Nevada Department of Health and Human Services  
Division of Public and Behavioral Health

Bureau of Behavioral Health, Wellness, and Prevention  
Substance Abuse Prevention and Treatment

Announcement Type: FUNDING OPPORTUNITY ANNOUNCEMENT

Federal Fiscal Year 2019

Women’s Set-Aside Funding Opportunity Announcement

October 1, 2018 – September 30, 2019

Release Date: 05/01/2018

Application Due Date: 05/31/18, at 5:00 PM (PST)

Judy DuMonte  
Women’s Services Coordinator  
  
Nevada Department of Health and Human Services  
Division of Public and Behavioral Health | SAPTA  
4126 Technology Way Carson City NV 89706  
Email: jdumonte@health.nv.gov  
Telephone: (775) 684-2217  
Fax: (775) 684-4227

Authority: 45 CFR, PART 96 - BLOCK GRANTS

To our Current and Potential Contractors/Subgrantees:

The Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention (BHWP), announces the availability of an estimated $604,000 for Women’s Set-Aside Funding for federal fiscal year (FFY) 2019. This project period begins on October 1, 2018 and expires on September 30, 2019. A scope of work, budget, and spending plan must be submitted with the application for funding. Unspent funds from FFY19 (expiring on September 30, 2019) will revert to the State and cannot be carried over into FFY20 (October 1, 2019 – September 30, 2020). Funding may potentially be extended through FFY 2020. All funding is subject to change, based on the availability.

BHWP is accepting applications to assist in building, expanding, and sustaining treatment capacity in Nevada for pregnant women and women with dependent children. Targeted services include residential treatment, transitional housing, and wrap around services. Applicants must adhere to the requirement of services for pregnant women receiving or in need of Medication Assisted Treatment (MAT) either through direct services or through a sub-contracted with a local agency that will provide this service on the applicants behalf.

Completed applications must be received no later than Thursday, 05/31/2018 at 5:00 PM (PST).

Thank you,

Judy DuMonte

Perinatal Substance Use Treatment Network Coordinator

Nevada Department of Health and Human Services  
Division of Public and Behavioral Health | SAPTA  
4126 Technology Way, Suite 200 Carson City NV 89706  
Email: jdumonte@health.nv.gov  
Telephone: (775) 684-2217  
Fax: (775) 684-4217

Table of Contents

[I. GENERAL INSTRUCTIONS 5](#_Toc512842160)

[A. PURPOSE OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) 5](#_Toc512842161)

[B. SCOPE OF FOA 6](#_Toc512842162)

[C. FUNDING AVAILABILITY 6](#_Toc512842163)

[D. PROJECT DESCRIPTION 6](#_Toc512842164)

[E. FOA MANAGER 7](#_Toc512842165)

[F. DEFINITION OF TERMINOLOGY 8](#_Toc512842166)

[II. CONDITIONS GOVERNING THE FOA 9](#_Toc512842167)

[A. FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) TIMELINE 9](#_Toc512842168)

[B. EXPLANATION OF EVENTS 10](#_Toc512842169)

[C. GENERAL REQUIREMENTS 11](#_Toc512842170)

[III. RESPONSE FORMAT AND ORGANIZATION 14](#_Toc512842171)

[A. NUMBER OF APPLICANTS 14](#_Toc512842172)

[B. NUMBER OF COPIES 14](#_Toc512842173)

[C. APPLICATION FORMAT 14](#_Toc512842174)

[IV. EVALUATION 18](#_Toc512842175)

[A. EVALUATION POINT SUMMARY 18](#_Toc512842176)

[B. EVALUATION FACTORS 18](#_Toc512842177)

[C. EVALUATION PROCESS 18](#_Toc512842178)

[D. EVALUATION SCORING DETAIL 19](#_Toc512842179)

[APPENDIX A 21](#_Toc512842180)

[APPLICATION CHECKLIST 21](#_Toc512842181)

[APPENDIX B 22](#_Toc512842182)

[COVER PAGE 22](#_Toc512842183)

[APPENDIX C 23](#_Toc512842184)

[AGENCY PROFILE INSTRUCTIONS 23](#_Toc512842185)

[AGENCY PROFILE 24](#_Toc512842186)

[ADDITIONAL FACILITY LOCATIONS 25](#_Toc512842187)

[CONTACT INFORMATION 25](#_Toc512842188)

[APPENDIX D 26](#_Toc512842189)

[AGENCY SUMMARY AND EXPERIENCE INSTRUCTIONS 26](#_Toc512842190)

[APPENDIX E 27](#_Toc512842191)

[PROJECT NARRATIVE INSTRUCTIONS 27](#_Toc512842192)

[APPENDIX F 28](#_Toc512842193)

[PROPOSED SCOPE OF WORK INSTRUCTIONS 28](#_Toc512842194)

[SCOPE OF WORK 30](#_Toc512842195)

[SCOPE OF WORK EXAMPLE 39](#_Toc512842196)

[OUTCOME OBJECTIVES WORKSHEET 40](#_Toc512842197)

[APPENDIX G 43](#_Toc512842198)

[PROPOSED BUDGET PLAN 43](#_Toc512842199)

[PROPOSED BUDGET TEMPLATE 48](#_Toc512842200)

[SPENDING PLAN 50](#_Toc512842201)

[APPENDIX H 51](#_Toc512842202)

[SUSTAINABILITY PLAN 51](#_Toc512842203)

[APPENDIX I 53](#_Toc512842204)

[SUPPLEMENTS 53](#_Toc512842205)

[APPENDIX J 54](#_Toc512842206)

[QUARTERLY PROGRESS REPORT 54](#_Toc512842207)

[APPENDIX K 56](#_Toc512842208)

[PROGRAM REQUIREMENTS 56](#_Toc512842209)

[GENERAL REQUIREMENTS 56](#_Toc512842210)

[SUBSTANCE USE TREATMENT SERVICES 61](#_Toc512842211)

[Billing the Division 64](#_Toc512842212)

[PREVENTION SERVICES 65](#_Toc512842213)

[REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards): 65](#_Toc512842214)

[APPENDIX L 67](#_Toc512842215)

[POTENTIAL CONFLICT OF INTEREST 67](#_Toc512842216)

# GENERAL INSTRUCTIONS

## PURPOSE OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)

The Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention (BHWP) is soliciting applications statewide for the provision of treatment services to pregnant women and women with dependent children who have substance use disorders. The BHWP seeks to fund up to five programs to address the unmet needs of women and their families in Nevada with priority of funding for at least 1 agency in each region.

*The BHWP reserves the right to fund regional applicants despite other applicants that may score higher to expand services throughout Nevada.*

The purpose of this FOA is to expand comprehensive treatment, prevention and recovery support services for women and their children, including services for family members of both the women and children throughout the state of Nevada.

Applicants must demonstrate the ability to prioritize women’s services to women as follows: service provision for all required services to:

1. Pregnant substance users;
2. Women substance users with dependent children; and
3. Women substance users who are attempting to regain custody of their children[[1]](#footnote-1).

Applicants will be subject to all applicable federal block grant requirements and the comprehensive Alcohol and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended (42 U.S.C. Section 290 dd-1, et seq. and the Public Health Service Act 42 U.S.C. Section 300x et seq.), and 42 CFR (Code of Federal Regulations) Part 96, hereafter referred to as the “Act.” For the detailed federal requirements of the substance abuse block grant, see [Appendix F:](#Example_SOW) Scope of Work Example, <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXVII-partB.pdf>.

**Background Information**

The population of focus for this FOA are low-income (according to federal poverty guidelines) women, age 18 and over, and their minor children, age 17 and under, who have limited access to quality health services. Women are at risk of developing substance use disorders (SUDs) across ethnicities, age groups, and a variety of other socio-economic factors. Many women who develop substance use disorders have an underlying co-occurring mental health disorder and/or a history of trauma which must be addressed along with substance abuse treatment and recovery. Pregnant women and women with dependent children are a priority to receive treatment services to prevent prenatal substance exposure and developmental disabilities as children grow, break the intergenerational cycle of substance use, and provide healthy and safe living environments for women, children and their families. While it is common for most women to face stigma for their SUD, pregnant women and women with dependent children face significant stigma from their families, communities, and health care and other service providers which can impede their path to recovery. PPW have complex behavioral health needs and require a coordinated, comprehensive, and compassionate approach to treatment services.

The core service requirements of the Women’s Set-Aside funding are crucial to the ability of women with SUDs, especially those who are pregnant and/or parenting dependent children, to access services, receive treatment, and live a health life in recovery with their families.

The funding for this program comes from the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR § 93.120-96.137), which implements the Title XIX, Part B, Subpart II and Subpart III of the Public Health Services (PHS) Act.

## SCOPE OF FOA

The Scope of the procurement shall encompass the requirements in this FOA including appendices. The effective date of proposed sub-grant(s) issued because of the FOA is October 1, 2018 and the sub-grant(s) will end on September 30, 2019.

## FUNDING AVAILABILITY

The anticipated amount to be awarded under this FOA is approximately $604,000. The BHWP will fund up to three providers contingent upon complete, competitive applications received from Applicants who can demonstrate the capacity to provide the required core women’s services as specified in the Project Description below, in addition to the overarching SABG requirements.

The BHWP will have overall programmatic oversight of the funded programs. The BHWP reserves the right to adjust the awarded amounts as needed to comply with state and federal funding and/or budget mandates, including possible reductions or increases in the budget.

## PROJECT DESCRIPTION

**Service Requirements**

1. Applicants are to use evidence-based and/or evidence-informed substance abuse treatment service models.
2. Applicants are to treat all families as a unit and will therefore admit both women and children into treatment services, as appropriate. Treating the family as a unit reduces barriers to treatment, improves outcomes for each family member, and has been found to reduce cost burden in non-behavioral health service areas such as criminal justice and foster care.
3. An Applicant must submit a response that demonstrates capacity to provide or arrange for the provision of the following core services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:
4. Primary medical care for women, including referral for prenatal care, physical examinations, treatment of medical conditions and other comprehensive medical services and, while the women are receiving such services, child care. Reliable child care during substance abuse treatment is associated with longer treatment lengths, improved outcomes and sustained recovery;
5. Medical support to prevent withdrawal during pregnancy to minimize fetal exposure to illicit substances; specifically, medication-assisted treatment (MAT) for pregnant women with opioid-use disorders;
6. Primary pediatric care, including immunization, physical examinations, treatment of medical conditions and other comprehensive medical services for their children;
7. Gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, ascribed roles and gender expectations, sexual abuse, physical abuse and parenting, and child care while the women are receiving these services. Effective gender-specific substance abuse treatment uses a strengths-based model, promotes culturally competent services specific to women and incorporates an integrated, multidisciplinary approach;
8. Therapeutic interventions for children in custody of women in treatment which are age-appropriate and address their developmental and psychosocial needs, and;
9. Sufficient recovery supports, including case management and transportation, to ensure that women and their children have access to the above four services (Service Requirements, 6. a-d). Effective case management is client-driven and responsive to client needs, mobilizes formal and informal resources and services, and services, and is pragmatic, anticipatory, flexible and culturally sensitive.
10. Applicants must also follow all federal substance abuse prevention and treatment block grant (ABG) requirements (see Appendix E: Sample Scope of Work, grant (SABG) requirements (see [**Appendix F**](#_SCOPE_OF_WORK)**: Scope of Work Example**,

and **SABG Compliance Supplement**: <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A133/2017/Compliance_Supplement_2017.pdf>).

1. Applicants will also agree to follow all state-based requirements to ensure that staff can maintain licensure and certificate-appropriate skill level for the services provided. The Applicant will provide access to continuing education/training in prevention activities or treatment services or both.

## FOA MANAGER

1. The BHWP has assigned a FOA Manager who is responsible for the conduct of this FOA, whose name, address, phone, and e-mail address are listed below:

Judy DuMonte

Perinatal Substance Use Treatment and Women’s Services Coordinator

Substance Abuse Prevention and Treatment Agency

Bureau of Behavioral Health Wellness and Prevention

Division of Public and Behavioral Health

Department of Health and Human Services

4126 Technology Way, Suite 200

Carson City, NV 89706

Email: [jdumonte@health.nv.gov](mailto:jdumonte@health.nv.gov)

Phone: 775-684-2217

1. All deliveries of applications via express carrier must be addressed as follows:

Judy DuMonte

Perinatal Substance Use Treatment and Women’s Services Coordinator

Substance Abuse Prevention and Treatment Agency

4126 Technology Way, Suite 200

Carson City, NV 89706

Any inquires or requests regarding the FOA shall be submitted in writing to the FOA Manager. Applicants may contact ONLY the FOA Manager regarding the FOA. Other BHWP employees or Evaluation Committee members do not have the authority to respond on behalf of the FOA Manager.

## DEFINITION OF TERMINOLOGY

This section contains definitions of terms used throughout this FOA document, including appropriate abbreviations:

“Applicant” is any person, corporation or partnership that chooses to submit an application.

“Award” means the final execution of the sub-grant document with the Bureau of Behavioral Health Wellness and Prevention (BHWP).

“Business Hours” means 8:00 AM thru 5:00 PM Pacific Standard or Pacific Daylight Time, whichever is in effect on the date given.

“Close of Business” means 5:00 PM Pacific Standard or Daylight Time, whichever is in use at that time.

“Contract” means an agreement for the procurement of services entered between the BHWP and the successful Applicant.

“Desirable” the terms “may”, “can”, “should”, “preferably”, or “prefers” identify a desirable or discretionary item or factor.

“Evaluation Committee” means a body appointed to conduct the evaluation of the applications.

“Evaluation Committee Report” means a report prepared by the FOA Manger and the Evaluation Committee for sub-grant award. It will contain written determinations resulting from the FOA.

“Finalist” means an Applicant who meets all the mandatory specifications of the FOA and whose score on evaluation factors is sufficiently high to merit further consideration by the Evaluation Committee.

“Mandatory” the terms “must”, “shall”, “will”, and “required” identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.

“Medication-Assisted Treatment (MAT)” means treatment programs that combine behavioral therapy and FDA approved medications to treat substance use disorders.

“Minor Technical Irregularities” anything in the application that does not affect the price quality and quantity or any other mandatory requirement.

“Multiple Source Award” means an award of an indefinite quantity sub-grant to more than one Applicant, for one or more similar services.

“Natural Supports” means relationships with family, friends, co-workers, neighbors and acquaintances, and are reciprocal. Natural supports help develop a sense of social belonging, dignity and self-esteem.

“FOA Manager” means the person assigned by the BHWP to manage or administer a FOA process.

“FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)” means all documents, including those attached or incorporated by reference, used for soliciting applications.

“Responsible Applicant” means an Applicant that submits a complete application and that has furnished, when required, information and data to prove that its financial resources, production or service facilities, personnel, service reputation and experience are adequate to make satisfactory delivery of the services or items of tangible personal property described in the application.

“Responsive Application” means an offer that conforms in all material complimenting the requirement set forth in the FOA.

“Staff” means any individual who is a full-time, part-time or an independently contracted employee with an Applicant’s company.

“Sub-grantee” means any business having a sub-grant with the BHWP.

# CONDITIONS GOVERNING THE FOA

This section of the FOA contains the schedule, description and conditions governing the FOA.

## A. FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) TIMELINE

|  |  |
| --- | --- |
| **Task** | **Due Date/Time** |
| SAPTA distributes the Funding Opportunity Announcement Guide with all submission forms and templates | 05/01/2018 |
| Deadline for submission of written questions | 05/16/2018 |
| Deadline for written response to submitted written questions | 05/23/2018 |
| Deadline for submission of application | 05/31/2018 |
| Evaluation Period: review of applications | 06/04/2018 – 06/08/2018 |
| Selection notice sent to applicants | 06/11/2018 |
| Completion of contract/subgrant awards and contracts | 09/30/2018 |
| Grant Contract Commencement of Project – Pending approved SAMHSA grant award and receipt of Notice of Award | TBD |

## B. EXPLANATION OF EVENTS

The following paragraphs describe the activities listed in the FOA timeline shown in Section II. A. above.

1. **Issuance of FOA**

This FOA is being issued by the Nevada Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention on behalf of the Nevada Department of Health and Human Services on May 1, 2018, as stated in Section II. A. above.

**NOTE:** Distribution of this Funding Opportunity Announcement will ONLY be sent to SAPTA certified facilities in the current qualified vendor pool.

1. **Deadline to Submit Written Questions**

Potential Applicants may submit written questions to the FOA Manager as to the intent or clarity of the FOA until 5:00 PM Pacific Daylight Time on May 16, 2018, as stated in Section II. A. above. All written questions must be addressed to the FOA Manager as declared in Section I, Paragraph E.

1. **Response to Written Questions**

As indicated in the Funding Opportunity Announcement Timeline, written responses to submitted written questions will be distributed to all potential Applicants by 5:00 PM Pacific Daylight Time on May 23, 2018.

1. **Submission of Applications**

ALL APPLICATIONS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE FOA MANAGER NO LATER THAN 5:00 PM PACIFIC DAYLIGHT TIME ON May 31, 2018, as stated in Section II, A. Funding Opportunity Announcement Timeline. Applications received after this deadline will not be accepted. The date and time of receipt will be recorded on each application.

Applications must be addressed and delivered to the FOA Manager at the address listed in Section I, Paragraph E. Applications must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the ‘Women’s Set-Aside Funding Opportunity Announcement October 1, 2018 – September 30, 2019’. The application must be emailed to Judy DuMonte in the original format (Microsoft Word or Excel) on or before the deadline of May 31, 2018 at 5:00 PM (PST).

A log will be kept of all Applicants that apply. The contents of applications will not be disclosed to competing potential Applicants during the negotiation process. The negotiation process is deemed to be in effect until the sub-grant pursuant to this FOA is awarded. In this context “awarded” means all required signatures on the sub-grant(s) resulting from the FOA have been obtained.

1. **Application Evaluation**

Applications will be evaluated by an Evaluation Committee. This process will take place on June 4, 2018 – June 8, 2018, as stated in Section II, A. Funding Opportunity Announcement Timeline, depending upon the number of applications received. During this time, the FOA Manager may initiate discussions to clarifying aspects of the applications with Applicants that submit responsive or potentially responsive applications. However, applications may be accepted and evaluated without such discussion. Discussions SHALL NOT be initiated by Applicants.

1. **Notice of Intent to Award Contract**

Any contractual agreement(s) resulting from this FOA will be finalized with the most advantageous Applicant(s). Based on the selection of the successful Applicant(s) by the Evaluation Committee and approval by the BHWP, the FOA Manager shall send a Notice of Intent to Award to all Applicants on June 11, 2018. This date is subject to change at the discretion of the BHWP. The most advantageous application may or may not have received the most points.

If mutually agreeable terms cannot be reached with the apparent most advantageous Applicant in the time specified, the BHWP reserves the right to finalize a sub-grant agreement with the next most advantageous Applicant(s) without undertaking a new FOA process.

1. **Sub-grant Execution**

The sub-grant will be written and finalized between June 11, 2018 - September 30, 2018. These dates are subject to change at the discretion of the BHWP.

## C. GENERAL REQUIREMENTS

1. **Acceptance of Conditions Governing the FOA**

Submission of an application constitutes acceptance of all terms and requirements contained in this FOA.

1. **Incurring Cost**

Any cost incurred by the Applicant in preparation, transmittal, and/or presentation of any application or material submitted in response to this FOA shall be borne solely by the Applicant. Any cost incurred by the Applicant for set up and demonstration of the proposed equipment and/or system shall be borne solely by the Applicant.

1. **Primary Sub-Grantee Responsibility**

Any sub-grant agreement that may result from this FOA shall specify that the primary sub-grantee is solely responsible for fulfillment of all requirements of the contractual agreement with the BHWP which may derive from this FOA. The BHWP entering into a subgrant agreement with a sub-grantee will make payments only to the primary sub-grantee.

1. **Sub-contractors/Consent**

The use of sub-contractors is allowed and encouraged to enhance services. The primary sub-grantee shall be wholly responsible for the entire performance of the contractual agreement whether or not sub-contractors are used. Additionally, an Applicant shall disclose, in its application, plans for using sub-contractors, if applicable. The primary sub-grantee must receive written approval from the BHWP awarding any resultant contract, before any sub-contractor is used during the term of this agreement.

1. **Amended Applications**

An Applicant may submit an amended application ***before*** the deadline for receipt of applications. An amended application must be a complete replacement for a previously submitted application and must be clearly identified as such in the transmittal letter. The BHWP personnel will not merge, collate, or assemble application materials.

1. **Applicant’s Rights to Withdraw an Application**

Applicants will be permitted to withdraw their application at any time. The applicant must submit a written withdrawal request signed by the Applicant’s duly authorized representative and addressed to the FOA Manager.

1. **Application Offer Firm**

Responses to this FOA will be considered firm for one hundred twenty (120) days after the due date for receipt of applications if the Applicant is invited or required to submit one.

1. **Disclosure of Application Contents**

Applications will be kept confidential until negotiations and the award are completed by the BHWP. At that time, all applications and documents pertaining to the applications will be open to the public, except for material that is clearly marked proprietary or confidential. The FOA Manager will not disclose or make public any pages of an application on which the potential Applicant has stamped or imprinted “proprietary” or “Confidential” subject to the following requirements:

* 1. Proprietary or confidential data must be readily separable from the application to facilitate eventual public inspection of the non-confidential portion of the application.
  2. Confidential data is restricted to:

1. Confidential financial information concerning the Applicant’s organization.
2. Data that qualifies as a trade secret.
3. PLEASE NOTE: The cost of services proposed **shall not be designated** as proprietary or confidential information.

If a request is received for disclosure of data for which an Applicant has made a written request or confidentiality, the BHWP shall examine the Applicant’s request and make a written determination that specifies which portions of the application may be disclosed. Unless the Applicant takes legal action to prevent the disclosure, the application will be so disclosed. The application shall be open to public inspection subject to any continuing prohibition on the disclosure of confidential data.

1. **No Obligation**

This FOA in no manner obligates the BHWP to the use of any Applicant’s services until a valid written sub-grant is awarded and approved by appropriate authorities.

1. **Termination**

This FOA may be canceled at any time and all applications may be rejected in whole or in part when the BHWP determines such action to be in the best interest of the BHWP.

1. **Sufficient Appropriation**

Any contract awarded because of this FOA process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be affected by sending written notice to the Sub-grantee. The BHWP decision as to whether sufficient appropriations and authorizations are available will be accepted by the Sub-grantee as final.

1. **Legal Review**

The BHWP requires that all Applicants agree to be bound by the General Requirements contained in this FOA. Any Applicant’s concerns must be promptly submitted in writing to the attention of the FOA Manager.

1. **Basis for Application**

Only information supplied, in writing, by the BHWP through the FOA Manager or in this FOA should be used as the basis for the preparation of applications.

1. **Applicant Qualification**

The Evaluation Committee may make such investigations as necessary to determine the ability of the potential Applicant to adhere to the requirements specified within the FOA. The Evaluation Committee will reject the application of any potential Applicant who is not a responsible Applicant or fails to submit a responsive offer.

1. **Right to Waive Minor Irregularities**

The Evaluation Committee reserves the right to waive minor irregularities. The Evaluation Committee also reserves the right to waive mandatory requirements in instances where all responsive applications failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the FOA. This right is at the sole discretion of the Evaluation Committee.

1. **Change in Sub-Grant Representatives**

The BHWP reserves the right to require a change in sub-grant representative(s) if the assigned representative(s) is/are not, in the opinion of the BHWP, adequately meeting the needs of the BHWP.

1. **BHWP Rights**

The BHWP in agreement with the Evaluation Committee reserves the right to accept all or a portion of a potential application.

1. **Right to Publish**

Throughout the duration of this FOA process and contract term, Applicants and sub-grantees must secure from the BHWP written approval prior to the release of any information that pertains to the potential work or activities covered by this FOA and/or the BHWP sub-grants deriving from this FOA. Failure to adhere to this requirement may result in disqualification of the application or removal of the sub-grant.

1. **Ownership of Application**

All documents submitted in response to the FOA shall become property of the BHWP.

1. **Confidentiality**

Any confidential information provided to, or developed by, the sub-grantee in the performance of the sub-grant resulting from this FOA shall be kept confidential and shall not be made available to any individual or organization by the sub-grantee without the prior written approval of the BHWP.

1. **Electronic Mail Address Required**

A large part of the communication regarding this FOA will be conducted by electronic mail (e-mail). The Applicant must have a valid e-mail address to receive this correspondence.

1. **Use of Electronic Versions of this FOA**

This FOA is being made available by electronic means. In the event of conflict between a version of the FOA in the Applicant’s possession and the version maintained by the BHWP, the Applicant acknowledges that the version maintained by the BHWP shall govern.

1. **Conflict of Interest; Governmental Conduct Act**

The Applicant warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

# III. RESPONSE FORMAT AND ORGANIZATION

## NUMBER OF APPLICANTS

Applicants shall submit only one application in response to this FOA.

## NUMBER OF COPIES

Applicants shall deliver:

1. One (1) electronic version/copy of the application must be submitted via email to the FOA Manager. Must be received no later than the application deadline of 5/31/2018 by 5:00 PM Pacific Daylight Time. A confirmation receipt will be sent within 24 business hours from the time received to the electronic address it was received from.
2. All confidential information shall be clearly identified and segregated on the electronic version mirroring the hard copy submission. Must be received by the FOA Manager no later than the application deadline of 5/31/2018 by 5:00 PM Pacific Daylight Time.

Any application that does not adhere to the requirements of Section III, Response Format and Organization, may be deemed non-responsive and rejected on that basis.

## APPLICATION FORMAT

All applications shall be submitted typewritten on standard 8 ½ x 11-inch paper with tabs delineating each section. Larger paper is permissible for charts, spreadsheets and other graphics. Applications must be written in 12-point times New Roman font and formatted with one-inch margins.

1. **Applicant Organization**

Within each section of the application, the Applicant shall address the items in the order in which they appear in this FOA. All forms provided in the FOA must be complete and included in the appropriate section of the application.

Any application that does not adhere to these requirements will be deemed non-responsive and may result in rejection or decreased competitiveness of the application on that basis.

The application shall be organized and indexed in the following format and shall contain, at a minimum, all listed items in the sequence indicated:

1. Application must be in original format (Microsoft Word, Excel, etc.)
2. Signed FOA Cover Letter (see “FOA Cover Letter” detail in #2 below)
3. Table of Contents
4. Agency Profile
5. Contact Information
6. Application summary
7. Project Narrative
8. Scope of Work
9. Response to Mandatory Specifications
10. Response to Technical Specifications
11. Budget Plan [*(Appendix G)*](#_APPENDIX_G)
12. Response to Financial Stability (attachments may be separate from bound application)
13. Completed Cost Response Form
14. Staffing Plans, Credentials, Resumes, Org Chart (from Technical Requirements, Question 6C (4)
15. Project Implementation Plan (from Technical Requirements, Question 6E [1])
16. Letters of Support (from Technical Requirements, Question 6C [3])
17. Collaborative Agreements (from Technical Requirements, Question 6C [3])
18. Financial Documents (i.e. Copy of Audit, Profit/Loss Statement, Financial Policies)
19. Other supporting Material (optional)
20. **Cover Letter Form**

The application must be accompanied by the FRP Cover Letter located in [*Appendix B*](#_APPENDIX_B)*:* FOA Cover Letter which must be completed and signed by an individual person authorized to obligate the company. The letter of transmittal shall:

* 1. Identify the submitting organization:
  2. Identify the name, title, address and telephone number of the person(s) authorized by the organization to be contacted for clarification, negotiate the contract on behalf of the organization and contractually obligate the organization;
  3. Be signed by the person authorized to contractually obligate the organization;
  4. List Sub-contractors and/or other collaborative partners and/or other entities which will be used in the performance of the resultant sub-grant; and,
  5. Acknowledge receipt of any and all amendments to this FOA, if applicable.

If the Applicant is unwilling or unable to comply with any terms, conditions, or other requirements of this FOA, the Applicant shall clearly describe any barriers to providing the stated services and include a complete plan for addressing these barriers during the funding term.

Additionally, if the Applicant has any requirements from other funding sources that are contradictory with the stated requirements or would prevent the Applicant from using the funding at any point during the stated funding term, the Applicant will clearly state these requirements and the funding source and propose possible solutions for addressing this problem.

1. **Table of Content**

The table of contents shall contain a list of material in the application and the page number where the information can be found.

1. **Application Summary**

An application summary is optional and may be included by the Applicant to provide the Evaluation Committee with an overview of the qualifications and other features of the application. This material will not be used in the evaluation process unless specifically referenced from the other portions of the application.

1. **Technical Specifications**

The successful Applicant(s) will implement [*services*](#ServiceRequirements) for pregnant women and women with dependent children in one or all or any combination of the service needs described in this FOA, excluding MAT services, which is required.

A total of 100 points may be scored in the evaluation pursuant to the following criteria:

1. **Organizational Capacity** **(15 Maximum Points)**
2. Describe your agency’s history, mission and purpose.
3. Provide a description of the Applicant’s governance structure, leadership experience and qualifications, and staffing qualifications for serving the population of focus.
4. Describe the current strengths and weaknesses in your agency’s working relationship with and ability to make referrals to other community service agencies and agencies providing prenatal, pediatric and primary health care.
5. Attach documents, detailing staffing plans and credential of staff and project staff, up-to-date resumes of principle administrative and clinical staff and an organizational chart.
6. Describe your agency’s ability to begin the project upon the receipt of a sub-grant.
7. **Population and Need** **(15 Maximum Points)**
8. Describe the population of substance using pregnant women and women with dependent children and their families to be served in your geographic service area. Describe the admission criteria you will use to ensure participants meet criteria for this project.
9. Provide the minimum number of individuals to be served; cite the basis for this number.
10. Describe the culture relevance of the proposed project to ethnic and racial minorities and other populations experiencing culturally-based health disparities among the designated population. Describe your plan to deliver linguistically appropriate services.
11. Describe appropriateness and accessibility of community services agencies to which you would refer clients for required services. How will the proposed project access these services and what service gaps will the project address?
12. **Service Description (20 Maximum Points)**
13. Describe, in detail, how the Applicant will meet the needs of the population of focus. Describe the proposed services and how they will be delivered.
    * 1. Describe the programming and approach your agency will provide to meet the needs identified above. Provide a detailed description of the family-centered SUD treatment and supportive services, including recovery supports, to be delivered and how you will approach treating the family as a unit.
      2. Describe the Evidence-Based Practices (EBPs) and supportive services to be provided and the credentials of staff providing the services. Provide the rationale for utilizing the practices you identified.
      3. Describe how you will address the needs of women with co-occurring mental health and substance use disorders.
      4. Describe how you will address the needs of children and other family members.
      5. Describe how you will address other identified needs to support women’s long-term recovery to include health, housing, job readiness, child care, parenting, legal or trauma-related needs to ensure long-term recovery is supported.
14. Provide a project implementation plan with tasks, timeframes and key staff identified.
15. Describe current and anticipated service barriers that may be encountered and strategies for overcoming these barriers.
16. Describe outreach and engagement activities for the population of focus.
17. Describe how your agency supports long-term recovery for the population of focus.
18. **Program Evaluation/Quality Assurance (15 Maximum Points)**
19. Describe how the services described above will be evaluated, including a description of key indicators, benchmarks, and measurable outcomes. Identify and describe evaluation activities in detail, including how outcomes will be monitored and communicated.
20. Provide the qualifications and experience of staff responsible for evaluation activities. Describe your system for documenting and reporting services provided and clients served. Describe its strengths and areas needing improvement.
21. How will you know if your project is successful?
22. Explain how you will maintain treatment records that conform to all applicable laws including state licensing and national certification board standards along with medical, financial and administrative records.
23. **Financial Stability (15 Maximum Points)**
24. Describe the qualifications and experience of the person(s) responsible for financial management of the proposed project. Resume(s) are required.
25. Describe your sustainability plan for this program if funding is not renewed.
26. If your organization is required to obtain an audit, please provide a copy of the audit. Include the audit opinion, the balance sheet, and statements of income, retained earnings, cash flows, and the notes to the financial statements.
27. If your organization was not required to submit an audit (i.e., if your organization’s operating budget is less than $750,000 in federal funds per year), please explain why and attach your organization’s profit/loss statement and/or balance sheet for the past 12 months.
28. In a brief paragraph, describe financial controls that ensure the financial integrity of all organizational funds. Please provide a copy of any formal financial policies and procedures used by your agency that are related to these controls.
29. What other funding sources do you have, and do any of your funding requirements have any impact on your ability to provide services as required in this project?
30. Please complete the attached Line Item Budget ([***Appendix C***](#_PROPOSED_BUDGET_TEMPLATE)***:* Budget Form**).

Please ensure the budget and justification are complete, accurate, show the relevance to the project being proposed, and the evidence of need.

* 1. **Experience and Collaboration (20 Maximum Points)**

1. Describe agency experience in working with substance using pregnant women and women with dependent children and/or their families in each of the service areas you are proposing to address with your program. Describe your agency’s ability to support the proposed project.
2. Describe in detail coordination of services among mental health, social welfare and other relevant agencies to meet identified needs of the designated population. Attach collaborative agreements, if available.

***Example****: facility ‘A’ does not provide services to MAT pregnant women, which is a requirement of this FOA, so facility ‘A’ collaborates via a sub-contract with facility ‘B’ to provide this service.*

# IV. EVALUATION

## A. EVALUATION POINT SUMMARY

The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential applications by sub-category.

## B. EVALUATION FACTORS

Points will be awarded based on the thoroughness and clarity of the response, the breadth and depth of the engagements cited and the perceived validity of the response.

## C. EVALUATION PROCESS

1. All applications will be reviewed for compliance with the requirements and technical specifications stated in the FOA. If the application is incomplete, it will be deemed non-responsive. Applications deemed non-responsive will be eliminated from further consideration.
2. The FOA Manager may contact the Applicant for clarification of the response as specified in Section II. B.6.
3. The Evaluation Committee may include other sources of information to perform the evaluation as specified in Section II. C.14.
4. Responsive applications will be evaluated on the factors in the technical specifications, which have been assigned a point value. The Applicants with the highest scores will be selected as finalist Applicants, based upon the applications submitted. The Applicants whose applications are most advantageous to the BHWP, taking into consideration the evaluation factors in Section IV, will be recommended for award (as specified in Section II. B.9). Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of overall score. Note: BHWP reserves the right to fund regional applicants despite the possibility that other applicants that may achieve a higher score.

## D. EVALUATION SCORING DETAIL

|  |  |
| --- | --- |
| **Nevada Division of Public and Behavioral Health**  **Bureau of Behavioral Health Prevention and Wellness**  **Substance Abuse Prevention and Treatment Agency**  **FUNDING OPPORTUNITY ANNOUNCEMENT**  **FFY19**  **Women’s Services** | |
| **SUBMISSION DATE** |  |
| **ORGANIZATION** |  |

Items provided as part of the 2016 Behavioral Health and Treatment Request for Qualifications (RFQ) process do not have to be resubmitted again. Qualified providers will receive full credit for information already on file. All information must be updated annually. Submissions received with this funding opportunity will satisfy the annual update requirement.

|  |  |  |
| --- | --- | --- |
| **ORGANIZATIONAL CAPACITY (15 Points)** | | |
| 1. Did the agency describe their history, mission and purpose? | 3 |  |
| 1. Did the agency describe their governance structure, leadership experience and qualifications? - *This information should be updated with BHWP on an annual basis.* | 3 |  |
| 1. Did the agency describe the current strengths and weaknesses in their working relationship with and ability to make referrals to other community service agencies? | 3 |  |
| 1. Did the agency attach documents detailing staffing plans and credentials? | 3 |  |
| 1. Did the agency describe their ability to begin the project upon the receipt of the sub-grant? | 3 |  |
| **NOTES:** | | |
| **POPULATION AND NEED (15 points)** | | |
| 1. Did the agency describe the population to be served? | 3 |  |
| 1. Did the agency provide the minimum number of individuals to be served? | 3 |  |
| 1. Did the agency describe the culture relevance of the proposed project? | 3 |  |
| 1. Did the agency describe the appropriateness and accessibility of community services agencies for referral purposes? | 6 |  |
| **NOTES:** | | |
| **SERVICE DESCRIPTION (20 points)** | | |

|  |  |  |
| --- | --- | --- |
| 1. Did the agency describe how the applicant will meet the needs of the population, the proposed services, and how they will be delivered? | 5 |  |
| 1. Did the agency provide a project implementation plan? | 3 |  |
| 1. Did the agency describe current and anticipated service barriers and strategies to overcome them? | 4 |  |
| 1. Did the agency describe outreach and engagement activities? | 5 |  |
| 1. Did the agency describe how they would support long-term recovery? | 3 |  |
| **NOTES:** | | |
| **PROGRAM EVALUATION/QUALITY ASSURANCE (15 points)** | | |
| 1. Did the agency describe how the services will be evaluated with benchmarks, indicators, and measurable outcomes? | 4 |  |
| 1. Did the agency provide the qualifications and experience of staff responsible for evaluation activities and did they describe their documentation and reporting system showing strengths and weaknesses? | 4 |  |
| 1. Did the agency describe how they will evaluate success of their program? | 3 |  |
| 1. Did the agency explain how they will maintain treatment records that conform to state licensing, national certification board standards including medical, financial and administrative? | 4 |  |
| **NOTES:** | | |
| **FINANCIAL STABILITY (15 points)** | | |
| 1. Did the agency describe qualifications and experience of staff and attach resumes? | 3 |  |
| 1. Did the agency describe their sustainability plan? | 3 |  |
| 1. Did the agency provide a copy of an audit including the audit opinion, balance sheet, statements of income, retained earnings, cash flows, and notes? (if required) | 2 |  |
| 1. Did the agency describe why they are not required to submit an audit and submit a profit/loss statement and/or balance sheet for the past 12 months? | 2 |  |
| 1. Did the agency describe their financial controls and provide a copy of formal financial policies and procedures? | 1 |  |
| 1. Did the agency provide information on other funding sources that may impact their ability to provide services as required by this FOA? | 1 |  |
| 1. Did the agency provide a line item budget showing the relevance to the proposed project and need for funding? | 3 |  |
| **NOTES:** | | |
| **Experience and Collaboration (20 points)** | | |
| 1. Did the agency describe their experience in working with substance using pregnant women and women with dependent children and/or their families in each of the service areas they are proposing to address and describe their ability to support the proposed project? | 8 |  |
| 1. Did the agency describe their coordination of services among mental health, social welfare, and other relevant agencies to meet identified needs of the designated population? | 12 |  |
| **NOTES:** | | |

# APPENDIX A

## APPLICATION CHECKLIST

Women’s Set-Aside Funding, 2019

|  |  |
| --- | --- |
| 1. Cover Page Completed and Signed |  |
| 2. Agency Profile Completed |  |
| 3.Contact Information Completed |  |
| 4. Agency Summary & Experiences Completed |  |
| 5. Project Narrative Completed |  |
| 6. Scope of Work Completed |  |
| 7. Proposed Budget Plan(s) Completed |  |
| 8. Spending Plan |  |
| 9. Required Supplements |  |
| a. Staff(s) credentials and updated resumes |  |
| b. 501(c)3 tax exempt |  |
| c. latest audit letter |  |
| d. signed Conflict of Interest Policy Acknowledgement |  |
| 10. Application package submitted via e-mail to the FRP Manager |  |
| 11. Original plus one (1) hard copy of RXP mailed via U.S. Postal Service |  |
| All applications must use the following format: |  |
| All pages must be numbered |  |
| Resumes must be up-to-date (***not counted in overall page limit***) |  |

# APPENDIX B

## COVER PAGE

**Nevada Division of Public and Behavioral Health**

**Bureau of Behavioral Health Prevention and Wellness**

**Substance Abuse Prevention and Treatment Agency**

**Funding Opportunity Announcement**

**FY 19-20**

**Women’s Services Set-Aside Funding Grant**

**Release Date: 05/01/2018**

**Deadline for Submission and Time: 05/31/2018 at 5:00 PM (PST)**

For additional information, please contact:

**Judy DuMonte| Women’s Services Coordinator**

4126 Technology Way Carson City NV 89706

Telephone: (775) 684-2217 | Fax: (775) 684-4185

Email: [JDuMonte@health.nv.gov](mailto:JDuMonte@health.nv.gov)

Website for Additional References: <http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/>

|  |  |  |
| --- | --- | --- |
| **Company Name:** | | |
| **Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Phone:** |  | **Fax:** |
| **Executive Director/CEO:** | | |
| **Grant Writer:** | | |
| **Grant Writer Email:** | | |

I have read, understand, and agree to all terms and conditions herein.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | | **Date:** | |  |
| **Print Name:** | |  | **Print Title:** |  | |

# APPENDIX C

## AGENCY PROFILE INSTRUCTIONS

Project Number – Leave blank (Assigned by SAPTA)

Application Number – Leave blank (Assigned by SAPTA)

Project Name – Provide a short descriptive name for the proposed project

Agency Name – Applicant’s legal agency name

Agency Website – If applicable, provide the applicant’s website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

DUNS Number – Provide Data Universal Numbering System (DUNS) number

Locations – Service location (i.e. Fallon, Clark, Elko, or Carson City), provide full address, phone number, fax, site contact person and their email (if applicable)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

|  |  |  |
| --- | --- | --- |
| AGENCY PROFILE | | |
| Project HD Number: *(Assigned by DPBH)* |  | | |
| Application Number: *(Assigned by DPBH)* |  | | |
| Agency Name: |  | | |
| Agency Website: |  | | |
| Agency Telephone Number: |  | | |
| Agency Fax Number: |  | | |
| Agency Address: |  | | |
| Agency City, State: |  | | |
| Agency Zip Code: |  | | |
| Employer ID Number (EIN): |  | | |
| DUNS Number: |  | | |
| SAPTA Certified Residential and/or Transitional Treatment Facility: | 🞎 Yes 🞎 No | Date certified? | |
| Project Period: *(Month/Day/Year)* | Start Date  10/01/18 | End Date  09/30/20 | |
| Amount Requested: |  | | |

|  |  |
| --- | --- |
| ADDITIONAL FACILITY LOCATIONS | |
|  | Service Location:  Address:  Phone Number:  Site Contact Person/Email: |
|  | Service Location:  Address:  Phone Number:  Site Contact Person/Email: |
|  | Service Location:  Address:  Phone Number:  Site Contact Person/Email: |
|  | Service Location:  Address:  Phone Number:  Site Contact Person/Email: |

|  |  |
| --- | --- |
| CONTACT INFORMATION | |
| Name of **Project Director**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

Check, If same as Project Director

|  |  |
| --- | --- |
| Name of **Financial Officer**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

**Signature Authority:**  
 Check, If same as Project Director

|  |  |
| --- | --- |
| Name of **Agency Director**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

**Additional Point of Contacts**

|  |  |
| --- | --- |
| Name // Title: |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Name // Title: |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Name // Title: |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

|  |
| --- |
| APPENDIX DAGENCY SUMMARY AND EXPERIENCE INSTRUCTIONS |

In no more than 500 words, please describe the agency’s history and experience in the community and how it applies to the proposed project(s). Describe the mission and purpose of the agency including staff members, their expertise, and the structure of the agency including the Board of Directors, hours of operation, and number of locations.

Provide a statement as to the agency’s knowledge and familiarity with the local community’s needs and goals. Describe the client population the agency currently serves, and the level of service provided. If the project is to be accomplished through a subcontractor, please lest the name(s) and address(s) of the subcontractor; a signed Memorandum of Understanding or agreement must be provided for each subcontractor, as an addendum.

*Items provided as part of the 2018 Behavioral Health and Treatment Request for Qualification (RFQ) process do not have to be resubmitted again. Qualified providers will receive full credit for information already on file. All information must be updated annually. Submissions received with this funding opportunity will satisfy the annual update requirement.*

# APPENDIX E

|  |
| --- |
| PROJECT NARRATIVE INSTRUCTIONS |

In no more than 650 words, please describe the target population of the applicant’s facility and how the applicant will provide women’s services with the funds requested. The Project Narrative should provide a detailed narrative of intended activities to meet the objectives listed in the Scope of Work.

**Subcontracting Project Narrative**

If the applicant does not have the means and/or is unable to provide services outlined in the Grant Objectives/Achievables or Scope of Work sections, the applicant is encouraged to select a subcontractor. The applicant should clearly describe their plan for subcontracting in the Project Narrative and how the subcontractor will perform the intended activities to meet the objectives listed in the Scope of Work. The applicant must mention how they intend to monitor the subcontractor to ensure adherence to the provisions of the final contract/subgrant award agreements and terms.

# APPENDIX F

## PROPOSED SCOPE OF WORK INSTRUCTIONS

*(Please use the attached Scope of Work Template (not the example template)*

1. **Provider Name:** Please fill in the name of your organization.
2. **HD #:** The 5-digit HD (Health Division number). ***Please leave this space blank***. This number will be assigned by Division staff.
3. **Purpose/Title:** Please fill in the purpose or title (project name) and then a brief description. *Example: Women’s Housing; to increase the number of beds available for treatment in Nevada for women.*
4. **Brief Description of Program:** Please provide a short description of the program/project.

*Example:* *A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.*

1. **Problem Statement:** Briefly describe the problem or the gap that is being addressed through this scope of work.

*Example: Our facility continually carries a waitlist on average of 5 women.*

1. **Goal (Provide a description of a broad goal):** The goal does not need to be measurable (e.g. improve the health of women, reduce IVDU, etc.). The goal is the broadly stated purpose of the program. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some specific way. It should be a very broad result that you are looking to achieve. Goals can be one or many; however, each goal must have its own Outcome Objectives and Activities and may include the target population to be served.

*Example: To add beds to a stable residential care facility providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.*

1. **Outcome Objectives:** Please enter a description of measurable Outcome Objectives which are Specific, Measurable, Achievable, Realistic, Time limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ, the subrecipients you will fund, the evidence-based programs you hope to accomplish that must be measurable and should include:

Who: Target population

What: Strategies and Evidence based programs utilized to effect change

Where: Area

When: When will the change occur

How much: Measurable quantity of change

*Example: will increase the number of women’s beds from 6 to 12.*

***Outcome Objectives can be Qualitative or Quantifiable:***

*Example – Qualitative: To broaden services in Washoe County for women; an at-risk and underserved population in Nevada.*

*Example – Quantifiable: To reduce the number of females on the waitlist for residential beds by increasing the number of beds in Washoe County by 2019.*

(Refer to Outcome Objectives Worksheet for further guidance. There may be several objectives under one goal.)

1. **Percent Funding:** Please enter the estimated percent of the budget that will be allocated to this objective. Total sum of the percentages allocated to the following budget categories – Personnel, Travel, Equipment, Operating, Consultant/Contracts, Training and Other – should equal 100%.

Example: *% (for this Outcome Objective)*

1. **Activities:** List the steps planned to achieve the stated Outcome Objective.

*Example:*

1. *Secure residential location, licensing, inspections, and certifications*
2. *Hire support staff for the program; therapy, maintenance, etc.*
3. *Work with law enforcement, prosecutors and the judiciary system to identify potential clients.*
4. *Purchase operating supplies, equipment, furniture, etc.*

*Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.*

1. **Date Due By:** Please indicate the expected date by which the activity will be accomplished. The end of the grant period may suffice in some cases but using the end of the grant to complete all activities should be avoided as activities should show progression towards achieving the objective. Please make these realistic dates that show a progression towards achieving the outcome objective.

*Example****:*** *September 30, 2019*

1. **Documentation:** Pease list any documentation or process evaluation documents that will be produced to track the completion of the activities.

*Example:*

1. *Informational brochures, copies of flyers, ads and newspaper articles, social media and TV ads used in this effort.*
2. *Contracts related to leasing, employment, supplies, maintenance agreements, operations, etc.*
3. *Meeting minutes, Memorandum of Understanding, records of efforts to influence public opinion.*
4. *Records of interviews, surveys, reports, focus groups, local law enforcement data, etc.*
5. **Evaluation:** Please explain how you will evaluate whether you have met your objectives or not. The evaluation plan should clearly explain what data will be used, where and how you will collect the data, and any analysis, e.g. simple rate comparison, statistical tests of significance, etc. If you are using an evidence-based program, many times the evaluation criteria is provided and should be used to preserve fidelity with the evidence-based methods.

***Example:*** *Successful execution of adding an additional six beds at our facility to eliminate the waitlist.*

|  |
| --- |
| SCOPE OF WORK |

*Please provide the following information for the Scope of Work using the provided template below*

**Goal –** List the achievement desired.

**Objectives –** Describe the program objectives used to obtain the goal.

**Activities –** Describe the steps or activities that the program will use to accomplish the objectives.

**Due Dates:** The date by which activities will be completed.

**Documentation:**

* **Performance Measures –** What are the measures by which you will evaluate the progress of achieving your goals and objectives through the activities? These are the items that will be evaluated as a successful realization of the project.
* **Evaluation and Outcome for this Objective –** This is how your agency will qualify and quantify the selected performance measures. Measure or evaluate the work being done to ensure that the agency is on track to achieve the goals and objectives. What tools will the agency use to evaluate performance?

**Scope of Work**

State of Nevada

Division of Public & Behavioral Health

**Coalition / Provider**: Click here to name.

**State Substance Abuse Prevention and Treatment**

**HD #**: To be entered by state

**Purpose**: Click here to enter text.

**Brief Description of program:** Click here to enter a brief description

**Problem Statement:** Click here to enter the problem being addressed

**Goal 1:** Click here to enter a goal

**Problem Statement:** Click here to enter the problem being addressed

*NOTE: Please add or delete table rows as necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective 1a:** Click here to enter text. | | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | | Enter date. | Click here to enter documentation. | |
|  | **Evaluation:** Click here to enter evaluation. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 1b:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 1c:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

**Goal 2:** Click here to enter a goal

**Problem Statement:** Click here to enter the problem being addressed

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 2a:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 2b:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 2c:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

**Goal 3:** Click here to enter a goal

**Problem Statement:** Click here to enter the problem being addressed

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 3a:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective3b:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 3c:** Click here to enter text. | | | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] | |
| 1. [List specific activities to be achieved to meet the outcome objective] | Enter date. | Click here to enter documentation. | |
| **Evaluation:** Click here to enter evaluation. | | | |

|  |
| --- |
| SCOPE OF WORK EXAMPLE |

**Coalition/Provider Name:** **Second Chances, Inc.**

**Grant Name: State Substance Abuse Treatment (SSAT)**

**HD #: To be assigned – please leave blank.**

**Purpose/Title:** Women’s Housing; to increase beds in Nevada for women

**Brief Description of program:** A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.

**Problem Statement:** Second Chances continually carries a waitlist of an average of 5 women.

**Goal 1:** To add beds to a stable residential care **facility** providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective 1a:** Second Chances, located in Washoe County, will increase the number of women’s beds from 6 to 12. | | | **% Funding:** | **60%** |
| **Activities** | **Date due by** | **Documentation** | | |
| 1. Secure residential location, licensing, inspections, and certifications. | 2/28/2019 | Contracts, licenses, certification certificates | | |
| 1. Hire support staff for the program; therapy, maintenance, etc. | 2/19/2019 | Job Announcements, work performance standards, interviewing and hiring packets, personnel records, | | |
| 1. Work with law enforcement, prosecutors. the judiciary and other agencies to identify, enroll and place clients. | 3/5/2019 | Meeting minutes, opinion surveys, newspaper articles to influence public opinion, local law enforcement records, any memoranda of understanding | | |
| 1. Purchase operating supplies, equipment, furniture, etc. | 2/28/2019 | Purchase orders, invoices, AP receipts. | | |
| 1. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability. | 3/31/2019 | Meeting minutes, public opinion surveys, Copies of flyers, public service announcements, advertisements on radio, tv & social media | | |
| **Evaluation:** Successful execution of a building lease/contract. Obtaining licenses and required certifications. Getting the building ready for admissions. Securing and placing adolescent females (admissions tracking). | | | | |

|  |
| --- |
| OUTCOME OBJECTIVES WORKSHEET |

This worksheet can assist you in writing outcome objectives for your project. For your review, we have provided a sample outcome, broken down into simple components. You can use this template by filling in outcome information in the spaces provided for your program. Then, below each table, write your outcome objective using the components identified. Please keep all objectives Simple, Measurable, Achievable, Realistic, and Time limited. This worksheet is presented for your planning use. Do not include it with your proposal.

***Sample outcome objective components***

|  |  |  |  |
| --- | --- | --- | --- |
| **Who  (or what)** | **What**  **(desired effect)** | **How**  **(expected results)** | **When**  **(by when)** |
| The person, place or thing in which the objective will cause some change.  **Example:**  The number of pregnant women receiving substance abuse treatment. | This should illustrate some change in either a positive or negative direction, i.e. increase or decrease.  **Example:**  will increase | This should depict the magnitude of the desired change, i.e. a change in percentage, a change in raw numbers, or a statistical measure. Be as specific as possible and make sure it is realistic.  **Example:**  By 10% from the previous year October 1, 2015 to September 30, 2016 | This depicts the target date for the objective to be achieved. Don’t confuse this with deadlines for activities. This should be your final deadline for the objective.  **Example:**  by September 30, 2017 |

***Sample outcome objective****: By September 30, 2018, the number of pregnant women receiving substance abuse treatment will increase by 10% from the previous year - October 1, 2016 to September 30, 2017.*

**Outcome #1**

**Objective components**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who  (or what)** | **What**  **(desired effect)** | **How**  **(expected results)** | **When**  **(by when)** |
|  |  |  |  |
| **Final outcome objective:** | | | |

**Outcome #2**

**Objective components**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who  (or what)** | **What**  **(desired effect)** | **How**  **(expected results)** | **When**  **(by when)** |
|  |  |  |  |
| **Final outcome objective:** | | | |

# APPENDIX G

## PROPOSED BUDGET PLAN

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 FFY19 Women’s Set Aside Funding Opportunity. The subgrant period for this application will be for **twelve months (12)** and will start **October 1, 2018** and continue through **September 30, 2019**.

1. Apply for the full twelve-month project period. Complete an individual scope of work (SOW), budget and budget narrative for each budget cycle of the twelve-month project period.
2. Unspent funding from year 1 will be returned to the state and cannot be carried over into year 2, no exceptions. *There is a potential for an additional one year of funding under this FOA.*
3. 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**

**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Example Budget for reference.*** | | | | | |
| **Category** |  | **Total Cost** | **Detailed Cost** | | **Details of Expected Expenses** |
| 1. Personnel | **$** | **77,280** | **Personnel: The costs that are allowable in this budget line item are personnel costs only. This does not include any form of temporary staff, contract employees and/or volunteers.**  The following details must be included in the details of expected expenses sections of the line item.   1. The positions title must be included.   **NOTE:** Do not put an individual name.   1. The number of staff that will be charged to the grant under a specific position title.   **NOTE:** If your organization charges multiple staff that share the same projected allocation of time, then group them together. See Project Coordinators  **NOTE:** If your organization charges multiple staff that do not share the same projected allocation of time, then separate them. See Administrative Assistant   1. The total annual salary of the position per year. 2. The percentage of time they will be contributing to the project. 3. The sum total of 1 through 4. 4. The fringe benefits line must be represented as an average percent of the total salaries being charged to the grant.   **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.  **Salaries:** (FTE X Annual Salary X % of Effort = Salary Charged)  **Fringe:** (Total Salary Charged X Average Fringe Benefit Rate = Fringe Benefit Cost)  **NOTE:** Please see the example below. | | |
|  |  |  | $ | 7,000  22,500  35,000  3,000  1,500  8,280 | Executive Director, 1 X $70,000 per year X 10% = $7,000  Project Manager, 1 X $45,000 per year X 50% = $22,500  Project Coordinators, 2 X 35,000 per year X 50% = $35,000  Administrative Assist, 1 X $15,000 per year X 20% = $3,000  Administrative Assist, 1 X $15,000 per year X 10% = $1,500  Fringe Benefits equals 12% of total salaries charged - $69,000 X 12% = $8,280 |
| 2. Travel | **$** | **8,160** |  | **Travel: The costs that are allowable in this budget line item are all travel costs.**  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.   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.   **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 | |
|  |  |  | $ | 1,070  3,000  4,000  90 | Mileage for local meeting and events - $.535 X 2000 miles =$1,070  1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, $1,500 each = $3,000  4 Quarterly Meetings, Statewide, 2 Staff, $500 each = $4,000  1 “Prevention Training” travel only, Reno, 6 staff, $15 each = $90 |
| 3. Operating | **$** | **7,075** |  | **Operating: The costs that are allowable 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.**  The following details must be included in the details of expected expenses sections of the line item.   1. A brief description of the item being charged. 2. The monthly average cost of the item. 3. The number of months that the budget encompasses. 4. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.   **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 | |
|  |  |  | $ | 900    4,500  300  375  1,000 | Office Supplies (paper, pencils, pens, etc.) - $75 per month X 12 months = $900  Rent - $1,500 per month X 12 Months = $18,000 X 25% allocation.  Phone - $100 per month X 12 months = $1,200 X 25% allocation.  E-mail - $125 per month X 12 months = $1,500 X 25% allocation.  1 Computer for the project manager X $1000 per computer |
| 4. Equipment | **$** | **16,500** |  | **Equipment: The costs that are allowable in this budget line item are equipment costs. Per federal regulation; §200.33 Equipment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 per unit**  The following details must be included in the details of expected expenses sections of the line item.   1. Include a brief description of the item being charged. 2. Include the cost of the item, per unit. 3. Include the number of units that are being purchased. 4. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.   **NOTE:** if one item of cost is split at 25% then all other items of cost should share the same percent of the split.  **Equipment:** (Per Unit Cost X Number of Units = Cost)  **NOTE:** Please see the example below | |
|  |  |  | $ | 16,500 | Examination Table, $5,500 per unit X 3 units – 16,500 (*this is almost never used; most expenditures will fall under Operating costs*) |
| 5. Contractual  Consultant | **$** | **99,575** |  | **Contractual: The costs that are allowable in this budget line item are contract costs. List all sub-grants, consultants, contract, personnel/temporary employees and/or vendors that will be procured through a competitive process. (Travel and expenses of consultants and contractor should be incorporated into the contracts and included in this section as a part of the estimate contract cost.)**  The following details must be included in the details of expected expenses sections of the line item.   1. Include a brief description of the intended future contract that is being considered. 2. Include the estimated cost of the contract. 3. If applicable, include the cost of and number of deliverables that will be the result of the completed contract. 4. If applicable, include the per hour rate of the contract and the number of hours the project is going to take. 5. For subgrant funding; provide a brief description of the sub-grant project or projects and the total estimated pass-through amount.   **NOTE:** Do not list the actual names of contractors, consultants, vendors or subgrantees in the budget.  **NOTE:** Please see the example below | |
|  |  |  | $ | 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 = $60,000 |
| 6. Training | **$** | **1,650** |  | **Training: The costs that are allowable 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.**  The following details must be included in the details of expected expenses sections of the line item.   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.   **NOTE:** Please see the example below | |
|  |  |  | $ | 500  150  1,000 | SAMSHA Conference registration fees, 2 staff X $250 each = $500  Prevention Training registration fees, 6 staff X $25 each = $150  Printing cost for education books for addiction prevention seminar = $20 per book X 50 books = $1000 |
| 7. Other/Indirect | $ | 27,469 |  | **Other/Indirect: The costs that are allowable in this budget line item are indirect costs and if applicable audit costs.**  The following details must be included in the details of expected expenses sections of the line item.   1. Include a brief description of the intended cost being considered. 2. For audit costs include the total annual of the audit and the rate of allocation.   **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.   1. If applicable, include the total direct costs being charged for indirect. 2. If applicable, include the federally approved indirect rate total direct costs being charged for indirect.   **Audit Cost:** (Annual audit cost X Rate of Allocation = Cost)  **Indirect Cost:** (Total Direct Costs being charged x Federally Approved Indirect Rate = Indirect Cost)  **NOTE:** Please see the example below | |
|  |  |  | $ | 2,000  25,469 | Annual audit cost: $8,000 X 25% = $2,000  Indirect Costs: $210,228 X 12% = 25,468.80 |
| Total Cost | $ | 237,709 |  | | |
| Note #1: Totals listed must match totals on Cover Page. | | | | | |

*Please use the Excel template provided with the announcement package to complete and submit.*

Review and complete the included Excel budget form. Please refer to the Instructions for Proposed Budget Plan(s) and/or Subcontracting Budget Plan provided in [Attachment B](#_PROPOSED_BUDGET_TEMPLATE).   
  
Develop a line item budget for the project. For each itemized category, specify the total project costs (including subcontracting cost), description of expense, and the amount requested from Nevada Division of Public and Behavioral Health (DPBH) funding. A line item expense under a category **must** include a description of the line item expense in the detail description.

***See Proposed Budget Template on the next page…***

|  |
| --- |
| PROPOSED BUDGET TEMPLATE |

Click to insert the Organizations Name

BUDGET NARRATIVE

Budget State Fiscal Year 19

July 1, 2018 through June 30, 2019

****

|  |
| --- |
| SPENDING PLAN EXAMPLE |

****

|  |
| --- |
| APPENDIX HSUSTAINABILITY PLAN |

One of BHWP’s SAPTA overall goals and central to the Strategic Planning Framework model is engaging key stakeholders, especially coalitions, in the planning and implementing of sustainable prevention efforts. Sustainability is “the *process* of ensuring an adaptive and effective substance abuse prevention *system* that achieves *long term results* and that benefits a target population.” Sustainability is a process, not an event and requires good strategic planning by encouraging the following:

* creating partnerships to facilitate sustainability
* assisting community organizations in seeking expansion of funding opportunities at local and state levels
* creating policy-driven sustainability practices throughout all prevention infrastructure.
* continuation of organization through funding and capacity
* sustainability of positive outcomes

Planning for sustainability requires more than planning for funding. Planning for sustainability should be geared toward maintaining positive outcomes and involves focusing on elements of the prevention system that need to be maintained/strengthened to meet the needs of a target population with effective prevention interventions. Sustainability is ultimately about outcomes, not programs.

Creating and maintaining sustainability of programs in the community is interwoven throughout SAPTA’s strategic plan and continues to be addressed in all coalition meetings with our partners. Additionally, it continues to be a major action item in all SAPTA Advisory Committee meetings especially as funding is steadily decreasing.

|  |
| --- |
| APPENDIX ISUPPLEMENTS |

**Required Supplements**

* Staff(s) updated resumes, 501(c)3 tax exemption, latest audit letter, and signed Conflict of Interest Policy Acknowledgement.

**Optional Supplements**

* You can include relevant support materials, including samples of newspaper articles, letters of support, etc. In addition, any charts, graphs, statistical information or substantiating documentation of statements listed in the text of the proposal should be included in the list of attachments.

# APPENDIX J

## Quarterly Progress Report

SUBSTANCE ABUSE PREVENTION & TREATMENTAGENCY

Quarterly Progress Report

Women’s Services Set-Aside Funding

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Name:** |  | | | **HD #:** |  |
| **Report Date:** | | **Quarter Reporting:** | **Provider Name:** | | |
|  | |  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome Objective 1a:** | | | **Percent Funding:** |  | **%** |
| **Activities** | **Due Date** | **Progress Narrative:** (Please list all progress, activities, and dates of completion as applicable to this activity). | | | |
| 1. Click here to enter text. | Enter date. |  | | | |
| 2. Click here to enter text. | Enter date. |  | | | |
| 3. Click here to enter text. | Enter date. |  | | | |
| 4. Click here to enter text. | Enter date. |  | | | |
| **Evaluation:** Successful execution of a building lease/contract. Obtaining licenses and required certifications. Getting the building ready for admissions. Securing and placing adolescent females (admissions tracking). | | | | | |
| **Narrative:** | | | | | |

NOTE: An additional report will be sent out during the negotiation process for selected applicants.

|  |
| --- |
| APPENDIX KPROGRAM REQUIREMENTS |

In addition to the Division of Public and Behavioral Health Subaward Grant Assurances, the subrecipient and all organizations or individuals to whom the sub-grantee passes through funding must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State subaward flow down to the subrecipient’s pass through entities unless a particular section specifically indicates otherwise.

## GENERAL REQUIREMENTS

Applicability

This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention (BBHWP). The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP – [Generally Accepted Accounting Principles] and/or GAGAS [Generally Accepted Government Auditing Standards]
8. GSA – [General Services Administration] guidelines for travel
9. The Division of Public and Behavioral Health, BBHWP policies and guidelines.
10. State Licensure and certification
    1. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
    2. The subrecipient’s certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Subawards cannot be issued unless certifications are current.
11. The Subgrantee shall carry and maintain commercial general liability coverage for bodily injury and property damage as provided for by NRS 41.038 and NRS 334.060. In addition, Subgrantee shall maintain coverage for its employees in accordance with NRS Chapter 616A. The parties acknowledge that Subgrantee has adopted a self-insurance program with liability coverage up to

$2,000,000 and has excess liability coverage up to $20,000,000 for bodily injury (automobile and general liability), property damage (automobile and general liability), professional liability, and personal injury liability. The parties further acknowledge that Subgrantee is self-insured for workers’ compensation liability. Subgrantee warrants that its participation in the plan is in full force and effect and that there have been no material modifications thereof. If, at any time, Subgrantee is no longer a participant in the self-insurance program, then Subgrantee shall immediately become a participant in a comparable self-insurance program or immediately obtain a policy of commercial insurance. The parties acknowledge that any Subgrantee liability is limited by NRS 41.0305 through NRS 41.035.

1. The subrecipient shall provide proof of workers’ compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
2. The subrecipient agrees to be a “tobacco, alcohol, and other drug free” environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
3. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
4. The subrecipient shall maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subrecipient serves minors with funds awarded through this subaward.
5. Application to 2-1-1

* As of October 1, 2017, the Sub-grantee will be required to submit an application to register with the Nevada 2-1-1 system.

1. The subrecipient agrees to cooperate fully with all BBHWP sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
2. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
3. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subaward may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The BBHWP may reallocate funds to other programs to ensure that gaps in service are addressed.
4. The subrecipient acknowledges that if the scope of work is NOT being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by BBHWP staff or specified subcontractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, BBHWP will provide written notice identifying the reduction of funds and the necessary steps.
5. The subrecipient will NOT expend BBHWP funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant Funds for any of the following purposes:
   1. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
   2. To purchase equipment over $1,000 without approval from the Division.
   3. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
   4. To provide in-patient hospital services.
   5. To make payments to intended recipients of health services.
   6. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS.
   7. To provide treatment services in penal or correctional institutions of the State.
6. Failure to meet any condition listed within the subaward award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

1. Subrecipients of the program who expend less than $750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
2. Subrecipients of the program who expend $750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

Year-End Financial Report

1. 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.
2. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
3. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
4. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
5. 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 agency name.
   2. Include the name of the pass-through entity (State 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 the total amount provided to the non-federal entity from each federal and State program.
6. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

Behavioral Health Wellness and Prevention

Attn: Management Oversight Team

4126 Technology Way, Second Floor Carson City, NV 89706

Limited Scope Audits

1. The auditor must:
   1. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
   2. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
   3. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
   4. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
   5. And, report any audit findings consistent with the requirements of 2 CFR Part 200,

§200.516 Audit findings.

1. 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.
2. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
   1. 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;
   2. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
   3. 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
   4. 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).
3. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:

Behavioral Health Wellness and Prevention Attn: Management Oversight Team

4126 Technology Way, Second Floor Carson City, NV 89706

Amendments

1. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the BBHWP through the assigned analyst prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via email.
2. For any budgetary changes that are in excess of 10 percent of the total award, an official amendment is required. Requests for such amendments must be made to BBHWP in writing.
3. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
4. Any significant changes to the scope of work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all scope of work amendments.
5. The subrecipient acknowledges that requests to revise the approved subaward must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
6. Final changes to the approved subaward that will result in an amendment must be received 60 days prior to the end of the subaward period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

Remedies for Noncompliance

1. The Division reserves the right to hold reimbursement under this subaward until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

## SUBSTANCE USE TREATMENT SERVICES

Applicability

This section applies to all sub-grants that support direct services to persons being treated for substance use.

1. The subrecipient, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC

§ 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.

* 1. The subrecipient must post a notice to advise all clients and potential clients that if the client objects to the religious character of the Sub-grantee’s organization as applicable.
  2. The client has the right to be referred to another Division-funded provider that is not faith-based or that has a different religious orientation.

1. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:
   1. Pregnant injecting drug users;
   2. Pregnant substance abusers;
   3. Injection drug users;
   4. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
   5. All others.
2. The subrecipient agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90 percent capacity or greater in accord with the Division’s Wait List and Capacity Management policy.
3. A subrecipient who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division’s Wait List and Capacity Management policy.
4. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.
5. The subrecipient must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.
6. The subrecipient is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.
7. The subrecipient is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process.

Capacity of Treatment for Intravenous Substance Abusers

1. A subrecipient must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the subrecipient must contact the BBHWP according to the Division’s Capacity Management and Wait List policy.
2. The subrecipient who treats persons who inject drugs agrees to carry out activities to encourage individuals in need of treatment for injection drug use to undergo such treatment. The subrecipient must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the BBHWP. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:
   1. Selecting, training and supervising outreach workers;
   2. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
   3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
   4. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
   5. Encouraging entry into treatment.

Treatment services for pregnant women (45 CFR § 96.131)

1. All subrecipient who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Divisions Capacity Management and Wait List policy.
2. Subrecipients who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.
3. Subrecipients who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of such treatment services distributed to the network of community-based organizations, health care providers, and social services agencies.

Records

1. All subrecipients will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.
2. The system to protect confidentiality shall include, but not be limited to, the following provisions:
   1. Employee education about the confidentiality requirements, to be provided annually;
   2. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

Reporting

1. The subrecipient is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.
2. The subrecipient agrees to participate in reporting all required data and information through the authorized BBHWP data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

Fee for Service requirements

1. Subrecipients that have been awarded a fee for service subaward must comply with the Division’s Utilization Management policy and the following billing and eligibility rules for claims processing.
   1. The service must be delivered at a Division certified facility.
   2. The certifications must cover the service levels under which the qualified service was delivered.
   3. The service must be provided by an appropriately licensed/certified staff member.
   4. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third-party insurance carrier.
   5. The rate of reimbursement will be based on the Division approved rates (available upon request).
   6. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
   7. The subrecipient is responsible for ensuring that all third-party liabilities are billed and collected from the third party payers and are **NOT** billed to the Division.
   8. Division funds will **NOT** be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the ACA [Affordable Care Act] or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
   9. Division funds will **NOT** be used to reimburse Medicare claims.
   10. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
   11. Division funds will **NOT** be used to reimburse for claims denied by Medicaid or other insurance

carriers unless the claim was denied as “not a covered benefit”.

* + 1. Claims denied as “not a covered benefit” and billed to the Division must have the

accompanying denial attached in order to guarantee payment.

* 1. Division funds will **NOT** be used to cover any unpaid costs that Medicaid and/or other insurance carriers may not reimburse (i.e. copayments, deductibles).
  2. The subrecipient agrees to use Division funds as the “payer of last resort” for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.

1. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
   1. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
   2. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client’s payment for services in accordance with their ability to pay; and
   3. Prohibits billing the Division for a service that is covered by Medicaid or any other insurance carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

## BILLING THE DIVISION

Fee-for-service only:

1. The subrecipient agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.
2. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.
3. The subrecipient agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.
4. The subrecipient understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.
5. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.
6. The subrecipient understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
   1. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
   2. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
   3. The invoice must contain: Billed To: The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Suite 200, Carson City, NV 89706.
   4. The invoice must show the total number of services by CPT or HCPS code, the rate being charged, the total amount charged to that CPT or HCPS code line and summarize the totals by level of care.
   5. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
   6. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."

## PREVENTION SERVICES

Applicability

This section is only applicable to primary prevention coalitions and programs.

The subrecipient representatives are required to attend prevention training listed below as applicable to provide prevention services:

1. All fulltime staff must annually complete a minimum of twenty (20) hours of prevention training.
2. All part-time staff must annually complete a minimum for ten (10) hours of prevention training.
3. Participate in the implementation of evidence-based prevention programs, strategies, policies, and practices, and use the Prevention Program Operating and Access Standards as the basis for program, workforce, and agency development.

## REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards):

1. A Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.
2. Reimbursement is based on actual expenditures incurred during the period being reported.
3. Requests for advance of payment will not be considered or allowed by the Division.
4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.
5. Payment will not be processed without all programmatic reporting being current.
6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.
7. The subrecipient is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the subaward period.
8. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded subawards revert back to the State after the close of the SFY.
9. The subrecipient must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests for a period of three years from the date of submission of the State’s final financial expenditure report submitted to the governing federal agency.

The subrecipient agrees that any failure to meet any of the conditions listed within the above Program Requirements may result in the withholding of reimbursement for payment, termination of current contract and/or the disqualification of future funding.

Signature:

**Authorized Subrecipient's Official & Title Date Approved**

# APPENDIX L

## POTENTIAL CONFLICT OF INTEREST

A conflict of interest exists when an objective reviewer has a professional affiliation or personal or immediate family financial interest, either directly or indirectly, in a contract, business transaction or other matter that is under consideration for funding.

In the event of a real or potential conflict of interest, the person involved shall promptly disclose to SAPTA all relevant facts and circumstances relating to said interest or relationship. If you believe that you have a conflict of interest, please respond below:

1. I, and/or a family member or person with whom I have a close personal relationship, serves as a board member, or in another similar capacity, with one of the applicant agencies assigned to me for review. The circumstances are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am not sure whether I have an official conflict of interest, but I believe the following information may be important:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CHECK ONE OF THE STATEMENTS BELOW.

I understand that disclosing this information may affect my ability to objectively review submitted and/or assigned applications.

OR

I do not have a conflict of interest with any of the applications assigned to me for review and scoring.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Objective Reviewer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Objective Reviewer

1. Women with dependent children, for the purposes of section 96.123 from the Federal Register/Vol.58, No. 60/Wednesday, March 31, 1993/Rules and Regulations include women who are attempting to regain custody of their children. [↑](#footnote-ref-1)