components		
Scope of Work	10	Appendix D
Budget	10	Appendix E
Total	100	

Items that are marked Pass/Fail must be included in the application. Each Pass/Fail item that is not included will result in a one point loss that will be deducted from the total application score.

2. RFA Review Process

Proposals received by the deadline will be reviewed as follows:

A. Technical Review

Bureau staff will perform a technical review of each proposal to ensure that minimum standards are met. Applications must be completed and submitted on time. All technical criteria are a Pass/Fail (P/F). Financial stability shall be scored on a P/F basis. This may include experience with previous Bureau grants in terms of ability to meet deadlines, expectations, and submit financial information in a timely manner.

B. Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by the Bureau. Reviewers will score each application, using the Scoring Matrix above. In accordance with prevailing grant evaluation procedures, discussion between Applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own

merit. Do not assume that the reviewers are familiar with your organization or the services that you provide.

C. Program Priorities

Projects applications shall not be selected solely on total scores but will also consider priority populations and shall be reviewed under each funding priority as defined above. Each proposed area of service will be reviewed separately. The Bureau will make awards based on a combination of the grant proposals able to meet the needs of the target population and funding priorities in each section.

D. Final Review

After reviewing and scoring the applications based on priority areas, final decisions will be made on the following factors:

- Scores on the scoring matrix;
- Geographic distribution;
- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding;
- Budget appropriateness and completeness and alignment with the scope of work; and
- Availability of funding.

3. Notification Process

Applicants will be notified of their status with a Letter of Intent (LOI) **within 30 days.** Bureau staff will conduct negotiations with the Applicants regarding the recommendation for funding to address any specific issues identified by the Bureau. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

Not every Applicant contacted for final negotiations will receive an award. All related issues must be resolved before a subgrant will be awarded. All funding is contingent upon availability of funds. Upon successful conclusion of negotiations, Bureau staff will complete a written grant subgrant agreement.

4. Disclaimer

The Bureau reserves the right to accept or reject any or all applications. This RFA does not obligate the State or the Bureau to award a subgrant or complete the project, and the State reserves the right to cancel the solicitation if it is in its best interest. The Bureau reserves the right to use this RFA for grant funding for a period not to exceed four (4) years.

5. Upon Approval of Award:

A. Monthly Financial Status and Request for Reimbursement Reports

The Bureau (including all agencies under the umbrella of the Division) requires the use of a standardized Excel spreadsheet reimbursement request form (RFR) that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. **The monthly reports will be due by the 15th of the following month using the Smart Sheet system Ongoing technical assistance will be provided to successful vendors on how to use the Smart Sheet system.**

B. Performance Reporting

Applicants who receive an award must collaborate with the Bureau in reporting monthly on progress towards meeting Scope of Work (SOW) deliverables. Additional performance reports may be requested as instructed by the State. **Monthly progress reports will be due by the 15th of the month. Applicants will also be required to submit an annual report.**

C. Subrecipient Monitoring

Successful Applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by the Bureau to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board or executive level team member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to the subrecipient following the conclusion of the monitoring.

D. Compliance with changes to Federal and State Laws

As federal and state laws change and affect either the Division's or the Bureau's criteria, processes or provisions, or the requirements of recipients, successful Applicants will be required to respond to and adhere to all new regulations and requirements.

E. Applicant Risk

Pursuant to Part 200 Uniform Requirements, before award decisions are made, the Bureau also reviews information related to the degree of risk posed by the Applicant. Among other things to help assess whether an Applicant that has one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, the Bureau checks whether the Applicant is listed as excluded from receiving a federal award. In addition, if the Bureau anticipates that an award will exceed $250,000 in federal funds, the Bureau also must review and consider any information about the Applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System (FAPIIS).

VII. APPENDIX A – COVER PAGE

In response to:

FFY24 Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Request for Application

Deadline for Submission: 05/31/2023

Our application is respectfully submitted as follows:

Company Name:	
Site Address where services will be administered:	
Mailing Address: (If different)	
Phone:	
Executive Director/CEO:	
Primary Contact for Proposal:	
Primary Contact Email Address:	

Applicants may check the funding focus areas for the proposed project:

- ☐ Prevention
- ☐ Treatment
- ☐ Recovery

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed: **Date:**

Print Name: **Title:**

VIII. APPENDIX B – PROJECT APPLICATION FORM

This form is required to be completed in its entirety. **All fields are mandatory**. If not appropriate or applicable, place N/A. Any failure to respond to any question, may result in disqualification. Do not add or delete from this Application Form.

A. Organization Type. Define the primary Applicant's organization type as registered with the State of Nevada Secretary of State Office. *Note: Different funding sources have limits on type of organizations that may receive funding.* If unsure, refer to your business license. **You must check one.**

☐ Public Agency ☐ 501(c)(3) Nonprofit ☐ Private ☐ Higher Education ☐ Tribal

☐Other, specify

B. Geographic Area of Service

PROVIDE PRIMARY LOCATION WHERE SERVICES WILL BE PROVIDED. FOR EXAMPLE, WASHOE COUNTY, STATEWIDE OR BY ZIP CODE. SELECT ONLY ONE AND DESCRIBE IN BOX ADJACENT.	
☐ **CITY, OR ZIP CODE**	
☐ **COUNTY**	
☐ **REGION**	
☐ **STATEWIDE**	

C. Applicant Organization

ALL SECTIONS OF THE APPLICANT ORGANIZATION ARE MANDATORY AND N/A IS NOT ACCEPTABLE. APPLICANTS THAT DO NOT PROVIDE A FEDERAL TAX IDENTIFICATION NUMBER AND A UNIQUE ENTITY IDENTIFIER (UEI) NUMBER WILL BE DISQUALIFIED.		
ORGANIZATION NAME		
MAILING ADDRESS		
PHYSICAL ADDRESS		
CITY		**NV**
ZIP (9-DIGIT ZIP REQUIRED)		
FEDERAL TAX ID #		
UNIQUE ENTITY IDENTIFIER (UEI) NUMBER		

D. Program Manager, Point of Contact

PROGRAM CONTACT IS THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR THE ACTIVITIES OF THE GRANT (I.E. MEETING SCOPE OF WORK DELIVERABLES).		
NAME		
TITLE		
PHONE		
E-MAIL		
SAME MAILING ADDRESS AS SECTION C? ☐ **YES** ☐ **NO, USE BELOW ADDRESS INFORMATION**		
ADDRESS		
CITY		**NV**
ZIP (9-DIGIT ZIP REQUIRED)		

E. Fiscal Officer

FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND SUBMISSION OF REIMBURSEMENT REQUESTS.		
NAME		
TITLE		
PHONE		
EMAIL		
SAME MAILING ADDRESS AS SECTION C? ☐ YES ☐ NO, USE BELOW ADDRESS INFORMATION		
ADDRESS		
CITY		NV
ZIP (9-DIGIT ZIP REQUIRED)		

F. Key Personnel

KEY PERSONNEL ARE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERABLES. Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide the proposed services. The GPRA Coordinator is required.

NAME	TITLE	LICENSED?
	Program Manager (Mandatory Field) If licensed, License Type: License Number:	☐Yes ☐No
		☐Yes ☐No
		☐Yes ☐No
		☐Yes ☐No

G. Third Party (e.g. Medicaid) Payer Identification

A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PROVIDER AND NOT THAT YOU ARE IN THE PROCESS.	
Are you currently a registered provider with the Division of Health Care Finance and Policy (DHCFP) – Nevada Medicaid?	☐Yes ☐No
Are you currently registered as a provider with the Health Plan of Nevada?	☐Yes ☐No
Are you currently registered as a provider with United Health Care?	☐Yes ☐No
Are you currently registered as a provider with Anthem Blue Cross and Blue Shield?	☐Yes ☐No
Are you currently registered as a provider with Silver Summit?	☐Yes ☐No
Please identify any other third-party payors billed (e.g., insurance companies) your organization is registered with as a provider type for billing purposes.	

Current provider types (PT) for third-party payors:	
PT 11 Hospital, Inpatient	☐Yes ☐No
PT 12 Hospital, Outpatient	☐Yes ☐No
PT 13 Psychiatric Hospital	☐Yes ☐No
PT 14 Behavioral Health Outpatient	☐Yes ☐No
PT 17 Specialty Clinic (e.g. CCBHC, FQHC)	☐Yes ☐No
PT 20 Physician	☐Yes ☐No
PT 26 Psychologist	☐Yes ☐No
PT 32 Community Paramedicine	☐Yes ☐No
PT 47 Indian Health Programs and Tribal Clinics	☐Yes ☐No
PT 54 Targeted Case Management	☐Yes ☐No
PT 60 School Based	☐Yes ☐No
PT 63 Residential Treatment Center (RTC)	☐Yes ☐No
PT 82 Behavioral Health Rehabilitative Treatment	☐Yes ☐No
Other, Please Define:	

H. Certification of Provider

ANSWERS ARE SPECIFIC TO THE ORGANIZATION CERTIFICATION AT THE TIME OF THE SUBMITTAL AND NOT ANY TEAM MEMBER CERTIFICATIONS.	
Are you JCAHO (Joint Commission) Certified?	☐Yes ☐No
Are you SAPTA Certified under Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458 *and* do you have a minimum of two (2) years providing substance use disorder treatment?	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
OR, are you able to provide memorandums of understanding (MOU)s with community partners who will provide treatment and are able to provide proof of SAPTA certification in good standing?	☐Yes ☐No
Please identify any additional certifications your organization (not individuals) holds:	

I. Current Funding (Federal, State, and Private Funding)

FEDERAL, STATE AND PRIVATE FUNDING. PRIVATE FUNDING MAY BE IDENTIFIED AS TOTAL. ANY FEDERAL OR STATE FUNDS MUST BE DETAILED OUT. ADD ROWS AS REQUIRED. THIS INCLUDES ALL FEDERAL OR STATE GRANTS. STATE GRANTS ARE NOT PRIVATE FUNDING.

Funding	Type	Project Period End Date	Current or Previous Amount Awarded ($)
Example: State Opioid Response Grant	*Grant*	*9/2023*	*$100,000*

IX. APPENDIX C – PROJECT NARRATIVE COMPONENTS

The Project Narrative should be no longer than 10 pages, single-spaced, using a 12 point font, with 1-inch margins. Include section headings and page numbers. The total point value of the Project Narrative is 80.

Organization Description (10 points possible)

Describe the organization's qualifications and experiences to implement the proposed project and previous experience related in scope and complexity to the Proposed Project. Include the following information in this section:

- An overview of your organization demonstrating not less than two (2) years of operation, its structure, information about major accomplishments of the organization, relevant experience, and an explanation of how the description you provide makes your organization an appropriate grantee.
- A proposed organizational chart with grant-specific staff identified and summarized job responsibilities in addition to discussion of the utilization of subawardees or subcontractors to accomplish the proposed project work activities and Scope of Work.
- Describe any subawardees or subcontractors and include discussion of staff oversight of the subaward or subcontract with specific notation of how the organization ensures compliance and performance aligned with the Scope of Work to include goals, objectives, activities, and evaluation.

Population of Focus and Statement of Need (10 points possible)

Describe the unmet need(s) or emerging problem(s) to be addressed by the project in your catchment area. Incorporate data from baseline sources that support the need for the proposed program. Include specific community-level data from reliable sources of secondary or primary data, if applicable from previous programming implemented by your agency. Include the following information in this section:

- The specific geographic catchment area where the project will be implemented.
- The population(s) of focus.
- The demographic characteristics of the population(s) of focus, including cultural and racial/ethnic considerations.
- The nature of the problem within the geographic catchment area, including the extent of need, barriers to care, and gaps in service for the population(s) of focus;
- Health disparities evident in the population(s) of focus;
- The need for an enhanced infrastructure to address the identified need; and
- Resources that may be available to the project.

Project Design & Implementation Approach (20 points possible)

Identify which programs and services your organization will provide: ***prevention, treatment, and/or recovery*****.** Detail the goals, measurable objectives, and anticipated outcomes of the project and how you plan to implement the required activities. Include the following information in this section:

- A detailed description of the proposed program(s) and service array.
- Define how the project will address the unmet needs of the target population(s) described in the Statement of Need.
- Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.

- Describe the goal(s) and objectives and activities to be implemented to achieve the goal(s) and the anticipated outcomes.
- Detail the unduplicated number of individuals that will be served.
- Define the evidence-based practice(s) you plan to implement.
- Specific information about any modifications you plan to make to the EBPs and a justification for making these modifications.
- How you plan to monitor the implementation of the EBPs to ensure they are implemented according to EBP guidelines.

Evidence-based practices should be cited and sourced with the literature and indicate the connection between the proposed evidence-based practice(s) and the identified target population with specific notation if the selected evidence-based practice(s) have been deployed with the target population previously.

If there is no direct literature-based alignment of the proposed project and the evidence-based practice(s) proposed, there should be data driven and literature supported justification for the proposed project (NOTE: This aligns with the EBPPP Proposal and Review Form). The SAPTA EBPPP Proposal Review Form Instructional Guide provides more detail on how to complete this form.

Capabilities and Competencies (10 points possible)

Describe the capability and experience of your program/organization to implement the proposed project, your history in providing services to the population(s) of focus, and your experience with similar projects. Include the following information in this section:

- Describe organization’s background, qualifications, and experiences with the implementation of projects similar in scope and complexity to the proposed project.
- Describe the capabilities of the applicant to implement this project.
- Describe key staff that will be involved in the project, including their roles, level of effort and qualifications as well as their experience providing services to the population(s) of focus and their familiarity with its culture(s) and language(s).
- Describe the capability and experience of other organizations/partners that will be participating in the project.

Data Collection and Performance Measurement (20 points possible)

Document your ability to collect and report on the required performance measures and describe your performance assessment plan. To document your ability to collect and report on the required performance measures, you may describe your experience and success in collecting and reporting data for other grant awards. Include the following information in this section:

- Describe the data, systems, and instruments that your organization will use to collect unduplicated client level data, including number of services provided. Identify if the organization has an electronic health record system, and what that system is and its utility for similar project types.
- How data will be collected and what staff member(s) will oversee this component.
- How the data collected will be utilized to manage, monitor, and enhance the program.
- How you plan to conduct the performance assessment.
- The quality improvement process that will be implemented.
- Data collection should also include a discussion of the baseline data and process for conducting analysis of data in alignment with the Scope of Work goals, objectives,

activities, and evaluation.

Capacity & Sustainability (10 points possible)

- Provide details describing existing community partnerships and how you coordinate with existing resources and partners to reduce duplication of services.
- Describe formal collaborations and/or existing Memorandums of Understanding (MOUs) or Letters of Commitment (see Appendix H for sample formats) with established partners and relationships that will be important to carrying out the activities proposed.
- Define what you have done to increase sustainability efforts within the last two years as well as other funding sources that sustain your work (i.e., Medicaid billable, increased other forms of funding) to reduce your reliance on federal or state grant funding.
- This discussion of other funding sources should align with the “Other Funding” columns in the Excel Budget Worksheet, on the Budget Summary tab.

X. APPENDIX D – SCOPE OF WORK TEMPLATE/GUIDANCE

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences. Note: This document should not contain any red text when completed.

Subrecipient' s name, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Subrecipient

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.

Objective	Activities	Due Date	Documentation Needed
1.	1. 2.	XX/XX/XX XX/XX/XX	1. 2.
Evaluation Methods:			
2.	1. 2.	XX/XX/XX XX/XX/XX	1. 2.
Evaluation Methods:			

Goal 2: Describe the most important secondary goal the program wishes to accomplish with this subaward.

Objective	Activities	Due Date	Documentation Needed
1.	1. 2.	XX/XX/XX XX/XX/XX	1. 2.
Evaluation Methods:			
2.	1. 2.	XX/XX/XX XX/XX/XX	1. 2.
Evaluation Methods:			

Goal 3: Describe the most important secondary goal the program wishes to accomplish with this subaward.

Objective	Activities	Due Date	Documentation Needed
1.	1. 2.	XX/XX/XX XX/XX/XX	1. 2.
Evaluation Methods:			
2.	1. 2.	XX/XX/XX XX/XX/XX	1. 2.
Evaluation Methods:			

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SCOPE OF WORK GUIDANCE
DEVELOPING GOALS AND MEASURABLE OBJECTIVES

Overview
To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable goals and key performance objectives. This chapter will provide information on developing goals and measurable objectives. It will also provide examples of well-written goals and measurable objectives.

Developing Goals and Measurable Objectives
The following information is provided to assist you in developing goals and measurable objectives.

GOALS

Definition - a goal is a broad statement about the long-term expectation of what should happen as a result of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved;
- Goals describe the behavior or condition in the community expected to change;
- Goals describe who will be affected by the project;
- Goals lead clearly to one or more measurable results; and
- Goals are concise.

Examples:

Unclear Goal	Critique	Improved Goal
Increase the substance use/misuse and HIV/AIDS prevention capacity of the local school district	This goal could be improved by *specifying an expected program effect in reducing a health problem*	Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance use/misuse and/or HIV/AIDS
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high risk behaviors, peer pressure, and tobacco use.	This goal is not concise	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

OBJECTIVES

Definition – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is

recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2023, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable, realistic, and time-bound***:

- ***Specific*** – includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”
- ***Measurable*** – how much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/23 increase by 10% the number of 8th, 9th, and 10th grade students who disapprove of marijuana use as measured by the annual school youth survey.
- ***Achievable*** – objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”
- ***Realistic*** – objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”
- ***Time-bound*** – provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter.

Examples:

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance use/misuse prevention curriculum.	The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	***By June 1, 2021***, ***LEA supervisory staff*** will have trained ***75% of health education*** teachers ***in the local school district*** on the selected, evidence-based substance use/misuse prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not *specific* or	By the ***end of the 2021 school year***, ***district health educators*** will have conducted classes on

	time-bound. It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills.	assertive communication skills for 90% of youth ***in the middle school*** receiving the ***substance use/misuse and HIV prevention curriculum.***
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating who is responsible for the training, how many people will be trained, who they are, and by when the training will be conducted.	***By end of year two of the project***, the ***Health Department*** will have trained ***75% of EMS staff in the County Government*** on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

The first step in developing your goals and objectives for a specific grant announcement it to review the specific purpose of the grant and the required activities. For example, the RFA may state that the purpose of the grant is to prevention suicide in institutions of higher education and indicate that one of the required activities is increasing the amount of training to students, faculty, and staff on suicide prevention and mental health promotion. It would follow that a relevant goal could be:

Goal: Increase the number of suicide prevention and mental health promotion trainings delivered to students, faculty, and staff at the State University.

To assess whether the number of trainings has increased you would need to collect data on the number of trainings that have been delivered in the past within a specified time period. This data could be incorporated into the statement of the problem to document the need for the grant at the university. Once you have the baseline data for the university, a determination would need to be made as to what a realistic objective would be in terms of the number of training events that could be accomplished during the grant period.

Once a goal has been established, the next step is to determine what objectives need to be developed to address this goal. The objectives that might be developed could include specifying how many individuals would need to become certified to conduct the trainings and by when this would need to be accomplished. It would also be relevant to determine how many university staff members are certified trainers and how many additional individuals would need to become certified. An objective might be:

Objective: By 7/15/2023, ten staff members of the University Counseling Center will have become certified gatekeeper trainers.

Another objective could address how many trainings will be conducted during a specified time frame, such as:

Objective: By end of year three of the project, the staff of the University Counseling Center will have conducted 30 suicide prevention and mental health promotion trainings to students, faculty, and staff on the selected curriculum (name of EBP) addressing the prevention of suicide.

XI. APPENDIX E – BUDGET WORKSHEET

Provide a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each of the project periods.** The budget should be an accurate representation of the funds necessary to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. The budget must comply to State fiscal policy and procedures and 2CFR200. If the project is not fully funded, the Bureau will work with the applicant to modify the budget, the Scope of Work and the projected outcomes**.**

Applicants **must** use the Detailed Budget Narrative Template form (Excel spreadsheet) provided for this RFA. Use the budget definitions provided in the "Categorized Budgets" section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.**

1. **Personnel:** The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently and provide their own workspace, tools, means, and methods for completion and are listed in the Contractor category.

   For example:

Intake Specialist | $20/hour X 40 hours/week X 52 weeks	= $ 41,600
Fringe = $41,600 X 15% (e.g. health insurance, FICA, workmen's comp)	= $ 6,240
Personnel Total	= $ 47,840

   Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs *(explained later).*

2. **Travel:** Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently .655 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at https://www.gsa.gov/portal/category/26429. All subgrantees must follow the State's Travel Policy.

3. **Operating:** List and justify tangible and expendable property necessary to carry-out the proposed program.

4. **Equipment:** Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000.

5. **Contractual/Consultant Services:** Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these agreements in accordance with all requirements identified for grants administered under the Bureau. All unknown contracts recognized as "TBD" are required to be updated within 45 days of the start of the subgrant.

6. **Training:** Identify and justify the expenditures associated with training.

7. **Other Expenses**: Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, conference registrations, stipends, scholarships, etc.

8. **Indirect Costs:** Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal, and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be submitted to the Bureau in this application. All other agencies may use the Modified Total Direct Cost Base and Exclusions, currently at 10%. Excluded: 2CFR 200.413/414 [Fiscal Managers] [Executive Directors/CEOs].

XII. APPENDIX F - PROVISIONS OF GRANT ASSURANCES

Applicability: This section is applicable to all subrecipients who receive funding from the Division of Public and Behavioral Health (DPBH). The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards.
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants & / or Projects for Assistance in Transition from Homelessness.
4. NRS 218G - Legislative Audits.
5. NRS 458 - Abuse of Alcohol & Drugs.
6. NRS 616 A through D Industrial Insurance.
7. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards.
8. GSA - General Services Administration for guidelines for travel.
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
    a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements and Division criteria.
11. The Subrecipient's commercial general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent Sub- grantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
12. To the fullest extent permitted by law, Subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Subrecipient, its officers, employees and agents.
13. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
14. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
15. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
16. The subrecipient is required to maintain a Central Repository for Nevada Records of Criminal History and ensure FBI background checks have occurred every 3 to 5 years on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
17. Application to 211 - As of October 1, 2017, the Subrecipient will be required to submit an application to register with the Nevada 211 system.
18. The Subrecipient agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.

19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
20. The Subrecipient acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
21. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
22. "The Subrecipients will NOT expend Division funds, including the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and Community Mental Health Services Block Grant Funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over $1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. 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 demonstrated needle exchange program would be effective in reducing drug use and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
23. Failure to meet any condition listed within the sub-grant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.
24. Failure to enter data on a monthly basis in the Web Infrastructure for Treatment Services data (WITS) system, the Treatment Episode Data Set (TEDS) system, Government Performance and Results Act (GPRA), may result in result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.
25. Additionally, failure to submit any ad hoc reports requested in between set reporting periods may result in result in result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.
26. Applicants must comply with state fiscal and program on site monitors of programs for prevention, treatment and recovery service providers.

Audit Requirements

Title 2 of the Code of Federal Regulations (2 CFR), Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards requires that all non-federal entities that expend **$750,000 or more in all federal awards during their fiscal year must have <u>a Single or Program Specific Audit</u> conducted for that fiscal year**. In addition to the federal requirement, it is the policy of the State of Nevada, Department of Health and Human Services, Bureau of Behavioral Health Wellness and Prevention, Bureau of Behavioral Health, Prevention and Treatment to require all sub-recipients that expend $750,000 or more in combined federal and state funds during their fiscal year to have a **<u>Limited Scope Audit</u>** conducted for that fiscal year.

Should the sub-recipient **expend less than $750,000 in combined federal and state funds in their fiscal year, the sub-recipient must issue a Year-End Financial Report completed for that fiscal yea**r. See the Division Audit policy.

Single or Program Specific Audit

27. The Single or Program Specific Audit must be performed in accordance with all governing requirements of 2 CFR Part 200, Sub Part F-Audit Requirements.

Limited Scope Audits

28. The auditor must: a. Perform an audit of the financial statement(s) for the federal program in accordance with Generally Accepted Government Auditing Standards (GAGAS); b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program; c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program; d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding; e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
29. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
30. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following: a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies; b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests; c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).
31. The Limited Scope Audit Report must be submitted to the Division within the earlier of thirty (30) calendar days after receipt of auditor's report(s), or nine (9) months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to: The Bureau of Behavioral Health Wellness and Prevention Attn: SAPTA 4126 Technology Way, Second Floor Carson City, NV 89706.

Year-End Financial Report

32. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.

33. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
34. Year-End Financial Report must be signed by the Chief Executive Officer (CEO) or Chairman of the Board.
35. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
36. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must: a. List individual federal and State programs by agency and provide the applicable federal agency name. b. Include the name of the pass-through entity (State Program). c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available. d. Include the total amount provided to the non-federal entity from each federal and State program.
37. Comply with State fiscal on-site monitor.
38. The Year-End Financial Report must be submitted to the Division ninety (90) days after fiscal year end at the following address: The Bureau of Behavioral Health Wellness and Prevention Attn: SAPTA 4126 Technology Way, Second Floor Carson City, NV 89706.

Amendments

39. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the Bureau of Behavioral Health Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
40. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Bureau of Behavioral Health Wellness and Prevention in writing.
41. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
42. Any significant changes to the Scope of Work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all Scope of Work amendments.
43. The Subrecipient acknowledges that requests to revise the approved sub-grant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
44. Final changes to the approved sub-grant that will result in an amendment must be received 60 days prior to the end of the sub-grant period (no later than April 15 for State funded grants and July 15 for federal funded grants). Amendment requests received after the 65-day deadline will be denied.

Agreed to:

Signature:__________________________________ Date:

Printed Name:
Title:

XIII. APPENDIX G – AGENCY SELF-ASSESSMENT

ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?

   ☐ YES ☐ NO

2. Is the total amount requested for this funding opportunity greater than 50% of your organization's current total annual budget?

   ☐ YES ☐ NO

ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including:
   If more space is needed to complete the answers below, please attach additional pages.

   A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.

   B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?

   C. Your expenditure reports will be due by the 5th of each month. (If the 5th falls on a Saturday, Sunday, or State of Nevada holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports in a timely manner, please respond to the following:

      1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 5th of each month)?

      2) By what date do you close the General Ledger (e.g., GL is closed no later than the 5th of each month)?

   D. How are transactions organized, maintained, and summarized in financial reports?

Answer each of the following questions with either a “YES”, “NO”, or "NOT APPLICABLE" by checking the respective box.

4. The SAPTA has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

☐ YES ☐ NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

☐ YES ☐ NO

6. Does your accounting system identify and segregate:
   - Allowable and unallowable costs;
   - Direct **OR** indirect expenses;
   - Grant costs and non-grant costs; and
   - The allocation of indirect costs.

☐ YES ☐ NO

7. If your organization has more than one grant contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each contract?

☐ YES ☐ NO ☐ NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?

☐ YES ☐ NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?

☐ YES ☐ NO

10. Financial policies and procedures in place?

☐ YES ☐ NO

If yes, please submit with application.

GENERAL ADMINISTRATION AND INTERNAL CONTROLS

11. Does your organization have written personnel policies?

☐ YES ☐ NO

12. Does your organization have written job descriptions with set salary levels for each employee?

☐ YES ☐ NO

13. UGMS requires that any staff paid from State grant funds, such as SAPTA, to keep a record of time and attendance.
A. For staff funded 100% by the SAPTA grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked.
B. For staff who split their time between the SAPTA grant and other federal and state funding sources (cannot exceed 100%), they will need to keep a time record or personnel activity reports, or equivalent documentation must meet the following standards:

1) They must reflect an after-the-fact distribution of the actual activity of each employee.
2) They must account for the total activity, for which each employee is compensated.
3) They must be prepared at least monthly and must coincide with one or more pay periods; and
4) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

14. Does your organization maintain time allocated personnel activity reports that meet the above criteria?

☐ YES ☐ NO

15. Does your organization maintain personnel activity reports or equivalent documentation that meet the above criteria?

☐ YES ☐ NO

16. Are payroll checks prepared after receipt of approved time/attendance records and are payroll checks based on those time/attendance records?

☐ YES ☐ NO

17. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

☐ YES ☐ NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Signature:________________________________ Date:

Printed Name:
Title:

Signature:________________________________ Date:

Printed Name:
Title (Fiscal Manager):

XIV. APPENDIX H – SAMPLE TEMPLATES – MEMORANDUM OF UNDERSTAND (MOU)/LETTER OF COMMITMENT

MEMORANDUM OF UNDERSTANDING BETWEEN
NON-PROFIT AGENCY AND
COMMUNITY BASED ORGANIZATION

This Memorandum of Understanding (MOU), while not a legally binding document, does indicate a voluntary agreement to assist in the implementation of the plans described in the "Title of Project", a substance use/misuse prevention demonstration grant targeting high-risk female adolescent populations. This grant is funded through the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention and is expected to have a three-year funding cycle.

Overall Project Goals, Services and Outcomes: *very brief program overview*

Term One: This MOU shall begin upon grant funding approval. The agreement is renewable from year to year, unless either party gives notice of intent to withdraw from the project.

Term Two: Agency Provisions: In addition to continuing the ongoing program planning and review process of "Title of Project_", the non-profit organization will provide the following services in specific support of this project:

a.
b.
c.
d.

Term Three: Agency Provisions: In addition to participating in the ongoing planning and review process of the above-mentioned project, the community-based organization will provide the following services in specific support of this project:

a.
b.
c.
d.

Term Four: Termination: This MOU may be terminated by either party, for any reason, by giving 30 days written notice.

______________________________	______________________________
Non-Profit Agency Signature	CBO Agency Signature
Title	Title
Date	Date

SAMPLE TEMPLATE - LETTER OF COMMITMENT

Note: This document should not contain any red text when completed.

On Letterhead of Partnering Organization

Insert date

Project Director
Applicant Organization
City, State

Dear *Project Director,*

[Optional short introduction of the applicant organization]. Include information about how long and in what capacity the partnering organization has worked with the applicant organization.

We commit to participating in and supporting the XXX agency's application to state agency title once we decide what term we are using i.e. acronyms or the Bureau, etc. entitled *Project Title,* for the time period of [*include dates of commitment within proposed project period]*.

We will provide the following services for the proposed project:

Describe how the partnering organization will commit to being involved in the project, including its roles and responsibilities.

The individuals and our organization agree to work collaboratively with *Name of Applicant Organization* to ensure our goals are in alignment with the goals of the proposed project, including efforts to track and report on outcomes. We believe that the proposed project will contribute to *how the proposed project will positively impact the state/community/clients.*

Sincerely,

Signature of AR
Name of AR (Authorized Representative)
AR'S TITLE (e.g., Executive Director)
Address and telephone number if that information is not on the letterhead

XV. APPENDIX I – Subrecipient Questionnaire

Download a fillable PDF form at
https://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/.

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Subrecipient Questionnaire

This questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. Please complete the following questionnaire and submit all related documents as necessary.

SECTION A: GENERAL INFORMATION	
Organization Name:	
Point of Contact for your organization:	Name: Address: Phone: Fax: Email: URL: UEI #: EIN: Reg. with SAM.gov? Yes ◯ No ◯ Number of Employees: Exp. Date of Current SAM Registration: ____________

SECTION B. SUBRECIPIENT ELIGIBILITY
Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?
◯ Yes ◯ No If yes, please skip the rest of the questionnaire, sign and return.

SECTION C. SUBRECIPIENT ORGANIZATION INFORMATION (please fill out the information below, as appropriate)		
1. Type of organization (check all that apply):		
◯ University	◯ Government Entity	◯ Foundation
◯ Non-Profit Org	◯ For-Profit Org	◯ Other ________________________
2. Your organizational Fiscal year dates (month and year):		
3. Name of designated federal cognizant agency, if applicable:		

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4. Negotiated Indirect Cost Rate: Does your oganization have a federally approved indirect rate?

◯ Yes ◯ No URL: ______________________________

If yes, please provide a copy of your current agreement or the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414; or, the maximum allowable percentage of administrative expenses according to the funding source.

5. Fringe Benefit rate: Does your organization have a fringe benefit rate?

◯ Yes ◯ No URL: ______________________________

If yes, please provide a copy of your current fringe benefit rate memorandum or provide the URL.

6. Has your organization received in the past, subawards or subgrants which are similar to, or the same as, the currently proposed subaward? (2 CFR 200.331)

◯ Yes ◯ No

If yes, subrecipient hereby agrees to provide further documentation upon request.

7. Does your organization have on-going direct Federal awards where you recieve funds directly from an awarding agency? (2 CFR 200.331)

◯ Yes ◯ No

If yes, is the awarding agency currently monitoring subrecipient activity?

◯ Yes ◯ No

If yes, please describe:

8. Please certify that policies and/or procedures exist that address the following:

◯ Pay Rates and Benefits ◯ Conflict of Interest ◯ Purchasing

◯ Time and Attendance ◯ Travel ◯ Equipment & Inventory

◯ Leave

By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.

9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?

◯ Yes ◯ No ◯ N/A

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10. Has any new system been recently put in place or has there been any change to the existing system (e.g., accounting, information, management, etc.)? (2 CFR 200.331)
◯ Yes ◯ No If yes, please explain:

11. Does your organization have any new personnel (e.g., key personnel, financial management, grants management, IT management, or other staff serving in a grants administration role)? (2 CFR 200.331)
◯ Yes ◯ No If yes, please explain:

12. Has your organization in your preceding fiscal year expended any federal funds in either direct or indirect Federal awards?
◯ Yes ◯ No If yes, please indicate the expenditure amount:

13. Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for your most current fiscal year.
◯ Yes ◯ No

14. Does your organization adhere to Subpart E Cost Principles of 2 CFR 200 under the proposed subaward?
◯ Yes ◯ No ◯ N/A

15. Does your organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?
◯ Yes ◯ No

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16. Does the financial system provide for the control and accountability of project funds, property, and other assets?

◯ Yes ◯ No

17. Are duties separated so that no one individual has complete authority over an entire financial transaction?

◯ Yes ◯ No

If no, please explain below:

18. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

◯ Yes ◯ No

If no, please explain below:

19. Are all disbursements properly documented with evidence of receipt of goods or performance?

◯ Yes ◯ No

If no, please explain below:

20. Are all bank accounts reconciled monthly?

◯ Yes ◯ No

If no, please explain below:

21. Are payroll charges checked against program budgets?

◯ Yes ◯ No

If no, please explain below:

22. What system does your organization use to control paid time, especially time charged to sponsored agreements?

23. Does your organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all sponsored agreements, grants and contracts?

◯ Yes ◯ No

If no, please explain below:

24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

◯ Yes ◯ No

If no, please explain below:

25. Describe your organization's procedures to ensure that costs deemed unallowable, per Federal guidelines (2 CFR 200), are excluded from the amount charged to a grant?

26. Does your organization follow purchasing procedures to ensure procurement at competitive prices?

◯ Yes ◯ No

If no, please explain below:

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27. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

◯ Yes ◯ No

If no, please explain below:

28. How does your organization ensure that all cost transfers are legitimate and appropriate?

Authorized Representative Approval

By signing below, the authorized representative certifies, to the best of subrecipient's knowledge, all information submitted on this form, or attached for submission is accurate and complete.

_______________________________________ Date: ___________________________

Signature

Printed Name & Title

For Official Use Only:

Risk Level Determination: ______Lower ______Medium ______Higher

Notes: ____

____

Approved: ______________________________________ Date: ____________________

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XVI. APPENDIX J - Applicant Checklist

For use in completing the application (do not submit with application).

File 1: Application Package

- ☐ Cover Page - completed and signed
- ☐ Project Application Form – All sections completed
- ☐ Project Narrative – no longer than 10 pages, 12 pt. font, 1-inch margins, page numbers
- ☐ Scope of Work – goals and objectives are defined along with activities and documentation needed to measure each objective.
- ☐ Provisions of Grant Assurances – reviewed and signed
- ☐ Agency Self-Assessment – completed and signed
- ☐ Resumes of Key Staff
- ☐ Licenses and Certifications
- ☐ MOUs/Letters of Commitment
- ☐ Organizational Chart
- ☐ Subrecipient Questionnaire (if applicable)

File 2: Budget

- ☐ Budget Summary sheet
- ☐ Budget Narrative sheet

XVII. APPENDIX K – Acronyms and Definitions

Acronym	Definition
Agreement	As used in the context of care coordination, an agreement is an arrangement between the applicant organization and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.
Applicant	Organization/individual submitting an application in response to this NOFO.
Application Package	A group of specific forms and documents for a specific funding opportunity which are used to apply for a grant.
ASAM	American Society of Addiction Medicine, 3rd Edition
Award	An award between the Bureau and an outside agency or sub-awardee to perform tasks identified in the RFA.
Awarded Applicant	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFA.
The Bureau	Bureau of Behavioral Health, Wellness and Prevention
Behavioral health	Behavioral health is a general term "used to refer to both mental health and substance use" (SAMHSA-HRSA [2015]).
CCBHC	CCBHCs refer to Certified Community Behavioral Health Centers as certified by states in accordance with these criteria and with the requirements of the Protecting Access to Medicaid Act (PAMA). A CCBHC may offer services in different locations. For multi-site organizations, however, only clinics eligible pursuant to these criteria and PAMA may be certified as CCBHCs.
CCPC	Comprehensive Community Prevention Plan
Certification	Division Certification through SAPTA
Client	Within this document, clients are persons being treated for or in recovery from mental and/or substance use disorders, persons with lived experience, service recipients and patients, all used interchangeably to refer to persons of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations) for whom health care services, including behavioral health services are provided. Use of the term "patient" is restricted to areas where the statutory or other language is being quoted.
Contract Approval Date	The date the Bureau officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful applicant.
Contract Award Date	The date when applicants are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Bureau.
Contractor	The company or organization that has an approved contract with the State of Nevada for services identified in this RFA. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
Cost Share/Match	The portion of a project or program costs not borne by the Federal government.
Cultural and linguistic competence	Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers (Office of Minority Health [2014]).
DPBH	Division of Public and Behavioral Health, a Division under the Nevada Department of Health and Human Services
DUNS	Dun and Bradstreet Number.
Equipment	Tangible, nonexpendable personal property, including exempt property, charged directly to the award and having a useful life of more than one (1) year and an

	acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.
Evaluation Committee	Means a body appointed to conduct the evaluation of the applications, typically an independent committee comprised of a majority of State officers or employees established to evaluate and score applications submitted in response to the RFA.
Exception	A formal objection taken to any statement/requirement identified within the RFA.
Family	Families of both adult and child clients are important components of treatment planning, treatment and recovery. Families come in different forms and, to the extent possible, applicant organizations should respect the individual client's view of what constitutes their family. Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, caregivers, friends, and others as defined by the family.
Family-centered	The Health Resources and Services Administration defines family-centered care, sometimes referred to as "family-focused care," as "an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves. When care is family-centered, services not only meet the physical, emotional, developmental, and social needs of children, but also support the family's relationship with the child's health care providers and recognize the family's customs and values" (Health Resources and Services Administration [2004]). More recently, this concept was broadened to explicitly recognize family-centered services are both developmentally appropriate and youth guided (American Academy of Child & Adolescent Psychiatry [2009]). Family-centered care is *family-driven* and *youth-driven*.
Formal Care Coordination Agreement	A formal, written agreement between an integrated opioid treatment and recovery center (IOTRC) and partner agency specifying the services to be provided for clients through a coordinated effort.
Grant	An award of financial assistance, the principal purpose of which is to transfer a thing of value from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States [see 31 U.S.C. 6101(3)]. A grant is distinguished from a contract, which is used to acquire property or services for the Federal government's direct benefit or use.
HCQC	Bureau of Health Care Quality and Compliance
Hub and Spoke System	Hub and Spoke system means a model comprised of opioid treatment programs (OTPs) that serve as the hubs and are contracted with prescribers who prescribe buprenorphine in office-based settings who serve as the spokes.
Key Personnel	Applicant staff responsible for oversight of work during the life of the project and for deliverables.
LOI	Letter of Intent - notification of the State's intent to award a contract to an applicant, pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.
Mandatory	The terms "must", "shall", "will", and "required" identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.
MOUD	Medication for Opioid Use Disorder (MOUD) means a combination of medications utilized to treat an opioid use disorder (OUD) in conjunction with counseling services.
May	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Medical Evaluation	A comprehensive assessment, conducted by Nevada licensed medical professional, of a patient's overall medical history and current condition for the purpose of identifying health problems and planning treatment.

Must	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
NAC	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: **www.leg.state.nv.us.**
NOA	Notice of Award – Formal notification of the State's decision to award a contract, pending Board of Examiners' approval of said contract, any non-confidential information becomes available upon written request.
NRS	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: **www.leg.state.nv.us**.
OIG	Office of Inspector General
OMB	Office of Management and Budget
OUD	Opioid Use Disorder
RFA	Request for Application
Pacific Standard Time (PST)	Unless otherwise stated, all references to time in this RFA and any subsequent contract are understood to be Pacific Time.
SAMHSA	Substance Abuse and Mental Health Services Administration
Peer Support Services	Peer support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. This also includes services designed and delivered by family members of those in recovery. Peer Recovery Support Service includes any service designed to initiate, support and enhance recovery.
Peer Support Specialist	A peer provider (e.g., peer support specialist, recovery coach) is a person who uses their lived experience of recovery from mental or substance use disorders or as a family member of such a person, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. In states where Peer Support Services are covered through the state Medicaid Plans, the title of "certified peer specialist" often is used. SAMHSA recognizes that states use different terminology for these providers.
Person-centered care	Person-centered care is aligned with the requirements of Section 2402(a) of the Patient Protection and Affordable Care Act, as implemented by the Department of Health & Human Services Guidance to HHS Agencies for Implementing Principles of Section 2403(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs (Department of Health & Human Services [June 6, 2014]). That guidance defines "person-centered planning" as a process directed by the person with service needs which identifies recovery goals, objectives and strategies. If the consumer wishes, this process may include a representative whom the person has freely chosen, or who is otherwise authorized to make personal or health decisions for the person. Person-centered planning also includes family members, legal guardians, friends, caregivers, and others whom the person wishes to include. Person-centered planning involves the consumer to the maximum extent possible. Person-centered planning also involves self- direction, which means the consumer has control over selecting and using services and supports, including control over the amount, duration, and scope of services and supports, as well as choice of providers (Department of Health & Human Services [June 6, 2014]).
Practitioner or Provider	Any individual (practitioner) or entity (provider) engaged in the delivery of health care services and who is legally authorized to do so by the state in which the individual or entity delivers the services (42 CFR § 400.203).
Prescriber	An FDA Waiver approved prescriber for FDA approved medications for the treatment of OUDs.
Project Costs	All allowable costs, as set forth in the applicable Federal cost principles (see Sec. 74.27), incurred by a recipient and the value of the contributions made by third parties in accomplishing the objectives of the award during the project period.

Project Period	The period established in the award document during which awarding agency sponsorship begins and ends.
Proprietary Information	Any trade secret or confidential business information that is contained in a bid, proposal, or RFA submitted on a particular contract.
Public Record	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential, must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records.
Recovery	Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The 10 guiding principles of recovery are: hope; person-driven; many pathways; holistic; peer support; relational; culture; addresses trauma; strengths/responsibility; and respect. Recovery includes: Health ("making informed healthy choices that support physical and emotional wellbeing"); Home (safe, stable housing); Purpose ("meaningful daily activities … and the independence, income and resources to participate in society"); and Community ("relationships and social networks that provide support, friendship, love, and hope") (Substance Abuse and Mental Health Services Administration [2012]).
Recovery-oriented care	Recovery-oriented care is oriented toward promoting and sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon each individual's assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community (Substance Abuse and Mental Health Services Administration [2015]).
SABG	Substance Abuse Prevention and Treatment Block Grant
SAM	System for Award Management to access a Unique Entity Identifier (UEI) will be assigned as part of the registration process.
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTA	Substance Abuse Prevention & Treatment Agency
SMHA	State Mental Health Authority
SSA	Single State Authority
Shall	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a RFA as non-responsive.
Should	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
State	The State of Nevada and any agency identified herein.
Subcontractor	A third party, not directly employed by the contractor, who will provide services identified in this RFA. This does not include third parties who provide support or incidental services to the contractor.
Sub-recipient	The legal entity to which a sub-award is made, and which is accountable to the recipient for the use of the funds provided.
SUD	Substance Use Disorder
Supplant	Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. A written certification may be requested by the awarding agency stating that Federal funds will not be used to supplant State or local funds.
TPL	Third Part Liability
Trauma-informed	**Trauma-informed:** A trauma-informed approach to care "*realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist re-traumatization.*" The six key principles

	of a trauma-informed approach include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration [2014]).
TEDS	Treatment Episode Data Set
UEI	A Unique Entity Identifier (UEI) will assigned to an organization.
WITS	Web Infrastructure for Treatment Services data
Wellness Promotion	The promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.