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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Bureau of Behavioral Health Wellness and Prevention

November 5, 2018

**of the Use/Misuse of Alcohol, Tobacco,
Licit and Illicit Drugs**

Request for Proposals (RFP 2018-P)

Key Dates

Bidders Conference (Open Meeting)	November 5, 2018
Application Deadline	January 3, 2019
Objective Review	January 29 and 30, 2019
Award Notification	February 12, 2019
Project Start Date(s)	July 1, and October 1, 2019

Contact Information:

Please read through this solicitation carefully and write down all questions. Submit them to Marco Erickson, Health Program Manager II, (775) 684-4069, or maerickson@health.nv.gov. All questions related to this RFP will be compiled and answers will be shared publicly during the Bidders Conference on 11/05/18. Q&As will be put in writing and posted on the BHWP webpage to ensure all applicants are provided the same guidance. No questions on this RFP will be accepted after 4:00 p.m. on 11/26/18.

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EXECUTIVE SUMMARY

The Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention (BHWP) is accepting proposals for funding from primary prevention grants in fiscal year 2019. The grants may include Nevada State General Funds for Substance Abuse Primary Prevention (SAPP); the Substance Abuse and Mental Health Services Administration's (SAMHSA) Partnerships for Success Grant (PFS); and the SAMHSA Substance Abuse Prevention and Treatment Block Grant – Primary Prevention Set-Aside (SABG-PX). These programs fulfill the Department's commitment to public behavioral health services that deliver substance abuse primary prevention programs to Nevada's communities, with a priority on at-risk populations.

All services and activities associated with this RFP 2018-P will be administered by the Bureau of Behavioral Health Wellness and Prevention (BHWP) with funds provided by State General Funds for Substance Abuse Primary Prevention, and the federal Substance Abuse Mental Health Services Agency (SAMHSA) Substance Abuse Prevention and Treatment Block Grant – Primary Prevention Set-Aside; and the federal Partnership for Success Grant.

Subgrants awarded through this RFP are intended to support the activities of regionally-based coalitions as defined in the Drug Free Communities Act of 1997 (Public Law 105-20).

TIMELINE

RFP released	10/19/18
<p>Bidders Conference 9:00 a.m. to 4:00 p.m.</p> <p><u>Locations:</u></p> <ul style="list-style-type: none"> Division of Public and Behavioral Health 4150 Technology Way, Rm. 303 Carson City Southern Nevada Mental Health Services (SNAMHS) Rawson-Neal Training Room B-193 1650 Community College Drive, Las Vegas Aging & Developmental Services 1020 Ruby Vista Drive #102, Elko <p>Teleconference number:</p>	<p>11/05/18</p> <p>Attendance to this conference is helpful for all who are considering application. Letters of Intent to Bid can be filled out at the conference or mailed in to BHWP.</p> <p>888-636-3087 Access Code: 1961091</p>
Due date for Applications 4:00 p.m.	1/03/19
Technical review of applications	1/14/19 through 1/15/19
Applications sent to reviewers	1/16/18
Objective Review (mandatory for all proposals)	1/29/19
Funding decisions announced by DPBH/BHWP	2/12/19
Budget and scope of work negotiations	2/12 to 4/11/19
Notice of sub-grant award documents sent	5/25/19

SCOPE OF RFP

Applications that meet criteria and provide letters of intent are eligible to apply for any of the following three subgrants with **annual maximum** awards in the amounts below:

Funding Opportunity Title:	State General Fund Substance Abuse Primary Prevention (SAPP)
Anticipated Total Available Funding:	\$2,012,418
Estimated Number of Awards:	12
Estimated Award Amount:	\$50,000 up to \$800,000
Cost Sharing/Match Required:	No
Project Start Date:	July 1, 2019
Length of Project Period	Up to four years
Funding Opportunity Title:	SAMHSA Partnerships for Success (PFS)
Anticipated Total Available Funding:	\$1,793,357
Estimated Number of Awards:	12
Estimated Award Amount:	\$50,000 up to \$400,000
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2019
Length of Project Period	Up to four years
Funding Opportunity Title:	SAMHSA Substance Abuse Prevention and Treatment Block Grant – Primary Prevention Set-Aside (SABG-PX)
Anticipated Total Available Funding:	\$2,308,344
Estimated Number of Awards:	12
Estimated Award Amount:	\$150,000 up to \$500,000
Cost Sharing/Match Required:	No
Project Start Date:	October 1, 2019
Length of Project Period	Up to four years

ELIGIBILITY INFORMATION

ELIGIBLE APPLICANTS

The Behavioral Health Wellness and Prevention Agency reaches communities across Nevada through community-based coalitions to ensure inclusion of frontier, rural, at-risk populations and areas of trending needs. The Applicant must be an organized 501(c)(3) private not-for-profit entity, a **government entity**, or a federally recognized Tribal organization. The organization must be certified by the Division of Public and Behavioral Health through the Behavioral Health Wellness and Prevention Agency as a Prevention Coalition and have at least one person on staff who is a Certified Prevention Specialist.

The Bureau of Behavioral Health Wellness and Prevention leverages the reach of prevention funding through collaboration with communities that are already mobilized and engaged in community change. Therefore, the Applicant must be an established Community Prevention Coalition with a minimum of six months experience implementing substance misuse prevention initiatives. The Applicant must have major sector involvement consisting of one or more representatives from each of the following 12 categories:

1. Youth
2. Parents
3. Businesses
4. Media
5. Schools
6. Organizations serving youth
7. Law enforcement
8. Religious or fraternal organizations
9. Civic and volunteer groups
10. Health care professionals
11. State, local, or tribal governmental agencies with expertise in the field of substance abuse
12. Other organizations involved in reducing substance abuse

The Applicant is expected to know and implement the Strategic Prevention Framework in their organization. Additionally, the Applicant must meet requirements of a Coalition Program as set forth in Nevada Administrative Code *NAC Chapter 458*.

Emerging community coalitions are encouraged to apply for the Drug Free Communities grant through SAMHSA prior to seeking funding from this or similar opportunities. Through the Drug Free Communities Grant, newly formed coalitions will receive the support and mentoring necessary to build an effective and sustainable organization and will be able to meet the guidelines of state prevention funding. All other entities seeking funding for primary prevention program delivery are encouraged to consult with and/or apply to their local Community Prevention Coalition for inclusion in pass-through dollars from this application. Community Prevention Coalitions will assure that local prevention programs are consistent with local strategic plans and do not result in duplication.

REGISTRATION

Applicants for State grants and federal award pass-throughs are required to **have obtained registrations with all four bullet points listed below prior to applying for funds**, to include information in the application, and to maintain current and valid registration in the systems below throughout the active award period.

- Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
- System for Award Management (SAM)
- State Vendor Number
- Health and Human Services Division Prevention Certification through BHWP

Dun & Bradstreet

The DUNS Number, also known as the Unique Entity Identifier, and provide that number in the application. The number can be obtained on the Dun & Bradstreet website: <http://www.dnb.com> or call 1-866-705-5711. The DUNS number is free of charge and must be active in the System for Award Management (SAM).

System for Award Management (SAM) Registration

Applicants must have current information registered in SAM at the time of application and maintain active SAM registration during the period of time the organization has an active federal or state award or an application under consideration. The SAM user account requirements can be found on their website: <https://www.sam.gov>

State Vendor Number

Applicants must have completed registration through Nevada State Controller.
http://controller.nv.gov/VendorServices/Electronic_Vendor_Registration.html

BHWP Prevention Certification (also referred to as SAPTA Certification)

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/Certification/CertificationHome/>

Application Requirements at a Glance

The following requirements must be in place at the time of submission of application. No exceptions will be made.

- 501(c)3, **government entity** or federally recognized Tribal organization
- BHWP Prevention Certification
- Certified Prevention Specialist on staff
- Coalition membership representing 12 sectors of your community
- Minimum 6 months experience implementing substance misuse initiatives
- Adherence to Strategic Prevention Framework
- Meet requirements of NAC 458.203
- Registration in Dun & Bradstreet
- Registration in System Award Management
- Vendor Number from State Controller

PROJECT DESCRIPTION

A Request for Proposal process is different from a Request for Applications. The State expects Applicants to propose creative, competitive solutions to the agency's stated problem or need, as specified below. The proposed solutions must implement primary prevention strategies directed at individuals before they are identified to need treatment or have already gone into treatment. Applicants must demonstrate technical skills in use of evidence-based primary prevention strategies, knowledge of program evaluation and data collection methods to substantiate the effectiveness of proposed programs in reducing substance misuse in Nevada. The State reserves the right to limit the Scope of Work prior to award, if deemed in the best interest of the State.

PURPOSE

The purpose of funding is to address Nevada's substance use prevention priorities:

1. underage drinking;
2. misuse of alcohol by adults;
3. underage use of marijuana and synthetic cannabinoids;
4. misuse of licit and illicit drugs including opioids and methamphetamine;
5. misuse of over the counter medications;
6. harmful effects of tobacco products including e-cigarettes and vaping products;
7. public education on topics such as safe disposal of prescription drugs, the effect of alcohol and drugs on developing brains, and identification of the new generation of paraphernalia.

STATE PRIORITIES

The following priorities were defined by the Multidisciplinary Prevention Advisory Committee (MPAC), the SAPTA Strategic Plan 2017-2020, and by SAMHSA's eight Strategic Initiatives 2011. It is required that applicants will choose **a minimum of three (3)** of the following 14 priorities areas for funding per funding stream.

Priority Area	Priority Description
1	Prevent the onset of childhood and underage drinking and other drug use, including marijuana and misuse of over the counter medications and prescription drugs
2	Support earlier access to prevention by targeting students in high-risk environments needing access to after-school activities/programming for youth empowerment
3	Create or implement strategies to reduce binge-drinking and drug use in youth under the age of 18 and young adults up to age 24
4	Target substance abuse prevention on Native American communities among youth and adults
5	Target substance abuse prevention on people that are lesbian, gay, bisexual, transgender and questioning (LGBTQ)
6	Develop and/or increase collaboration and partnership with the military; active service, veterans, reservists, National Guard, and their families
7	Develop targeted prevention efforts aimed at older adults at risk of developing a dependence on opioids and alcohol
8	Target alcohol and other drug use among women of child-bearing years and women currently pregnant
9	Target substance abuse prevention on people speaking a language other than English

10	Focus prevention activities on prescription drugs used for non-medical purposes, or without a prescription
11	Develop and strengthen linkages to available resources
12	Focus prevention activities around use of e-cigarettes, including the dangers of use and changes in social norms
13	Focus prevention activities around marijuana, including medical marijuana dispensaries, recreational issues and changes in social norms
14	Engage cross-systems expertise, such as educational institutions, first responders, law enforcement, etc., to increase or leverage training and educational opportunities and promote community level change

EXPECTATIONS

1. The Bureau of Behavioral Health Wellness and Prevention (BHWP) expects those who receive subawards from the funding streams in this opportunity to have gathered local data on substance use in their community and, in collaboration with partners from a variety of community sectors, to have established an accurate, data-driven picture of their community strengths, weaknesses and challenges.
2. Recipients are expected to be completely familiar with the composition and needs of their communities; to ensure that all populations, especially at-risk populations, are served by correctly focused, evidence-based primary prevention activities.
3. Recipients are expected to apply evaluation processes to show the prevention strategies are either working or need to be revised.
4. Recipients are expected to gather local data to identify emerging trends, to use in their decision-making processes, and to share any new and important local data with the state through reporting mechanisms to help inform and enrich state and national data.
5. Recipients are expected to ensure that all subrecipients to whom they award funding are monitored for fidelity to the original guidelines of the funding source(s).
6. Subrecipients of this funding are expected to implement community-based programing that has proven successful in preventing the onset of childhood and underage drinking and other drug use and to reduce the progression of substance abuse among young adults, veterans, Native American communities, LGBTQ, women of child-bearing age, senior citizens, people who speak languages other than English, and identified high risk populations. The goal is also to inform, educate, and provide linkages to available resources in a way that can be evaluated.
7. Collectively, funded programs should have a far-reaching affect across Nevada in frontier, rural and urban communities. The goal of primary prevention is to halt or deter the progression of vulnerable populations towards the habitual misuse of or addiction to alcohol, tobacco and tobacco products, opioids, and other drugs.

DETAILS OF FUNDING STREAMS COVERED UNDER THIS RFP

State General Fund Substance Abuse Primary Prevention (SAPP)

Project period 7/1/19 – 6/30/23

Funding Source: State General Funds

SAPP funds are used as a maintenance of effort for the SABG; to increase services and to support infrastructure and the implementation of evidence-based/evidence-informed direct service substance abuse prevention programs, practices, and strategies at the community level. All activities associated with this funding must be for the implementation of those activities that meet an identified need within the community and are prioritized in the coalition's Comprehensive Community Prevention Plan.

It is expected that **85%** of this funding will support programs or strategies delivered by direct service providers. Selecting and qualifying appropriate subrecipients or contractors for the project/contract must follow federal and state procurement regulations. If this percentage cannot be achieved (not enough direct service providers in the coalition service area, for example), the applicant must provide an explanation in their response to this RFP. The 15% balance can be used to support administrative costs associated with the management of these pass-through funds. Of the strategies funded with State General Funds, all must **either** be evidence-based or reviewed and approved through the Bureau. For more information on determining whether a strategy is evidence-based, please refer to 'Evidence-Based Practices' (Appendix 7) section of this application. A strategy that is not considered evidence based may be submitted to the Bureau for review accompanied by local evidence of effectiveness. This evidence may consist of anecdotal information, local surveys, monitoring participants for a time after completion of the program, analysis of a change in social conditions that can be attributed to the program, etc.

Strategic Prevention Framework - Partnership for Success (PFS)

Project period 9/30/19 - 9/29/23

Funding Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

The PFS grant program builds upon the experience and established SPF-based prevention infrastructure of community coalitions to address one of the nation's top substance abuse prevention priorities: underage drinking among persons aged 9 to 20. The statewide goals are to reduce the availability, reduce the occasions or opportunities, and reduce the demand for alcohol in youth aged 9 to 20. At their discretion, Applicants may also use funds to target up to two additional, data-driven substance abuse prevention priorities as prioritized by the Multidisciplinary Prevention Advisory Committee (MPAC): reduce the use of marijuana among 9 to 20-year-olds and/or reduce the number of methamphetamine and marijuana related emergency room visits.

PFS is designed to ensure that prevention strategies and messages reach the population most impacted by substance misuse. It requires the skills to assess population needs (nature of the substance abuse problem, where it occurs, whom it affects, how it is manifested), the resources required to address the problem, and the readiness to act to address needs and problems identified.

Additionally, the PFS grant program seeks to address behavioral health disparities among racial and ethnic minorities and other populations by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the populations served.

Substance Abuse Block Grant (SABG)

Project period 10/1/19 - 9/30/23

Funding Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) Division of State Programs in accordance with The Public Health Service Act, Title 42 § 300x. Formula Grants to States.

This funding source represents the 20% set-aside from SABG which is required by statute (45 CFR 96.125) to be used exclusively for primary prevention. By law, it may only be directed at individuals not identified to need substance use treatment and must be used to fund evidence-based strategies that have a positive impact on the prevention of substance use. Activities that cross over into the 'intervention' realm are not allowed in this funding. While many evidence-based prevention strategies for substance abuse also have a positive impact on other health and social outcomes, the primary purpose and focus of activities must be on substance misuse prevention.

The SABG statute (45 CFR 96.125) requires a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include some or all of the following six strategies:

1. **Information Dissemination** strategies are 1-way communication from source to audience. It provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse, and addiction, and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. It is marked by one-way communication from the source to the audience, with limited contact between the two. Examples include: Clearinghouse or information resource centers; resource directories; media campaigns; brochures/pamphlets/rack cards; radio/TV public service announcements; health fairs or health promotion; information lines.
2. **Education** strategies include 2-way communication. Interaction between the educator or facilitator and participants is the basis of Education activities. Education activities aim to affect critical life and social skills, including decision making, refusal skills, critical analysis, and systematic judgment abilities. An example of critical analysis would be the interpretation of media messages. Examples include classroom and/or small group sessions (all ages); parenting and family management classes; peer leader/helper programs; education programs for youth groups; groups for children of substance abusers.
3. **Alternatives**. This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. Examples of alternative strategies include drug-free dances and parties; youth or adult leadership activities; community drop-in centers; and community service activities.
4. **Problem Identification and Referral** Strategy. The goal of this strategy is to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those individuals who are using illicit drugs for the first time. This identification is made to assess if the behavior of these individuals can be reversed through education. **Note: this strategy does not include Screening, Brief Intervention, Referral to Treatment (SBIRT) or any activity designed to determine if a person needs treatment.** Examples of Problem Identification and Referral activities include: Employee assistance programs; student assistance programs; driving while under the influence or driving while intoxicated education programs.

5. **Community Based Process.** The goal of this strategy is to improve the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. It includes organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. Examples include community and volunteer training; systematic planning; multiagency coordination and collaboration; accessing services and funding; community team building
6. **Environmental.** This strategy influences incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This is achieved by establishing or changing written and unwritten community standards, codes, and attitudes. This strategy is divided into two subcategories to permit distinction between activities that center on **legal and regulatory** initiatives and those that relate to **service and action-oriented** initiatives. Examples include promoting the establishment and review of alcohol, tobacco and drug use policies in schools; technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use; modifying alcohol and tobacco advertising practices; product pricing strategies; resource development or technical assistance to maximize enforcement procedures.

Implementation of a comprehensive primary prevention program requires Applicants to use a variety of strategies that target populations with different levels of risk, including the Institute of Medicine (IOM) classifications of populations served: universal, selective, and indicated. Successful applicants will include these strategies in the planned prevention activities outlined in their objectives, and if funded, will be required to report costs associated with the above-mentioned six prevention strategies and IOM categories in their monthly reimbursement requests.

The state is required to ensure that all strategies and IOM Classifications are implemented in Nevada. This may have an impact during the selection process.

APPLICATION REQUIREMENTS

FORMAT INSTRUCTIONS

All applications must follow the same format:

1. All margins (left, right, top, bottom) each must be at least one inch;
2. All pages must be numbered and include the name of the applicant either in the header or the footer;
3. Text must be typed in black, single-spaced, Times New Roman 12- point font;
4. For charts or tables, Font may drop to 10-point;
5. All sections must be clearly labeled;
6. All sections must be organized in the same order as in the application instructions;
7. To ensure equity among applications, page limits may not be exceeded;
8. Application backup attachments will not be counted as part of the page limit.
9. Scanned images must be clear and legible.

COMPONENTS OF THE APPLICATION

The Cover, Abstract and Narrative Sections in the application will be written to include all three funding streams. Please be clear, concise and logical. The intention is to provide a high-level picture of the plan for all three funding streams combined; but the funding streams may be addressed separately if necessary. The page limit, not counting the Cover and attachments is 13-pages or less. Please do not exceed the page limit.

Cover

Please fill out the cover sheet (Form 1), sign it in **BLUE** ink and include it as the first page of the application packet.

Abstract (1-page limit)

The abstract provides a succinct overview of community problems with substance use, the project's priorities, the population(s) to be served, and summarizes the activities that will be implemented to achieve the project's goals and objectives. If the Applicant's organization covers multiple counties, specify information for each county if different. Describe the identified problems, the consequences of the problem, the factors contributing to the problem, and the service gaps that exist in addressing the problem. The abstract should also describe how progress toward addressing these priorities or goals will be measured. In short, the abstract includes a snapshot of each of the sections below.

Narrative Section (12 pages total)

1. Section A: Statement of Need (2-page limit)

Applicants must provide a global statement explaining why these funds are needed. Applicants should use current local and epidemiological data to provide evidence that the problem exists, demonstrate the size and scope of the problem, and document the effects of the problem on the target population and the larger community. Include information and data on problems related to the need for prevention programs. Data cited should be objective, valid, and representative of the community to be served. Applicants should describe any previous or current attempts to address the problem and how this grant will enhance or add new approaches to prior or existing work. The applicant must document current capacity to implement and sustain effective substance abuse prevention services or the need for an enhanced infrastructure to improve

prevention services in the proposed catchment area. Proposed targets must be consistent with the purpose of this RFP. Identify any substances that will be addressed in the project.

2. Section B: Proposed Approach (4-page limit)

This section is a summary of what the Applicant expects to achieve through the use of the combined funding sources. It is an overview of the Applicant's proposed approach to addressing the needs of the community (as stated in Section A) through substance abuse prevention goals and objectives; and identifies the groundwork that needs to be laid to assess, build capacity, plan, implement and evaluate in a sequential, step-by-step manner.

The Applicant must state the overall goals and objectives of the proposed prevention efforts. The goals should be broad statements that clearly address the problems of the community as stated in Section A. There will be many goals to describe the expected multi-year effects of the proposed program. The outcome objectives must pertain to the goal and convey a single desired result which together with additional outcome objectives demonstrate a multi-pronged approach to achieving the goal. The outcome objectives must be Specific, Measurable, Achievable, Realistic, and Time-phased (SMART). Goals and objectives must directly relate to the Statement of Need outlined in the data provided in Section A. Applicants should be considering how they can measure their goals and objectives as they are developed, and of the data and reporting requirements (see Appendix 3). Be sure the goals and objectives 1) address stated needs; 2) are SMART; and 3) are consistent with the logic model.

Independent of the implementation of goals and objectives, the coalition's Strategic Prevention Framework (SPF) needs continual renewal. Steps of the SPF should continually evolve to support coordinated, comprehensive, data-driven planning and accountability. Please attach a SPF timeline in a chart format to show the plans the coalition has for strengthening the capacity to successfully implement the Proposed Approach. The high-level activities are intended to be large, general needs such as a gaps analysis, evaluation of previous strategies, adding a sector to the coalition or updating the Comprehensive Community Prevention Plan. The sequence of the activities lay the groundwork and the timeline for the roll-out of the Proposed Approach. This should clearly show how the program's structure and activities will accomplish the goals and objectives identified. This chart or table depicts a realistic timeline for the entire four years of the project period, showing dates, key activities, and responsible persons to carry out the work. The SPF Timeline may reference the logic model and be included as an attachment which will not count towards your 12-page limit. Guidance on developing the Logic Model can be found in Appendix 2. For of an example of a way to lay out the two components of Section B, please see Appendix 2A.

3. Section C: Staff, Management, and Relevant Experience (2-page limit)

In this Section of the Project Narrative, the applicant organization must describe the experience of its organization with similar projects and providing services to the population(s) of focus for their proposal. It must also identify any other organization(s) that will partner in the proposed project. The applicant organization must provide a complete list of staff positions for the project, including the Key Personnel and other significant staff members. Please describe the role of each, their level of effort, and qualifications, including their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s). Include the education, training, certifications, licensing, expertise, clear roles and

responsibilities or any other pertinent information about personnel to show capacity to deliver a program. Include descriptions of the following:

- a. Experience with data collection;
- b. How long the agency has been in existence and experience administering grant funds from multiple sources;
- c. Experience in funding and monitoring direct prevention services;
- d. Experience conducting evaluation;
- e. Enhancing current strategic partnerships and developing new partnerships with agencies, including but not limited to adult and children's mental health agencies, primary care organizations, the State Division of Welfare, the Board of Pharmacy, public health including maternal and child health, Department of Education, organizations representing special populations;
- f. Job titles (no employee names please) and descriptions of key personnel who will participate in achieving objectives;
- g. **As an attachment to your application which will not be included in the page count**, list participating agencies in your coalition and the sector of the community they represent. Examples of sectors include: community-based drug treatment agencies, youth programs, law enforcement, schools, prevention programs, community health offices, county extension office, faith community, local government, social service agencies, media, youth, parents. This list should be submitted as an attachment and therefore will not count as part of the ten-page limit.

4. Section D: Data Collection and Performance Assessment (4-page limit)

Outcome objectives, measures, or indicators provide the evidence necessary to determine whether a program is reaching its specified objectives. Outcome measures usually match objectives and goals with the addition of *how* outcomes will be assessed. In this Section of the Project Narrative, the applicant organization must provide specific information about how it will collect the required project evaluation data for this program and how such data will be utilized to manage, monitor, and enhance the program.

ADDITIONAL REQUIRED ATTACHMENTS:

1. Logic Model – Form 2
2. **SPF Activity Timeline**
3. **Budget/budget justification narrative Forms 3,4,5 (fill out one for each funding stream for a total of three budgets). Also see budget instructions in APPENDIX 6 for guidance and instructions to develop the four-year budget overview.**
4. Fund Map – Form 6
5. Comprehensive Community Prevention Plan
6. Board of Directors List with contact information
7. Three Letters of Support or MOUs
8. Coalition Members and their sector affiliation
9. Sample of your organization's RFA with timeline for open and competitive bidding process
10. Grievance Policy
11. Conflict of Interest Policy

12. Organization's last 2 years Profit/Loss Statement
13. 501 (c)(3) designation
14. Checklist – Form 7

FUNDING LIMITATIONS/RESTRICTIONS

Funding is limited to preventing the onset of misuse of alcohol, tobacco and drugs in Nevada communities. The aim of the programs must be:

1. To reverse trends in increasing use/misuse/abuse of tobacco products, drugs, and alcohol in Nevada communities;
2. Enhance the protective factors against youth use;
3. Educate individuals on substances and their effect on brain development and behaviors;
4. Provide activities to prevent or reduce the risk of such abuse;
5. Give priority to populations that are at risk of developing a pattern of such abuse;
6. Ensure that programs receiving priority develop community-based strategies for the prevention of such abuse;
7. Strategies to discourage the under-age use of alcoholic beverages and tobacco products.

Specifically prohibited use of funds

1. Screening, brief intervention and referral to treatment;
2. Education to people in treatment;
3. Death prevention such as suicide or overdose reversal;
4. Purchase of naloxone and the necessary materials to assemble overdose kits and to cover the costs associated with the dissemination of such kits;
5. Enforcement of alcohol, tobacco or drug laws, including compensation for law enforcement officials' time;
6. Travel to conferences focused on domestic violence, suicide, mental health, or other areas that may involve substance use but which the primary focus is not substance use prevention;
7. Providing inpatient hospital services;
8. Making cash payments to intended recipients of health services. (gift cards must be justifiable as a component of an initiative, activity or event and have prior approval from the Bureau. Gift cards, coupons and incentives are unallowable if they can be turned into cash or used to purchase gas, groceries, alcohol or tobacco products.);
9. Purchasing or improving land;
10. Purchasing, constructing or permanently improving a building;
11. Purchasing major equipment;
12. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds (match);
13. Providing individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (unless the Surgeon general of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with HIV/AIDS);

14. Providing financial assistance to any entity other than a public or nonprofit private entity. This means that if the grantee provides sub-grants to community-based or intermediary organizations, these organizations cannot be for-profit entities;
15. Savings accounts for excess or unspent funds;
16. Submission of reimbursement requests in advance of expenditures.

SUBMISSION INFORMATION

1. Fill out the cover sheet and sign in [blue](#) ink.
2. Compile your application, narrative and attachments and scan as one (1) PDF copy.
3. Do not include the RFP appendices 1 through 9 as part of your application.
4. Naming convention for your electronic copy will be: *your agency name RFP 2018-P*
5. Attach the PDF to an email;
6. Use the naming convention in the Subject line of your email: *your agency name RFP 2018-P*
7. Submit application to Laurie Gleason: lagleason@health.nv.gov
8. All copies must be received by 4:00 p.m. December 10, 2018.
9. Include the naming convention in the subject line of any further correspondence related to submission; e.g. *ABC Coalition RFP 2018-P Question 1*
10. Email must reach the Bureau by 4:00 P.M. (PST) on December 10, 2018
11. All inquiries or requests for clarification regarding this solicitation must be received in writing by 4:00 p.m. November 26, 2018, or in person during the Bidder's Conference. Submit inquiries to Marco Erickson: maerickson@health.nv.gov.

APPLICATION REVIEW INFORMATION

All applications will be reviewed in a uniform way, using the same process and method of scoring. From December 10, through December 21, 2018, applications will undergo a technical review by a review team within the Bureau of Behavioral Health Wellness and Prevention to determine that all required components are included. All fully responsive applications are then sent to a team of external reviewers as part of the Objective Review process for evaluation based on an established set of weighted evaluation factors. All reviewers are screened for any potential or existing conflicts of interest.

TECHNICAL REVIEW

This review is pass/fail and determines if an application qualifies for further consideration. Reviews will be based on the following:

1. If the application deadline was met;
2. If the applicant meets the stated eligibility requirements;
3. If the formatting and submission instructions in this RFP were followed;
4. If the cover information was complete and accurate;
5. If all required components of the Narrative section were met;
6. If all required attachments are accurate and complete.

OBJECTIVE REVIEW

All eligible applications will be scheduled for review by an independent team of professionals who are familiar with the goals and objectives of grant and program guidelines, state and local data, and primary prevention strategies. During the Objective Review, the Applicant will have the opportunity to answer questions, provide clarification and address any concerns. Reviewers will ask applicants for further details and descriptions of their community priorities and how those were determined, their proposed approach to their identified goals, and any other areas of the application requiring explanation. Information from competing proposals will not be discussed or disclosed.

SCORING CRITERIA

The Project Narrative may score a maximum of 100 points, broken out as follows:

Section A	Statement of Need	Maximum points = 15
Outstanding (15-14) Very Good (13-12) Acceptable (11) Marginal (10-9) Unacceptable (8-0)		
Section B	Proposed Approach	Maximum points = 35
Outstanding (35-32) Very Good (31-28) Acceptable (27-25) Marginal (24-21) Unacceptable (20-0)		
Section C	Staff, Management, and Relevant Experience	Maximum points = 20
Outstanding (20-18) Very Good (17-16) Acceptable (15-14) Marginal (13-12) Unacceptable (11-0)		
Section D	Data Collection and Performance Assessment	Maximum points = 30
Outstanding (30-27) Very Good (26-24) Acceptable (23-21) Marginal (20-18) Unacceptable (17-0)		

Outstanding = All criteria are thoroughly addressed, strongly developed, and well supported. Documentation and required information are specific and comprehensive. Application is extremely strong with insignificant weaknesses. Weaknesses identified will likely have no impact on the successful implementation of the proposed project.

Very good = Criteria are thoroughly addressed with necessary detail and clearly supported. Documentation and required information are specific and feasible. Application is very strong with only some minor weaknesses. Weaknesses identified will likely have minor impact on the successful implementation of the proposed project.

Acceptable = Criteria are addressed, but do not contain necessary detail and/or support. Most documentation and required information are present and sufficient, although some are deficient or missing. Application has some strengths but with at least one major weakness. Weaknesses identified will likely have moderate impact on the successful implementation of proposed project.

Marginal = Some criteria are addressed, although when addressed, do not contain necessary detail and/or support. Some documentation and required information are missing or deficient. Application has a few strengths and a few major weaknesses. Weaknesses identified will likely impact the successful implementation of the proposed project.

Unacceptable = Few, if any, criteria are addressed. Documentation and required information are missing. Application has very few strengths and numerous major weaknesses. Weaknesses identified will likely prevent the successful implementation of the proposed project. OR The criteria do not meet the programmatic intent of the Funding Opportunity Announcement.

Clarification discussions may be conducted by the Objective Review Team with Applicants who submit proposals determined to be acceptable and competitive. (NRS 333.311-2). Applicant(s) shall be accorded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final awards. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing Applicants.

AWARD FUNDING

In a publicly noticed meeting, the Bureau of Behavioral Health Wellness and Prevention will announce the funding decisions. Notification of awards will be posted on the bureau website. All applicants receiving awards will be contacted for final negotiation of their subgrant. Applicants not funded will receive notification and technical assistance for future funding opportunities.

FUNDING DECISION APPEAL PROCESS

Programs not receiving funding approval may appeal to Behavioral Health Wellness and Prevention's Bureau Chief. If the program is not satisfied with the decision of the Bureau Chief, the program may appeal to the Administrator of the Division of Public and Behavioral Health. Any unsuccessful applicant(s) may file an appeal.

FUNDING AWARD ADMINISTRATION INFORMATION

AWARD NOTICE

The Notice of Subaward Award is the sole obligating document that allows the Awardees to receive federal and state funding for work on the grant projects through the specified period. The dollar amount of the award and the applicable funding stream is not determined at the time of the award. Notice will be sent by postal mail and is addressed to the contact person listed on the face page of the application. Notices will also be posted on the Bureau website and posted in public buildings around the state.

FUNDING MECHANISM

Allocations, scopes of work and budgets will be negotiated with recipients and developed into Subaward Agreements. The state reserves the right to direct funding to address statewide service gaps. Portions of the award may be passed through to direct service providers through subawards or contracts. The awarding agency remains responsible for adherence to an open and competitive bidding process, and monitoring and overseeing the use of funds passed through to direct service providers. All conditions on funding remain attached to the dollars from the source down to the end user no matter how many levels are passed through.

REQUIREMENTS OF ALL FUNDING RECIPIENTS

1. **Assurances-** All successful applicants will be required to sign Assurances as a condition of receiving funding. The Assurances are funding guidelines imposed by our federal partners, our state legislature, and our Division. Assurances are appended to the award documents and constitute a binding agreement. The Assurances may be reviewed in Appendix 4.
2. **Training-** Funded full-time staff will be required to complete a minimum of twenty (20) hours of coalition or prevention training annually. Funded part-time staff will be required to complete ten (10) hours of prevention training annually. The purpose of this training is to hone skills to better deliver proposed strategies, to keep abreast of trends in substance abuse and to remain current in the prevention field. Trainings can be in the form of in-house presentations, conferences, or webinars and must have a relationship to substance abuse prevention, treatment, mental health, or behavioral health issues across the lifespan. All trainings must be documented and reported to the Bureau of Behavioral Health Wellness and Prevention on a quarterly basis when submitting quarterly reports.

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 a Single or Program Specific Audit 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, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, (BHWP) to require all sub-recipients that expend \$750,000 or more in combined federal and state funds during their fiscal year to have a Limited Scope Audit conducted for that fiscal year. Further, should the sub-recipient expend less

than \$750,000 in combined federal and state funds in their fiscal year, it is the policy of BHWP that the sub-recipient **must** issue a **Year-End Financial Report** completed for that fiscal year. For full audit policy, please see Appendix 5.

PROGRAM REPORTING REQUIREMENTS

The Substance Abuse Mental Health Services Administration (SAMHSA) requires specific data to be collected on the funding that will be passed down through this RFP. Funded programs are therefore required to submit to the Bureau of Behavioral Health Wellness and Prevention standardized quarterly/biannual reports that summarize all actual services and activities provided during each sub grant year within the required timeframe determined by the Bureau of Behavioral Health Wellness and Prevention.

The reporting mechanisms are currently being developed into a new data collection application. The extent of information that can be collected by the software is not fully defined at the time of this RFP. Awardees may expect to be required to submit information manually as well as electronically. BHWP is working to make the complex information required by the federal government for annual reporting on expenditures as efficient as possible. Awardees should be prepared to collect and compile information on a monthly basis for accurate reporting quarterly and/or biannually. Beyond the State Priorities, Six Strategies and IOM Categories defined in the Project Description of this RFP and any other federal or state requirements, Awardees will be required to capture data from their direct service providers as it relates to targeted substances, special population categories, race, gender, age and ethnicity. The following table provides guidance on the minimum information Awardees and their subrecipients should be prepared to collect and compile. Additional data targets as defined in the report forms and that may be suggested by your community needs should be included as well.

Targeted Substances	Targeted populations	Gender	Age	IOM Category
Alcohol	College students	Male	0-4	Universal
Tobacco	Military families	Female	5-11	• Direct
Marijuana	LGBTQ	Unknown	12-14	• Non-direct
Prescription Drugs	American Indians/ Alaskan Natives		15-17	Selective
Cocaine	Black or African American		18-20	Indicated
Heroin	Hispanic		21-24	
Inhalants	Homeless		25-44	
Methamphetamine	Native Hawaiian/Other Pacific Islanders		45-64	
Synthetic Drugs	Asian		65 and over	
	Rural			
	Underserved racial and ethnic minorities			

1. All funded prevention programs must provide a program representative to participate in all scheduled meetings and comply with all evaluation requirements, including working with the Bureau of Behavioral Health Wellness and Prevention data management system.

2. Awardees must agree to work with Bureau of Behavioral Health Wellness and Prevention in monitoring program outcome indicators. Awardees must agree to meet with the Bureau of Behavioral Health Wellness and Prevention staff members both individually and as part of scheduled evaluation meetings. The cost of travel may be included in the budget.
3. Deadlines for reports will be provided in advance. It is the responsibility of the Awardee to collect data and report timely. Late submissions will result in a reimbursement delay.

AGENCY CONTACTS

Submit application to Laurie Gleason: lgleason@health.nv.gov

Dr. Stephanie Woodard, DHHS Senior Advisor on Behavioral Health
(775) 684-2211
swoodard@health.nv.gov

Marco Erickson, Health Program Manager II
(775) 684-4069
maerickson@health.nv.gov

Bill Kirby, Health Program Specialist I
(775) 684-4054
bkirby@health.nv.gov

Meg Matta, Health Program Specialist I
(775) 684-2227
mmatta@health.nv.gov

Behavioral Health Wellness and Prevention
4126 Technology Way, 2nd Floor
Carson City Nevada, 89706

Main Number: (775) 684-4190

APPENDICES

APPENDIX 1 - SAMHSA's STRATEGIC PREVENTION FRAMEWORK (SPF)

Online Course: <https://www.samhsa.gov/capt/tools-learning-resources/what-is-spf>

The SPF is a planning model promoted by Substance Abuse and Mental Health Services Administration (SAMHSA) to support coordinated, comprehensive, data-driven planning and accountability. Designed to be long-term and evolutionary in nature, the resulting plan should build on knowledge and experience over time, and lead to measurable outcomes and system improvements. There are five (5) steps of the SPF developed to organize prevention strategies and objectives for change:



Five Steps:

Assessment: What is the problem?

Capacity: What do you have to work with? What are your human resources?

Planning: What works, and how do you build upon success?

Implementation: Put a plan into action – deliver evidence-based interventions as needed.

Evaluation: Examine the process and outcomes of interventions. Is it succeeding?

All Applicants should utilize this five-step process in the organization of their prevention strategies and objectives for change, and as a guide in the development of a Comprehensive Community Prevention Plan (CCPP). These steps, if implemented well, will strengthen the coalition and enhance their risk assessment when applying for funds.

The five steps of the SPF are guided by two central principles:

Cultural competence – the ability of an individual or organization to interact effectively with members of diverse population groups.

Sustainability - the process of developing funding streams other than from grants and building an adaptive and effective system that enhances and maintains desired long-term results.

These principles must be integrated into each step to ensure an effective planning process.

APPENDIX 2 - LOGIC MODEL DEVELOPMENT

Line-logic illustrates a logical and defensible relationship between each element in the logic model, from the data/problem through goals, objectives, activities, and evaluation. It should also indicate the role of the applicant in achieving the stated vision.

Components of the Logic Model are:

1. The problems identified by the community and local data. Turning these problems around is the ultimate goal and desired outcome of your organization, as portrayed in the logic model.
2. The reasons targeted problems exist are clearly identified (often risk/protective factors)
3. The local conditions that maintain risk or build protection are clearly identified.
4. Specific indicators are provided for every element of the logic model.
5. Indicators provided are measured at the same “community level” as defined in the needs assessment.
6. There is a logical and defensible relationship between each element of the Logic Model.
7. A comprehensive set of strategies are defined for each local condition.
8. Provides goal and objective statements that are specific, measurable, achievable, relevant and timed.
9. Names the specific strategies that will be used to achieve stated objectives.
10. Identifies who, will do what, by when to realize targeted community changes.
11. Describes the specific data that will be used to measure the outcome.

APPENDIX 2A – EXAMPLE OF SECTION B

Example of Goals and Objectives:

Goal 1: Reduce the availability of alcohol to 9 to 20-year-olds.

Objective 1.1: By September 29, 2019, members of local communities will be educated about underage drinking laws and enforcement practices in their service areas by a statistically significant amount as measured by a pre and post survey.

Objective 1.2: By September 29, 2023, reduce the number of youth that report drinking alcohol prior to age 13 in ABC County from 18.2% to the national average of 15.5% as measured by the Youth Risk Behavioral Survey (YRBS).

Objective 1.3: By September 29, 2023 reduce or maintain the rate of alcohol use disorder at 5.3% or less for underage drinking use, as measured by the National Survey on Drug Use and Health, and the Youth Risk Behavior Survey (YRBS).

(These may be cut and pasted into the scopes of work developed for each grant at a later date)

Example of PFS Timeline:

High-Level Activity	Milestones	Responsible Staff	Deadline
Hire local evaluator	issue a Request for Proposal (RFP) to solicit proposals annually	Coalition Program and Projects Manager and Office Manager	11/01/2019
Create Capacity Building/ Implementation Plan.	Capacity plan is implemented	Coalition Director	12/31/2019
Recruit new coalition sector members to Enhance membership and infrastructure of the coalition	New partners support and assist in creation of logic model of goals, strategies, and timelines.	Project Supervisor and coalition Liaison	10/31/2018 Through 09/29/2023
Implement Proposed Plan	Award 85 percent of funding to local prevention providers annually to fulfill activities proposed in grant application.	Project Director, Project Supervisor, Fiscal Staff; and Prevention Team	09/28/2019 Through 09/29/2023
Complete annual Evaluation of 3 Projects	Evaluation Report submitted to Bureau of Behavioral Health Wellness and Prevention	Project Director, Contracted Evaluator	09/29/2020 Through 09/29/2023
Update the CCPP.	Updated every 3 years reviewed and approved by coalition sector representatives and sent to the Bureau of Behavioral Health Wellness and Prevention	Coalition Director Local contractor	9/29/2020.
Update local Logic Model	Review achievements and local data annually with partners and update priorities and activities to reflect current community needs	Coalition director Coalition prevention staff	9/29/2020-9/29/2023
Create Sustainability Plan	Secure new donors, and complete fundraising activities.	Coalition fiscal staff and Coalition Director	9/29/2019-9/29/2023

APPENDIX 3 - ANNUAL PERFORMANCE REPORTING REQUIREMENTS – RFP 2018-P

INSTRUCTION GUIDE

Grantees are required to report at least annually on how grant funds have been used to pursue programmatic objectives and to demonstrate progress in meeting those objectives. The purpose of this Annual Performance Report Instruction Guide is to assist you in developing this annual programmatic performance report. Please review this Instruction Guide and contact your analyst if you have any questions.

The performance reporting time period and due dates for each report are as follows.

Grant Year	Performance Reporting Period	Due Date for Performance Report
Year 1	July 1, 2019 – September 29, 2020	April 30, 2020
		October 31, 2020
Year 2	September 30, 2020– September 29, 2021	April 30, 2021
		October 31, 2021
Year 3	September 30, 2021 – September 29, 2022	April 30, 2022
		October 31, 2022
Year 4	September 30, 2022 – September 29, 2023	April 30, 2023
		October 31, 2023

Please note that at the end of the grant period (September 29, 2022) you will be required to submit a final performance report. This final performance report will need to cover the entire grant period, September 30, 2019 to September 29, 2023.

The Annual Performance Report is a comprehensive review of everything you have done during the reporting period. It is recommended that you take steps throughout the year to carefully document, both quantitatively and qualitatively, your accomplishments and challenges so that an accurate account of all activities can be included in the report.

Your State analyst uses your Annual Performance Report to assess your activities and accomplishments. The report is sometimes shared with other federal and non-federal partners as examples of successful strategies or vignettes

An electronic copy of the complete report must be sent to your assigned analyst by email no later than deadlines established above.

COMPONENTS OF THE REPORTS

Executive Summary

The Executive Summary should concisely address the overall progress towards meeting the project's goals and objectives during the reporting period. The Executive Summary should not exceed two single-spaced pages.

Section 1: Project Identification and Key Contacts

In this section you should provide project information about any key personnel positions designated within your grant. You should include information which identifies if during the reporting period there were any key staff hires, vacancies, or changes.

Section 2: Required Performance Measure Reporting

If you do not know the reporting requirements make sure to reach out directly to your analyst for each project you are reporting on. You should be reporting data performance measures for each objective. You should also provide an explanation of progress which includes both qualitative and quantitative information.

Section 3: Project Status

In this section you should provide information about the work you've done for each goal during the reporting period. The areas to be addressed are as follows:

1. **Key Activities Implemented and Partners (from logic model/Goals and Objectives):** This section should describe your progress towards implementing the activities, strategies, policies or programs related to the goals and objectives identified in your Comprehensive Community Prevention Plan and related logic model. You should indicate if any scheduled activities were not implemented, or if there was less than substantial progress for any activity. You should also identify in this section the key partners that worked with you during the reporting period.
2. **Major Accomplishments at the State and Local Levels:** Utilizing your evaluation data and results, this section should provide a description of the success of the project and its impact on the local community and state. Accomplishments and outcomes should be quantified whenever possible as well as any unanticipated outcomes or benefits from this project. Specific examples of actual accomplishments and outcomes for each project objective should be included. You should also include a description of the populations of focus and any sub-populations served through grant programs and activities.
3. **Lessons Learned at the State and Local Levels:** In this section you should describe any unanticipated outcomes or benefits from your project. Lessons learned can include improved coordination, discovery of new issues, or more efficient ways to implement services, programs, policies, and/or strategies. You should also describe how data was used to inform implementation and continuously improve the quality of programs and services.
4. **Challenges and Barriers at the State and Local Levels:** In this section you should describe any barriers or challenges that you may have encountered during implementation of activities and how you addressed them.

5. **Changes or Adaptations to CCPP and Goals and Objectives:** This section should include a description of any changes you made during the report period to your CCPP and Objectives or Logic Model. The reason(s) for these changes should also be included.
6. **Activities Planned for the Next Grant Year:** In this section you should describe any new activities, strategies, policies, or programs that will begin implementation in the next grant year. You should also describe the steps you will take to ensure implementation will be successful and productive. Make sure to turn in an updated budget and scope of work on the proper templates provide by your analyst. For Federal grants starting the planning process in April for September start dates ensures that the projects will start on time and not have delays in processing. For general fund grants starting the planning process in October for July start dates will ensure that the projects will start on time and not have delays in processing.

Section 4: Review and Revision of the Comprehensive Community Prevention Plan (CCPP) or Logic Model (Years 2 through 4 only)

In this section you should describe any significant changes made to your CCPP and Logic Model including the following:

1. A comprehensive description of any changes made to grant activities, goals and objectives, including local conditions, circumstances and/or evaluation data that justifies and explains the change as well as when the change occurred;
2. The extent to which the State Team was engaged in decision-making related to the revisions; and
3. How any changes you made addressed challenges and barriers encountered during implementation of the Project.
4. Describe how sustainability was addressed for the activities, strategies, policies, and programs identified in the plan. You should include evidence of the integration of grant-funded activities with non-grant-funded activities, programs, and services in the schools and communities.

Section 5: Technical Assistance

At least annually, you should review and update your logic model associated with your CCPP in collaboration with your sector partners and with guidance and assistance from your State Analyst if needed and Technical Assistance Liaison. If you made updates to the plan during the reporting period, please include a copy of the revised CCPP as an attachment to the Annual Performance Report.

1. **Infrastructure & Systems Change** – Discuss any infrastructure and systems change activities that were used to support integration of service systems or better meet the needs of the populations of focus identified in your community plan. Provide highlights of accomplishments, successes, and challenges related to integrating multiple service systems.

2. **Sustainability - Technical Assistance** – Provide a description of any technical assistance you received during the reporting period. If applicable, provide a summary of any findings from technical assistance or grant monitoring site visits and how these findings helped in meeting your project goals and objectives. Address any anticipated future technical assistance needs related to implementation and sustainability.

Section 6: Partnership and Collaboration

In this section, you should describe the collaborative partnership between your partner agencies. You should include a list of the most current grant partners and note if any of these partners changed during the reporting period. If there were changes in partners, please describe if this affected your ability to achieve your project objectives or project activities. Discuss the evolution of your local coalition partners with a description of any increased collaboration between agencies. Describe how data and implementation updates have been shared with the State and how Evidence Based Practice Workgroup (EBP), The Statewide Epidemiology Workgroup (SEW) and Multidisciplinary Prevention Advisory Council (MPAC) members have advised or impacted the strategies that can be used to further achieve the goals and objectives. Lastly, please describe any partnership and collaboration challenges you experienced during the reporting period, at both the local and State level, and how you addressed these challenges.

Section 7: Management and Oversight

In this section you should provide a description of the management and advisory structure used to implement and monitor grant activities at the both the state and local levels. Please discuss the communication and decision-making process that the state and each community have developed and used to ensure that challenges are addressed and how internal communication has supported the successful implementation of the plan.

You should also include a description of the process for the administration and management of grant funds sent to each community and describe any delays, challenges, or best practices related to the oversight of funds sent from the state to the local level. Describe if funded activities were linked to interventions and strategies not funded but included as part of the state or community's overall comprehensive approach to substance use prevention. Lastly, address how your local and State partners have leveraged resources to support any non-grant funded work.

Section 8: Budget Narrative

In this section you should describe how grant funds were expended during the reporting period and provide a brief explanation if the total award amount was not expended for the grant year. Describe any significant changes to the budget that resulted from any modification of project activities. This description should address the entire grant period. Address any changes to the budget that affected your ability to achieve your approved project activities and/or project objectives. If the grant application indicated that non-Federal funds (e.g., in-kind) would be used to support the project, a report on the level of non-federal (e.g., in-kind) funds expended and any changes

Section 9: Annual Evaluation Plan and Report

1. **Year 1- Submission of Evaluation Plan**

The first year of the program is focused on planning and building and solidifying partnerships. For this reason, the expectations about what you should report are different from subsequent grant years. The Evaluation Plan must be submitted with the first annual performance report.

2. Evaluation Report Years 2-4

All subsequent Annual Performance Reports should include an annual Evaluation Report. Additional guidance about the Evaluation Report will be forwarded to you early in Year 2 of the grant.

REQUIRED ANNUAL PERFORMANCE REPORT ATTACHMENTS

Attachment A: Financial Report

For all grant years, a funding map or annual financial report must be submitted to your analyst that depicts all funding sources your agency received for the year and the amounts expended. The report is used to help in the process of analyzing agency stability as well as avoid duplication of projects being funded out of the same grant from other state departments.

Attachment B: Detailed Budget and Budget Narrative

Submit a detailed budget narrative and budget justification for the upcoming fiscal year.

Attachment C: Revised CCPP and Logic Model

You are encouraged to revise and update the logic model with the most current data at least annually and the most recent version should be included as an attachment to the annual performance report. Additionally if you have made any updates to your CCPP please attach the latest version.

Templates for this report are still in development and will be disseminated later.

APPENDIX 4 - BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an “independent contractor” with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as “The Department”) shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers’ Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee’s performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Grantee from its obligations under this Agreement.

The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Grantee.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Attachment A may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Department, become the property of the Department, and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Department may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Grantee ineligible for any further participation in the Department’s Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Department may withhold funding as outlined in the current Grant Instructions and Requirements.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).

2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
9. No funding associated with this grant will be used for lobbying.
10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
12. Compliance with Grant Instructions and Requirements from the Office of Community Partnerships and Grants.

(Online: <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/FY17%20GIRS.pdf>)

An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:

1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
3. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation; or
 - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.
5. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation;
 - (b) The enactment or modification of any pending Federal, State or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant

funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:

1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict Contractors/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the performance period.

- Total reimbursement through this subaward will not exceed \$XXX,XXX.00
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial reconciliation of all expenditures is required to be submitted to the Division within 45 days of the CLOSE OF THE BUDGET PERIOD. Any un-obligated funds remaining after the 45-day closing period must be returned to the Division at that time, or if not already requested, will be deducted from the final award.

- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- To forward reports on activity and local data collected to another party, i.e. HHS.

Both parties agree:

- Site visits/program and fiscal monitors will be conducted annually. Frequency of the site visits/monitors will be determined based on risk assessment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

SECTION E**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

SECTION F**Notification of Utilization of Current or Former State Employee**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

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

SECTION G

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy

- of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
 10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
 11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

- to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
 13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
 14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
 15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
 16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
 17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the

agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health

- Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
 3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

APPENDIX 5 - AUDIT POLICY

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 a Single or Program Specific Audit 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, Behavioral Health, Prevention and Treatment (BHWP) to require all sub-recipients that expend \$750,000 or more in combined federal and state funds during their fiscal year to have a Limited Scope Audit conducted for that fiscal year. Further, should the sub-recipient expend less than \$750,000 in combined federal and state funds in their fiscal year, it is the policy of BHWP that the sub-recipient **must** issue a **Year-End Financial Report** completed for that fiscal year. See Appendix 6

Single or Program Specific Audit

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 Audit

At minimum the auditor **must**;

1. Cover all funding that the non-federal entity, either directly or indirectly, receives from BHWP.
2. Perform an audit of the financial statement(s) for the non-federal entity in accordance with Generally Accepted Government Auditing Standards (GAGAS);
3. Obtain an understanding of the non-federal entity's internal controls and perform tests on internal controls over the federal program consistent with the requirements for a federal program and **issue an opinion on their effectiveness** to ensure the safe guarding of federal and state funds.
4. 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 the federal program;
5. 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. 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; and
6. Report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
7. 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. 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 controls related to the federal program, which must describe the scope of testing of internal controls, the results of the tests and **an opinion on the effectiveness of the internal controls**;
- 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).

The Limited Scope Audit must be submitted within the earlier of **thirty (30) calendar days** after receipt of the auditor's report(s), or **nine (9) months** after the end of the audit period. Unless restricted by federal law or regulation, the auditee must make report copies available for public inspection. Auditees and auditors must ensure that their respective parts of the reporting package do not include protected personally identifiable information.

Year End Financial Report

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.

The non-federal entity financial statements may also include departments, agencies, and other organizational units.

The Year-End Financial Report must be signed by the Chief Executive Officer (CEO) or the Board of Directors Executive Chairman.

The Year-End Financial Report must include a schedule of expenditures of federal and State awards.

At a minimum, the schedule must:

1. List individual federal and State programs by agency and provide the applicable federal and or state agency name.
2. Provide a total of federal and State awards expended for each individual program.
3. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
4. Include applicable state sub-grant numbers for state awards.

5. Include the total amount provided to the non-federal entity from each federal and State program.

APPENDIX 6 - BUDGET INSTRUCTIONS

Budget Development Instructions:

The following budget development instructions and budget example have been prepared to help you develop a complete and clear budget to ensure delays in processing awards are minimized.

Funding Details and Requirements:

This funding announcement is for the Substance Abuse Primary Prevention Program Project. You will complete an individual scope of work (SOW), budget and budget narrative for each one-year cycle of the project period. All funding is subject to the availability of funding.

Detailed Budget Building Instructions by Line Item:

Budget building is a critical component of the application process. The budget in the application is going to be the budget used for the subgrant. The budget must be error free and developed and documented as described in the instructions.

1. **Under the “Category” section of the line item;** there is nothing to be filled out or completed by the applicant. **Please see the Example Budget for reference**
2. **Under the “Total Cost” section of the line item;** the total cost identified should represent the sum of all costs represented in the “Detailed Cost” section associated to the line item. **Please see the Example Budget for reference**
3. **Under the “Detailed Cost” section of the line item;** the detailed costs identified should represent the sum of all costs represented in the “Details of expected expenses” section associated to the line item. **Please see the Example Budget for reference**
4. **Under the “Details of Expected Expenses” section of the line item;** the details of expected expenses identified here should represent the fiscal/mathematical representation of all costs that are outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the subgrant that directly support the work necessary to complete the tasks that are required to meet the goals and objectives as outlined in the scope of work (SOW) for this subgrant. **Please see the Example Budget for reference.**

EXAMPLE BUDGET

<u>Category</u>	<u>Total Cost</u>	<u>Detailed Cost</u>	<u>Details of Expected Expenses</u>												
1. Personnel	\$ 77,280		<p>Personnel: The costs that are allowed to be included in this budget line item are personnel costs only. This does not include any form of temporary staff, contract employees and/or volunteers.</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> The positions title must be included. <p>NOTE: Do not put an individual name.</p> <ol style="list-style-type: none"> The number of staff that will be charged to the grant under a specific position title. <p>NOTE: If your organization charges multiple staff that share the same projected allocation of time, then group them together. See Project Coordinators</p> <p>NOTE: If your organization charges multiple staff that do not share the same projected allocation of time, then separate them. See Administrative Assistant</p> <ol style="list-style-type: none"> The total annual salary of the position per year. The percentage of time they will be contributing to the project. The sum total of 1 through 4. The fringe benefits line must be represented as an average percent of the total salaries being charged to the grant. <p>Example: \$7,000 + \$22,500 + \$35,000 + \$3,000 + \$1,500 = \$69,000. The average cost of fringe benefits for all staff being charged to the grant is 12%. Fringe benefits are calculated as \$69,000 X 12% (0.12) = \$8,280.</p> <p>Salaries: (FTE X Annual Salary X % of Effort = Salary Charged)</p> <p>Fringe: (Total Salary Charged X Average Fringe Benefit Rate = Fringe Benefit Cost)</p> <p>NOTE: Please see the example below.</p>												
		\$	<table> <tr> <td>7,000</td> <td>Executive Director, 1 X \$70,000 per year X 10% = \$7,000</td> </tr> <tr> <td>22,500</td> <td>Project Manager, 1 X \$45,000 per year X 50% = \$22,500</td> </tr> <tr> <td>35,000</td> <td>Project Coordinators, 2 X 35,000 per year X 50% = \$35,000</td> </tr> <tr> <td>3,000</td> <td>Administrative Assist, 1 X \$15,000 per year X 20% = \$3,000</td> </tr> <tr> <td>1,500</td> <td>Administrative Assist, 1 X \$15,000 per year X 10% = \$1,500</td> </tr> <tr> <td>8,280</td> <td>Fringe Benefits equals 12% of total salaries charged - \$69,000 X 12% = \$8,280</td> </tr> </table>	7,000	Executive Director, 1 X \$70,000 per year X 10% = \$7,000	22,500	Project Manager, 1 X \$45,000 per year X 50% = \$22,500	35,000	Project Coordinators, 2 X 35,000 per year X 50% = \$35,000	3,000	Administrative Assist, 1 X \$15,000 per year X 20% = \$3,000	1,500	Administrative Assist, 1 X \$15,000 per year X 10% = \$1,500	8,280	Fringe Benefits equals 12% of total salaries charged - \$69,000 X 12% = \$8,280
7,000	Executive Director, 1 X \$70,000 per year X 10% = \$7,000														
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3,000	Administrative Assist, 1 X \$15,000 per year X 20% = \$3,000														
1,500	Administrative Assist, 1 X \$15,000 per year X 10% = \$1,500														
8,280	Fringe Benefits equals 12% of total salaries charged - \$69,000 X 12% = \$8,280														

Category	Total Cost	Details of Expected Expenses												
2. Travel	\$ 8,160	<p>Travel: The costs that are allowed to be included in this budget line item are all travel costs.</p> <p>The following details must be included in the details of expected expenses sections of the line item. All rates must be reflective of actual GSA approved rates at the time budget development.</p> <ol style="list-style-type: none"> 1. Mileage should reflect GSA approved rate and total projected miles to be driven. 2. A brief description of the trip. 3. The destination of the trip. 4. The number of staff that will be traveling. 5. An estimated trip cost per staff traveling. 6. The projected trip total. <p>Mileage: (GSA Rate X Number of Miles = Cost) Trips: (Number of staff X estimated cost per staff X number of trips = Cost) NOTE: Please see the example below</p>												
		<table border="0"> <tr> <td style="padding-right: 20px;">\$</td> <td style="padding-right: 20px;">1,070</td> <td>Mileage for local meeting and events - \$.535 X 2000 miles = \$1,070</td> </tr> <tr> <td></td> <td>3,000</td> <td>1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, \$1,500 each = \$3,000</td> </tr> <tr> <td></td> <td>4,000</td> <td>4 Quarterly Meetings, Statewide, 2 Staff, \$500 each = \$4,000</td> </tr> <tr> <td></td> <td>90</td> <td>1 "Prevention Training" travel only, Reno, 6 staff, \$15 each = \$90</td> </tr> </table>	\$	1,070	Mileage for local meeting and events - \$.535 X 2000 miles = \$1,070		3,000	1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, \$1,500 each = \$3,000		4,000	4 Quarterly Meetings, Statewide, 2 Staff, \$500 each = \$4,000		90	1 "Prevention Training" travel only, Reno, 6 staff, \$15 each = \$90
\$	1,070	Mileage for local meeting and events - \$.535 X 2000 miles = \$1,070												
	3,000	1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, \$1,500 each = \$3,000												
	4,000	4 Quarterly Meetings, Statewide, 2 Staff, \$500 each = \$4,000												
	90	1 "Prevention Training" travel only, Reno, 6 staff, \$15 each = \$90												
3. Operating	\$ 7,075	<p>Operating: The costs that are allowed to be included in this budget line item are all operating costs. Operating costs may include but are not limited to; building space, utilities, telephone, postage, printing and copying, publication, desktop/consumable office supplies, drugs, biologicals, certification fees and insurance costs. If applicable, indirect costs are not included in this section. Organizational costs that do not reasonably contribute the accomplishments of project tasks, goals and objectives of the scope of work cannot not be charged to the grant.</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> 1. A brief description of the item being charged. 1. The monthly average cost of the item. 2. The number of months that the budget encompasses. 3. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant. <p>NOTE: if one item of cost is split at 25% then all other items of cost should share the same percent of the split. Supplies: (Per Month Cost X number of months charged X Rate of Allocation = Cost) NOTE: Please see the example below</p>												
		<table border="0"> <tr> <td style="padding-right: 20px;">\$</td> <td style="padding-right: 20px;">900</td> <td>Office Supplies (paper, pencils, pens, etc.) - \$75 per month X 12 months = \$900</td> </tr> <tr> <td></td> <td>4,500</td> <td>Rent - \$1,500 per month X 12 Months = \$18,000 X 25% allocation.</td> </tr> </table>	\$	900	Office Supplies (paper, pencils, pens, etc.) - \$75 per month X 12 months = \$900		4,500	Rent - \$1,500 per month X 12 Months = \$18,000 X 25% allocation.						
\$	900	Office Supplies (paper, pencils, pens, etc.) - \$75 per month X 12 months = \$900												
	4,500	Rent - \$1,500 per month X 12 Months = \$18,000 X 25% allocation.												

	300	Phone - \$100 per month X 12 months = \$1,200 X 25% allocation.
	375	E-mail - \$125 per month X 12 months = \$1,500 X 25% allocation.
	1,000	1 Computer for the project manager X \$1000 per computer

Category		
4. Equipment	\$ 16,500	
	\$ 16,500	Examination Table, \$5,500 per unit X 3 units – 16,500 (<i>this is almost never used; most expenditures will fall under Operating costs</i>)
5. Contractual Consultant	\$ 99,575	
	\$ 20,000 4,375 15,200 60,000	Contract to provide 4 regional prevention training courses; \$5,000 X 4 Courses = \$20,000 Media consultant - \$35 per hour X 125 hours = \$4,375 Contract for the development of a community needs assessment = \$95.00 per hour X 160 hours - \$15,200 Sub-grants for community primary prevention programs = \$60,000

Category	Total Cost	Details of Expected Expenses	
6. Training	\$ 1,650	<p>Training: The costs that are allowed to be included in this budget line item are training costs. This line item may include registration fees/conference fees and training costs. This line item can be used to budget for training that will be attended by staff and for the costs of training and educational materials being provided to targeted populations as identified in accordance to the proposed SOW.</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> 1. Include a brief description of the intended training cost being considered. 2. Include the estimated cost of the training. 3. If developing educational materials for hosting a training. 4. Include the "per unit" cost and number of units being developed for the training. 	
		\$ 500	SAMSHA Conference registration fees, 2 staff X \$250 each = \$500
		150	Prevention Training registration fees, 6 staff X \$25 each = \$150
		1,000	Printing cost for education books for addiction prevention seminar = \$20 per book X 50 books = \$1000
7. Other/Indirect	\$ 27,469	<p>Other/Indirect: The costs that are allowed to be included in this budget line item are indirect costs and if applicable audit costs.</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> 1. Include a brief description of the intended cost being considered. 1. For audit costs include the total annual of the audit and the rate of allocation. <p>NOTE: the rate of allocation should be the same as the rates of allocation in the operating section. If not, provide a justification as why the rate of allocation is different.</p> <ol style="list-style-type: none"> 2. If applicable, include the total direct costs being charged for indirect. 3. If applicable, include the federally approved indirect rate total direct costs being charged for indirect. <p>Audit Cost: (Annual audit cost X Rate of Allocation = Cost) Indirect Cost: (Total Direct Costs being charged X Federally Approved Indirect Rate = Indirect Cost)</p>	
		\$ 2,000	Annual audit cost: \$8,000 X 25% = \$2,000
		25,469	Indirect Costs: \$210,228 X 12% = 25,468.80
Total Cost	\$ 237,709		

APPENDIX 7 - EVIDENCE-BASED PRACTICES

An Evidence-Based Practice (EBP) is defined as a prevention service (program, practice, practice) that has been proven to positively change the problem being targeted. In general, there needs to be evidence that the intervention has been effective at achieving outcomes through some form of evaluation. The evaluation process monitors outcomes to determine whether the intervention positively impacted the target problem and/or contributing condition. The type of evidence collected will vary for different types of interventions. For example, a program will track participants for a period of time after receiving the intervention and compare them to a group who did not participate in the program. An effective practice will be measured by looking at a community that has implemented the practice and the impact that was documented when they did so. Or the impact of the removal of a practice can be studied. Practices are effective if the desired behavior change is supported by everyone in the community.

EBPs are typically accompanied by manuals that prescribe the content delivered to participants for each session and the variations that may be allowed regarding program implementation. The program must be implemented with fidelity to the prescribed delivery. If providers attempt to adjust the program to a different audience, or use a different delivery method, the program will no longer be considered evidence based.

The steps to identify appropriate EBPs include:

- [Identifying a problem and target population](#)
- [Finding relevant research](#)
- [Developing a logic model](#)
- [Implementing a research-informed program](#)
- [Evaluating](#) the outcomes of your program

Evidence Based Programs include evaluation methods, making the evaluation process easier for the provider. Program evaluation may not always show a positive outcome. This does not necessarily mean the program was a failure, but that it was not effective for the problem and target population. Less than positive evaluations provide valuable information that will steer you towards other programs that will work for your community.

USE OF NON-EVIDENCE-BASED PRACTICES

While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions and technologies and in turn, to establish the evidence. In addition to EBP, there are also many promising practices in various stages of development. These are services that have not been studied, but anecdotal evidence and program-specific data indicate they are effective. As these practices continue to be evaluated, the evidence is collected to establish their efficacy and to advance the knowledge of the field.

New strategies may be used if an EBP does not exist to meet the identified community need and there is not one that can be adapted to do so. It is recognized that there may be prevention initiatives that a

community is committed to which have not gone through the process to have documented a stronger level of evidence that it is effective. Use of non-evidence-based practices must be justified in writing and approved through the Bureau of Behavioral Health Wellness and Prevention.

Note: SAMHSA terminated the NREPP contract on December 28, 2017 because some of the evidence-based practices were not current. SAMHSA is moving to EBP implementation efforts through targeted technical assistance and training that makes use of local and national experts and will assist programs with implementation. Below is a partial list of popular resources. Applicants are encouraged to do further research to find substance abuse prevention evidence-based programs which will best address your community needs.

RESOURCE LIST FOR EVIDENCE-BASED PRACTICES:

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

<http://nrepp.samhsa.gov/landing.aspx>

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

<https://www.ojjdp.gov/mpg/>

National Institute on Drug Abuse

<https://teens.drugabuse.gov/teachers/lessonplans#/questions>

<https://teens.drugabuse.gov/drug-facts/marijuana>

The NCJA Center for Justice Planning (NCJP)

<http://www.ncjp.org/saas/ebps/registries>

National Institutes of Health

<https://teens.drugabuse.gov/teachers/lessonplans#/questions> (new)

https://teens.drugabuse.gov/sites/default/files/podata_1_17_14_0.pdf

<https://prevention.nih.gov/resources-for-researchers/dissemination-and-implementation-resources/evidence-based-programs-practices>

National Institute of Justice

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=191>

Network of Care – Clark County

<http://clark.nv.networkofcare.org/ph/county-indicators.aspx>

Refer to categories: Health Risk Factors, and Mental Health and Substance Abuse

REAL Prevention

<https://real-prevention.com/>

Botvin LifeSkills Training

<https://lifeskillstraining.com/>

Project Northland and Class Action

<http://www.hazelden.org/web/go/projectnorthland>

Project Towards No Drug Abuse

<http://tnd.usc.edu/about.php>

Too Good for Drugs

<https://toogoodprograms.org/>

Mind over Matter Series

<https://teens.drugabuse.gov/teachers/mind-over-matter>

Parenting Wisely

<https://www.parentingwisely.com/>

Smart Moves

<https://www.bgca.org/programs/health-wellness/smart-moves>

Catch My Breath

<https://catchinfo.org/modules/e-cigarettes/>

Stanford Medicine Tobacco Prevention Toolkit

<https://med.stanford.edu/tobaccopreventiontoolkit.html>

APPENDIX 8 - APPLICATION WRITING SUGGESTIONS

The proposal must clearly target priorities identified in the Applicant's Comprehensive Community Prevention Plan (CCPP) which is required at the time of application.

The CCPP must present a community consensus on priorities to combat substance misuse, describe and document the nature and extent of the substance misuse problem in the community, identify substance abuse service gaps, and contain a strategic plan to reduce substance misuse that includes stated goals, objectives, activities, time frames and methods of data collection and program evaluation.

For those applicants new to this funding process, the CCPP must be developed in collaboration with community sector representatives and updated every three (3) years. The plan should be based on current conditions in the service area and used to guide ongoing prevention priorities.

Proposals must describe methods that will be implemented to measure and report outcomes consistent with common indicators and evaluation protocols.

Application Writing Suggestions:

1. Read each section of the RFP carefully before beginning;
2. Complete all sections and include all required attachments;
3. Observe page limits;
4. Verify that you have responded specifically to the information requested in each section;
5. Provide concise and consistent information. Use bolded subsection titles, bullets and appropriately labeled tables to display information;
6. Indicate source of information or data;
7. All sections of the application should make sense and be in the correct order;
8. If an item or topic is addressed in one section of the application, it is not necessary to repeat that information in future sections. The applicant should simply reference the previous section and page of the application.

CCPP must present a community consensus on priorities to combat substance misuse, describe and document the nature and extent of the substance misuse problem in the community, identify substance abuse service gaps, and contain a strategic plan to reduce substance misuse that includes stated goals, objectives, activities, time frames and methods of data collection and program evaluation.

For those applicants new to this funding process, the CCPP must be developed in collaboration with community sector representatives and updated every three (3) years. The plan should be based on current conditions in the service area and used to guide ongoing prevention priorities.

Proposals must describe methods that will be implemented to measure and report outcomes consistent with common indicators and evaluation protocols.

APPENDIX 9 - FURTHER INFORMATION

- CPS <https://www.nevadabha.org/certified-prevention-specialist/>
- Block Grant PX <https://www.samhsa.gov/grants/block-grants/sabg>
- DFC Act of 1997 <https://www.congress.gov/105/plaws/publ20/PLAW-105publ20.pdf>
- Certified Prevention Specialist <https://www.nevadacertboard.org/certified-prevention-specialist/>
- SPF <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>
- NAC 458.203 <https://www.leg.state.nv.us/NAC/NAC-458.html#NAC458Sec203>
- Current community coalitions contact addresses
[http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalSAPTA/dta/Providers/Nevada%20Coalitions%20List\(2\).pdf](http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalSAPTA/dta/Providers/Nevada%20Coalitions%20List(2).pdf)
- Dun & Bradstreet <http://www.dnb.com>
- SAM <https://www.sam.gov>
- State Controller http://controller.nv.gov/VendorServices/Electronic_Vendor_Registration.html
- BHWP Prevention Certification
<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/Certification/CertificationHome/>
- Risk and Protective Factors <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>
- Cultural Competence <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS)
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- Institute of Medicine Classifications
http://mh.nv.gov/uploadedFiles/mhnavgov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf
- The Public Health Service Act, Title 42 § 300x. Formula Grants to States.
[http://uscode.house.gov/view.xhtml?req=\(title:42%20section:300x-21%20edition:prelim\)](http://uscode.house.gov/view.xhtml?req=(title:42%20section:300x-21%20edition:prelim))
- 45CFR 96.125 <https://www.gpo.gov/fdsys/granule/CFR-2011-title45-vol1/CFR-2011-title45-vol1-sec96-125>
- NRS 333.350 <https://www.leg.state.nv.us/NRS/NRS-333.html#NRS333Sec350>

Other Reading:

Practicing Effective Prevention <https://www.samhsa.gov/capt/practicing-effective-prevention>
Prevention Approaches <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches>

Continuum of Care <https://www.samhsa.gov/prevention>

DFC <https://www.samhsa.gov/grants/grant-announcements/sp-14-002>

Community Coalitions

Community coalitions are increasingly used as a vehicle to foster improvements in community health. A coalition is traditionally defined as “a group of individuals representing diverse organizations, factions or constituencies who agree to work together to achieve a common goal.” Community coalitions differ from other types of coalitions in that they include professional and grassroots members committed to work together to influence long-term health and welfare practices in their community. Additionally, given their ability to leverage existing resources in the community and convene diverse organizations, community coalitions connote a type of collaboration that is considered to be sustainable over time. The federal government has increasingly used community coalitions as a programmatic approach to address emerging community health issues. Community coalitions are composed of diverse organizations that form an alliance in order to pursue a common goal. The activities of community coalitions include outreach, education, prevention, service delivery, capacity building, empowerment, community action, and systems change. The presumption is that successful community coalitions are able to identify new resources to continue their activities and sustain their impact in the community over time. Given the large investment in community coalitions, researchers are beginning to systematically explore the factors that affect the sustainability of community coalitions once their initial funding ends.

The Office of National Drug Control Policy (ONDCP) and the SAMHSA Center for Substance Abuse Prevention (CSAP) support Drug-Free Communities (DFC) Support Program grants, which were created by the Drug-Free Communities Act of 1997 (Public Law 105-20). The DFC Support Program has two goals:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth
- Reduce substance use among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse

Long-term analyses suggest a consistent record of positive accomplishment for substance use outcomes in communities with a DFC grantee from 2002 to 2012. The prevalence of past 30-day use of alcohol, tobacco, and marijuana declined significantly among both middle school and high school students. The prevalence of past 30-day alcohol use dropped the most in absolute percentage point terms, declining by 2.8 percentage points among middle school students and declining by 3.8 percentage points among high school students. The prevalence of past 30-day tobacco use declined by 1.9 percentage points among middle school students, and by 3.2 percentage points among high school students from DFC grantees’ first report to their most recent report. Though significant, the declines in the prevalence of past 30-day marijuana use were less pronounced, declining by 1.3 percentage points among middle school students and by 0.7 percentage points among high school students. Learn more from the [Drug-Free Communities Support Program: 2012 National Evaluation Report \(PDF | 648 KB\)](#).