



Prevention Partnership Grant

Fiscal Years 2018-2021

Request for Applications

RFA # 10H17GN1

*Florida Department of Children and Families
Office of Substance Abuse and Mental Health*

Commodity Codes: 912050, 912110, 912140, 912170, 913180, 913311

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SECTION 1. INTRODUCTION

1.1 STATEMENT OF NEED AND PURPOSE

The Prevention Partnership Grants (PPG) program, created by s. 397.99, F.S., is designed to encourage school and community substance abuse prevention partnerships. The PPG program is funded through the federal Substance Abuse Prevention and Treatment Block Grant (Block Grant), administered by the Florida Department of Children and Families (Department).

The PPG program funds rigorous, effective, evidence-based substance abuse prevention programs and strategies intended to prevent or reduce Florida substance use and abuse rates at the community level. Successful applications should demonstrate a clear, precise connection between local community contributing factors that impact prevention and current need for the program or strategy selected. PPG grants will be awarded for a three-year period.

1.2 ELIBILITY

Pursuant to s. 397.99(2)(a), F.S., only schools or community-based organizations in partnership with schools may apply for PPG funding.

1.3 LOCAL MATCH REQUIREMENTS

Pursuant to s. 397.99(2)(f)2.i., F.S., cash or in-kind contribution to the program of a value of at least 25 percent of the amount of the grant are required. All matching funds must be in compliance with Rule 65E-14.005, F.A.C.

1.4 FUNDING CYCLE AND AVAILABILITY

The Department intends to make three-year grant awards to the highest scoring applicants in each Managing Entity service region. For each grant award, the total dollar amount of each state fiscal year shall not exceed \$150,000.00, for a maximum total award of \$450,000.00, subject to the availability of funds. The number of applicants receiving awards will be based on the availability of funding detailed in Table 1.

Table 1: Funding Allocation

Managing Entity Service Region	Service Area (Counties)	Annual Grant Award*
Northwest	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington	\$ 412,849.00
Northeast	Alachua, Baker, Bradford, Citrus, Clay Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, Volusia	\$ 889,149.00
Central	Brevard, Orange, Osceola, Seminole	\$ 571,106.00
SunCoast	Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota	\$1,188,789.00
Broward	Broward	\$ 147,256.00
Southeast	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	\$ 450,000.00
Southern	Miami-Dade, Monroe	\$ 749,941.00
Total		\$4,409,090.00

*subject to the availability of funds

1.5 DEFINITIONS

The following definitions are used throughout this Request for Applications (RFA) to explain key terms used in the PPG program. Applicants will need to clearly demonstrate an understanding of these terms in the application and proper use of the terms in the proposed prevention programs and services.

1.5.1 Application. The proposal submitted by an organization to the Department in response to this RFA.

1.5.2 Capacity Building. Efforts that increase or improve the resources available to establish or maintain prevention activities.

1.5.3 Comprehensive Community Action Plan (CCAP). A document that describes and depicts goals and objectives related to the state consumption priorities and the proposed programs and strategies. It also describes and depicts intermediate changes to risk and protective factors and process-based objectives. Applications must include at least one objective that addresses sustainability and at least one objective that addresses capacity building. Goals and objectives are subject to modification during the negotiation process.

1.5.4 Cultural Competency. As defined by SAMHSA at: <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>

1.5.5 Evaluation Plan. A document that explains and describes program assessment, improvement, and strategic management¹. The evaluation plan explains and describes program assessment, improvement, and strategic management. The assessment portion should address the process for verification and documentation as well as how program activities and their effects will be quantified. Additionally, areas that can be improved or enhanced need to be identified to address areas of weakness. The final piece of strategic management will provide information that can help an agency or organization make decisions about how resources should be applied in the future to better serve its mission or goals.

1.5.6 Evidence-Based. Prevention programs, practices, or strategies in the substance abuse profession are those that are supported by research. Based on the evidence-based practices, Center for Substance Abuse Prevention (CSAP) options of the Strength of Evidence include²:

1.5.6.1 This proposed program or strategy is recognized by a Federal registry of evidence-based prevention programs and environmental strategies as having a strong and consistent positive effect on an outcome that is relevant to the identified intermediate outcome. Federal registries include but are not limited to the National Registry of evidence-based Programs and Practices (NREPP) with relevant element scores; Blueprints for Violence Prevention; Models of Exemplary, Effective and Promising Alcohol or Other Drug Abuse Prevention Programs on College Campuses; Blueprints for Healthy Youth Development; California evidence-based Clearinghouse for Child Welfare; U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of evidence-based Programs and Practices; or The US Department of Health and Human Services; or

1.5.6.2 This proposed program or strategy is reported in two (2) or more peer-reviewed journals as having positive effects on an outcome that is relevant to the identified intermediate outcome. Provide a detailed description of the evidence of a positive effect on an outcome that is relevant to the identified intermediate outcome and how the relevance was determined.

1.5.7 Grantee. Applicants awarded program funding as a result of this RFA.

1.5.8 Harmful Consequences. Negative effects caused by drug use, such as diseases, fatalities, academic failures, and criminal behavior.

1.5.9 Indicated Prevention Intervention. As defined in Rule 65E-14.021(4)(v)1., F.A.C.

1.5.10 Managing Entity. As defined in s. 394.9082, F.S.

¹ <https://www.samhsa.gov/programs-campaigns>

² Center for Substance Abuse Prevention. *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009.

1.5.11 Needs Assessment Logic Model (NALM). A visual depiction of the relationships between risk and protective factors, drug consumption, and harmful consequences. A logic model visually demonstrates the causal mechanisms and interconnections between variables using arrows to show the direction of influence.

1.5.12 Objective. Indicates what must be accomplished in order to achieve broad goals and performance measures. Objectives are specific, relevant, measurable, assignable, realistic, and time limited.

1.5.13 Prevention Data System. An internet based data system that collects data related to community assessments and plans and substance abuse prevention programs and activities.

1.5.14 Protective Factors. Conditions or variables that reduce the likelihood of drug use.

1.5.15 Risk Factors. Conditions or variables that increase the likelihood of drug use.

1.5.16 Selective Prevention Intervention. As defined in Rule 65E-14.021(4)(w)1., F.A.C.

1.5.17 Strategic Prevention Framework (SPF)³. A planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable prevention activities. The SPF's effectiveness begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process.⁴

The SFP uses the 5-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be adapted and utilized at the federal, state, tribal, and community levels. The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within states territories, tribes and the prevention field. This framework will promote resilience and decrease risk factors in individuals, families, and communities.⁵

The SPF is comprised of the following elements:

- 1) assesses the conditions that underlie the onset and progression of substance abuse, including childhood and underage drinking;
- 2) builds prevention capacity and infrastructure to sustain achievements;
- 3) selects evidence-based practices to change those conditions and reduce substance-abuse related problems in the communities;
- 4) implements the identified strategies with fidelity; and
- 5) evaluates the strategies implemented to determine what efforts should be sustained and to assist in sustainability planning efforts.

1.5.18 Strategies. A plan of action or policy designed to achieve a major goal.

1.5.19 Sustainability. An organization's ability to maintain the human, social, and material resources necessary to accomplish long-term goals for community change.

1.5.20 Target Population. The PPG target population is students ages 0 to 20. Parents, teachers and other school staff, coaches, social workers, case managers, and other prevention stakeholders may also be the target of proposed activities because of their ability to influence students ages 0 to 20. Activities that target

³ <http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/levels-risk-levels-intervention/2>

⁴ O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. National Research Council and Institute of Medicine of the National Academies. Washington, D.C.: The National Academies Press.

⁵ <http://www.samhsa.gov/spf>

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the behavior of these stakeholders for change can be considered process measures. Approved performance measures, on the other hand, must measure improvements in the attitudes and behaviors of students ages 0 to 20.

1.5.21 Universal Prevention Intervention. As defined in Rule 65E-14.021(4)(x)1., F.A.C.

SECTION 2. SCOPE OF GRANT ACTIVITIES

2.1 OBJECTIVES

The overall objectives of the PPG program are to:

- Develop effective substance abuse prevention and early intervention strategies for Target Populations; and
- Conduct prevention activities serving students who are not involved in substance use, intervention activities serving students who are experimenting with substance use, or both prevention and intervention activities, if a comprehensive approach is indicated as a result of a needs assessment.

Subcontracts between the Grantee and the Managing Entity will include the specific objectives and tasks pertaining to each Grantee based on the specifics of each successful application and as indicated by the NALM and CCAP. Objectives must be related to the implementation of specific programs, practices, or strategies. Objectives may be components of a broader goal.

2.2 DATA SUBMISSION

Grantees are required to submit information on grant activities to the Department's internet-based prevention data system on a monthly basis. Grantees must capture and report both process and outcome data related to grant activity. Failure to comply with the reporting requirements will result in cancellation of the grant award.

2.3 PERFORMANCE MEASURES

Pursuant to s. 397.99(2)(d), F.S., performance measures for grant program activities must measure improvements in student attitudes and behaviors. Relevant student behaviors include the following state priorities for consumption reductions: 1) Underage Drinking; 2) Marijuana Use; and 3) Non-Medical Prescription Drug Use.

2.3.1 Process Measures

Process measures quantify the activities of a program or strategy and are designed to evaluate the extent to which a program is implemented as intended. Examples of process measures include the number of participants served and the number (or percent) of participants who successfully complete a program. Other examples include the number of retailer compliance checks conducted or the number of prevention messages disseminated.

Process measures may include desirable changes in risk and protective factors that must be modified in order to cause improvements in the attitudes and behaviors of students ages 0 to 20. Examples of possible risk factors that can be considered process measures include the price of substances, the density of retail outlets, high retailer violation rates for sales to minors and the prevalence of advertising that promotes substance use.

Process measures may also include changes in the attitudes, beliefs, expectations, and behaviors of other prevention stakeholders if these are necessary preconditions for preventing substance use among students ages 0 to 20.

2.4 REPORTS

All activities under the PPG Program shall be documented in accordance with the terms and conditions of the Subcontract. The frequency, format and approval of reports will be negotiated by the Managing Entity. At a minimum, the following reports shall be required:

2.4.1 Program Status Report

A detailed report of the services and activities performed and the progress of the Program in meeting the performance measures, goals, objectives and tasks outlined in the Subcontract.

2.4.2 Financial Report

A detailed report of Program expenses which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. The financial reports track both grant award-funded and match-funded expenses and encourages program expenditure planning and projection.

2.4.3 Additional Reporting Requirements

Grantees shall provide additional reporting pertaining to the services and activities rendered should the Managing Entity or the Department determine this to be necessary.

2.5 METHOD OF PAYMENT

Subject to the availability of funds, the Managing Entities will pay Grantees upon satisfactory completion of services, terms, and conditions of the Subcontract. Funding in Years 2 and 3 are contingent upon compliance with the requirements of the PPG Program and demonstration of performance towards meeting the grant goals and objectives and the availability of funds.

2.6 FINANCIAL CONSEQUENCES

Subcontracts resulting from this RFA will include financial consequences, to be negotiated by the Managing Entity.

2.7 RETURN OF FUNDS

Grantees shall return to the Managing Entity any unused PPG funds and unmatched grant funds, as detailed in the Final Financial Report, no later than 60 days following the ending date of the Subcontract.

SECTION 3. GRANT SOLICITATION AND EVALUATION PROCESSES

3.1 CONTACT PERSON

This RFA is issued by the Florida Department of Children and Families. Any inquiries regarding this RFA must be submitted to:

michele.staffieri@myflfamilies.com

3.2 LIMITATIONS ON CONTACTING THE DEPARTMENT

Applicants shall limit their contact regarding this RFA to the contact person listed above in **Section 3.1**. With reference to this solicitation, no representations, other than those distributed by the contact person, in writing, are binding and Applicants are cautioned that oral responses do not bind the Department.

3.3 SCHEDULE OF EVENTS AND DEADLINES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to Eastern Standard Time.

Table 2: Schedule of Events and Deadlines

Event	Date	Time	Location
Grant Application Advertised and Released	11/1/17	11:00 am	http://vbs.dms.state.fl.us/vbs/main_menu
Grant Application Conference Call with the Department	11/14/17	10:00 am	Conference call # 1-888-670-3525 Pin 2868250655
Submission of Applicant Inquiries	12/1/17	5:00 pm	Michele_staffieri@myflfamilies.com
Posting of Responses to Inquiries	12/7/17	5:00 pm	http://vbs.dms.state.fl.us/vbs/main_menu
Applications Due*	1/23/18	11:00 am	Dept. of Children and Families Substance Abuse and Mental Health Attn: Michele Staffieri 1317 Winewood Blvd. Bldg. 6, Room 231 Tallahassee, FL 32399
Grants Review Committee Meeting to Complete Review of Grant Applications	2/13/18	10:00 am- 4:00 pm	Dept. of Children and Families 1317 Winewood Blvd. Bldg. 6, Conference Room A Tallahassee, FL 32399 Conference call # 1-888-670-3525 Pin 2868250655
Notification of Grant Award	3/1/18	N/A	http://vbs.dms.state.fl.us/vbs/main_menu

3.4 OBTAINING A COPY OF THE REQUEST FOR APPLICATIONS

Interested parties may obtain a copy of the RFA from the following website:

http://vbs.dms.state.fl.us/vbs/main_menu

In order to find postings at such location:

1. Click on Search Advertisements
2. Under "Agency" select Department of Children and Families
3. Scroll down to the bottom of the screen and click on "Initiate Search"

It is the responsibility of prospective vendors to check the VBS for addenda, notices of decisions and other information or clarifications to this RFA.

3.5 DIRECTIONS FOR SUBMITTING AN APPLICATION

Applications not meeting the specifications below will be deemed nonresponsive and will not be eligible for evaluation or grant award.

3.5.1 Application Deadline

Applications must be received by the Procurement Manager by the deadline and at the address specified in **Table 2: Schedule of Events and Deadlines**. Applicants may choose, and shall be responsible for, the method of delivery to the Department, except that facsimiles or electronic transmissions will not be accepted at any time.

Applications not received at the specified place or by the specified date and time will not be eligible for review. The Department will retain the application for use in the event of a dispute.

3.5.2 Application Requirements

Applications must meet all of the requirements detailed in **Appendix C**, as determined during the first stage of evaluation detailed in **Section 4.2**. **Applications not containing the items listed will be deemed nonresponsive and will not be eligible for the second stage of evaluation.**

3.5.3 Number of Copies Required

In order for an Application to be considered for review, it must contain the following:

3.5.3.1 Applications must contain one (1) signed original Application clearly labeled "Original"; and

3.5.3.2 One (1) electronic copy on a flash drive or compact disc containing all items included with the hard copy. The electronic file cannot be in a locked or password protected format. The Application must be in Word format, but the supporting documents can be scanned as PDFs, in Excel, or any format that can be viewed electronically.

3.5.4 Application Formatting Instructions

Applications must be formatted in accordance with the following:

3.5.4.1 Typed, single-spaced, in black ink, Arial font size 12;

3.5.4.2 8-1/2" x 11" paper, one column per page, single sided, with one inch margins on all sides;

3.5.4.3 Pages numbered on the bottom right hand corner, beginning with the cover page;

3.5.4.4 The hard copy Original must be secured in a three-ring binder, clearly labeled on the front and spine (identify the name of the proposal and the name of the lead applicant organization);

3.5.4.5 Table of contents clearly showing the order of the material and associated page numbers;
and

3.5.4.6 Tabs identifying each of the required sections.

3.6 APPLICATION COMPONENTS

A complete Application must include the following components.

3.6.1 Tab 1: Cover Page

Applications must include a completed Cover Page provided in **Appendix A**, signed and dated by a duly authorized official.

3.6.2 Tab 2: Statement of Mandatory Assurances

Applications must include a completed Statement of Mandatory Assurances provided in **Appendix B**, with each section initialed and the document signed and dated by a duly authorized official.

3.6.3 Tab 3: Needs Assessment Logic Model (NALM)

Using the template provided in **Appendix F**, describe and analyze what the best available empirical research indicates about the nature of the relationships between risk and protective factors and the state consumption priorities. Causal relationships between risk and protective factors and drug consumption, as opposed to mere correlations, must be documented with citations from well-designed, peer-reviewed, empirical research.

Risk and protective factors are variables that make people either more or less prone to substance use. Numerous risk and protective factors have been identified that are “associated with” greater or lesser drug use, but in most cases there is no compelling evidence that these Risk factors cause drug use (or, in the case of protective factors, prevent drug use). Programs and strategies that attempt to modify risk and protective factors will only work if there is a causal relationship between these factors and drug consumption. Provide evidence that the proposed programs and strategies, if properly implemented, will cause desirable changes in risk and protective factors.

3.6.4 Tab 4: Comprehensive Community Action Plan (CCAP)

Using the template provided in **Appendix I**, describe and depict the goals and objectives related to the state consumption priorities and the proposed programs, practices, and strategies. Describe and depict intermediate changes to risk and protective factors and process-based objectives.

Applications must include at least one objective that addresses sustainability, at least one objective that addresses capacity building and at least one objective that addresses youth engagement or youth coalition development or expansion. Goals and objectives are subject to modification during the negotiation process.

3.6.4.1 Provide a demographic description of the target population (students ages 0 to 20) and, if applicable, other prevention stakeholders;

3.6.4.2 Provide a detailed description of each proposed program, practice, or strategy, including but not limited to the name, participant selection criteria and process, risk and protective factors addressed, duration, frequency, sequence and schedule of activities, resource requirements, and cost estimates;

3.6.4.3 Identify and describe how each proposed program, practice, or strategy is classified according to the Institute of Medicine’s intervention categories (universal, selective, and indicated prevention interventions);

3.6.4.4 Demonstrate the theoretical and conceptual fit between each program, practice, or strategy and the risk and protective factors identified in the NALM. Provide information sufficient to justify the

selection of the program, practice, or strategy as an appropriate approach to the problem and population identified in the NALM;

3.6.4.5 Describe how each proposed program, practice, or strategy is feasible in light of the community's capacity, readiness to act, and resources;

3.6.4.6 Describe how each program, practice, or strategy will be implemented in a culturally competent manner; and

3.6.4.7 Describe how youth or youth coalitions will be actively engaged in the Project.

3.6.5 Tab 5: Project Narrative

Applications must include a Project Narrative, consisting of the following elements:

3.6.5.1 Statement of Problem

Demonstrate the need for the services the project will provide and the effects of resulting outcomes. Describe the substance use consumption behavior and consequence being targeted for change, and why this is a problem, where, and among whom. Provide data supporting the targeted problem(s) and behavior(s).

3.6.5.2 Proposed Participants

For universal and selective strategies, specify the number of participants expected to be part of the group events proposed to be conducted.

For indicated prevention programs for each population, specify the number of individuals expected as program participants.

3.6.6 Tab 6: Evaluation Plan

Using the template provided in **Appendix G**, provide an evaluation plan that explains and describes:

3.6.6.1 How consumption priorities, risk and protective factors, process measures, performance measures, goals, and objectives will be measured and reported;

3.6.6.2 All relevant data sources and their strengths and limitations;

3.6.6.3 The theory underlying the program or strategy;

3.6.6.4 Evaluation questions that are stated in terms so that they can be answered using available methods and in a way that is informative to stakeholders;

3.6.6.5 Evaluation methods and procedures; and

3.6.6.6 Resources available to support the evaluation component.

3.6.7 Tab 7: Organizational Structure and Qualifications

3.6.7.1 Organizational Chart

Provide an organizational chart with the supervisor of the project's coordinator at the top of the chart. Include all staff, subcontractors, or partner organizations that will be providing direct or support services for the program. Provide a one-page chart showing the authoritative (solid lines) and consultative (dashed lines) relationships between project partner staff and sub-contractors who will carry out the programs and activities of or be paid by this grant. There should be no partners, staff, or contractors listed in the budget forms not shown on the organizational table.

3.6.7.2 Staffing Chart

Using the template provided in **Appendix J**, provide a description of the proposed staffing pattern in terms of the number of full time equivalent (FTE) staff and direct service subcontractors.

3.6.7.3 Job Descriptions

Provide the job descriptions for each position included in the application to be paid, in whole or in part, from this grant. Job descriptions should include the minimum educational and experience qualifications and a brief narrative description of their roles and responsibilities and knowledge and skills necessary to carry out their roles and responsibilities.

3.6.7.4 Training

Describe how the staff, subcontractors, and partner organizations will be trained in their specific role in implementing the PPG grant.

3.6.7.5 Organization Qualifications and Credentials

Briefly describe the organization's legal status, e.g. city, county, school, private not-for-profit authorized to business in Florida. Include the applicant's Federal Identification Number (FEID) and describe the mission of the organization and its partners in this proposal.

Describe the organization's overall administrative capacity and experience to implement the proposed program.

Provide the name, title, mailing address and phone number of the contact persons for three companies or organizations that can speak knowledgeably about the organization and prevention services in the local community.

3.6.7.6 Information Technology Capacity

Describe the organization's capacity and experience to utilize computer and electronic communication technology in program operations.

Describe the organization's ability to collect and enter data into a computer database and to submit that data electronically via the Internet.

3.6.7.7 Prevention-Specific Qualifications

Provide information on organizational and staff experience, recognitions and accomplishments related to youth alcohol and drug use prevalence.

Describe and attach copies of organization policies supporting prevention staff and volunteer development, including prevention specialist certification.

Describe current staff qualifications (post-secondary education, prevention certification, etc.) and experience to conduct prevention activities.

Describe and attach performance and outcome studies on previous prevention projects.

3.6.7.8 Capacity Building and Sustainability Planning

Describe how capacity needs within the targeted community will be identified and addressed to ensure project success. Describe the sustainability of the project and how prevention efforts will continue beyond the funding of this grant.

3.6.7.9 Community Involvement

Describe how the applicant is involved in the development of the larger community's plan to address youth alcohol and other drug prevention issues.

Provide the names of community substance abuse and other social service planning groups that address substance abuse issues. This also includes faith-based organizations that are providing community substance abuse prevention and other social services.

3.6.7.10 Target Population Involvement

Describe the experience of the organization with the proposed or similar target population. Include the level of access, or how the proposed program, practice, or strategy will reach this group for the purposes of this application.

3.6.8 Tab 8: Project Master Schedule/Timeline

Using the template in **Appendix H**, provide a detailed project timeline for each grant year and an anticipated start date.

3.6.9 Tab 9: Financial Management

Describe the overall capacity and experience to comply with state and federal rules and regulations applicable to this funding and how revenues and costs will be tracked to ensure that the program remains within budget.

Include any supporting documentation which may include, but is not limited to, independent audit reports, copies of grant awards, chart of accounts, signed and dated fiscal reports, Dunn and Bradstreet report, and letters from grantors.

3.6.10 Tab 10: Budget and Budget Narrative

In accordance with Rule 65E-14.021(5)(e), F.A.C., provide the following forms, which may be located at <http://www.dcf.state.fl.us/dcf/forms/Search/DCFFormSearch.aspx>:

- CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget
- CF-MH 1043, July 2014, Agency Capacity Report

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, dated February 2011, which may be located at:

<http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>

Provide a Budget Justification Narrative in detail, using complete sentences, clearly linking all budget items to program activities and justifying the proposed costs.

The budget should allow for the grant coordinator and one other person related to the grant to annually attend a statewide prevention-related conference. Conference attendance will require pre-approval by the Managing Entity prior to conference registration. Examples of eligible conferences include:

- Annual Florida Alcohol and Drug Abuse Association (FADAA) Conference – prevention track
- Tampa Summit
- CADCA Annual National leadership Forum
- NAADAC Annual conference
- 11th Annual National Rural Youth Substance Abuse Prevention Conference and SADD National

3.6.11 Tab 11: Match Commitment and Summary forms

Completed Commitment of Match/Donation Forms provided in **Appendix D** from each organization that will be providing matching funds and a completed Match Collection Summary Report provided in **Appendix E**.

3.6.12 Tab 12: Letters of Commitment

Include Letters of Commitment, not general support, from individuals or organizations that will be involved in the implementation of the Program. The letters must reflect the specific role of the individual or organization.

Include letters of commitment from relevant stakeholders: (e.g., parents, school principals, juvenile authorities, county health department and others), agreeing to provide access to the population.

Include letters from the administrators of the programs collaborating on the project confirming the application was reviewed and each partner is committed to supporting implementation of the activities described in the grant proposal. Examples include commitment letters from a school principal, community-based organization executive director, or recreation department director.

SECTION 4. APPLICATION REVIEW CRITERIA AND METHODOLOGY

4.1 REVIEW METHODOLOGY

All responsive Applications will be scored based on the written material contained therein, according to the stated criteria and ranked in order of overall score from highest to lowest within each Managing Entity service region. Recommendations for awards will be made in order of ranking from highest to lowest, subject to the availability of funding as specified in **Table 1**.

4.2 MANDATORY CRITERIA AND CORRECTION

Applications received at the location and by the date and time specified in the schedule of events in **Section 3.3** will be screened in accordance with the Mandatory Requirements given in **Appendix C**. The Procurement Manager will initially review Applications received to determine whether the Applications are substantially complete. This will address whether the required elements outlined in **Appendix C** are present, properly completed and that there is not an easily discernible or obvious error that may be readily corrected. Should the Procurement Manager detect such an error, the Department may afford the Applicant two (2) business days to adjust the Application accordingly. The Department is under no obligation to detect or offer the opportunity for such correction. The Department's election to afford this opportunity should not and does not give rise to an expectation of Application correction.

Applicants have the sole responsibility for submitting corrected or omitted items. If an Applicant elects to submit corrected or omitted items, the Applicant bears sole responsibility for the delivery of the items to the Department. The Department may afford an opportunity for Applicants to correct errors or omissions, but the Applicant is solely responsible for any response to the Department's notice. The Applicant is also solely responsible for the content, quality, and sufficiency of any material submitted to the Department. During the correction period, the Applicant is permitted only to take action to correct completeness errors cited by the Department, and not to supplement their Application for the purpose of improving competitiveness, or to add material for any other purpose.

4.3 REVIEW CRITERIA

The second stage of review involves the evaluation of all Applications that are in compliance with the mandatory criteria in the first stage of evaluation. The second stage of the evaluation is a scoring by the Grant Review Committee using the criteria described in **Appendices J-L**.

4.4 GRANT REVIEW COMMITTEES

Grant Review Committees will be established for each of the Managing Entity service regions. Each Grant Review Committee will consist of knowledgeable individuals from each of the following agencies or organizations:

- Department of Children and Families
- Department of Juvenile Justice
- Department of Education
- Managing Entity Prevention Staff

4.5 SELECTION OF APPLICANTS FOR AWARD

The Procurement Manager will compute a final ranking of each Application by averaging scores from the Grant Review Committee. The minimum averaged score that qualifies for negotiation of a grant award is 70% of the total possible points.

The Procurement Manager will provide to the Secretary, or designee, the ranking of Applications, as scored by the Grant Review Committees. Ranking shall be in the order of highest score to the lowest score based on the allowable points set forth in the review criteria, including budget information and recommended funding.

The Department will award grants based on the final selection by the Secretary, or designee. No scoring by the Secretary, or designee, will be required to make the selection and award decision. The scoring and ranking by the

Grant Review Committees shall serve as a recommendation only.

In the event of a tie score, the Grant Review Committee will make a recommendation based on the application proposing a service area with prevalence rates higher than the State rates according to the 2016 Florida Youth Survey⁶ in the following categories: past 30 day use (alcohol, marijuana, or prescription drug); age of onset younger than state; and perceived risk.

4.6 DEPARTMENT RESERVED RIGHTS

The Department reserves the right to increase the grant award amount above \$450,000 for the three years if funding is available or if the Secretary, or designee, does not deem a minimum number of Applicants eligible for award.

The Department reserves the right to:

- 4.6.1 Reject any or all Applications received with respect to this RFA;
- 4.6.2 Withdraw the RFA;
- 4.6.3 Waive or modify minor irregularities in Applications received after prior notification and concurrence of the applicant;
- 4.6.4 Request from an applicant additional information as deemed necessary to more fully evaluate its proposal;
- 4.6.5 Make all final decisions with respect to the amount of funding awarded to an applicant;
- 4.6.6 Make all final decisions with respect to the amount of funding allotted to each Managing Entity service region; and
- 4.6.7 Make all final decisions with respect to deliverables to be included in the final MOUs with the successful grant recipients.

4.7 NOTICE OF GRANT AWARD

The Department will issue notice of the final decision of the Secretary or his designee by posting the Notice of Award on the Vendor Bid System.

The Managing Entity will negotiate the final Subcontract. Negotiations will start with the highest ranking applicant and continue through the rankings until the regional grant allocation is depleted. Negotiation agreements must be completed by the Managing Entity before a subcontract is offered to the successful applicant.

4.8 FORMAL APPEALS

The Department provides a process for appeals related to grant solicitations, as outlined below. If an Applicant believes the Department's decision is in error, the Applicant may submit a written petition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 21 calendar days shall constitute a waiver of the right to a hearing. A written petition for an administrative hearing must be received by the Department within 21 calendar days of the posting of the Notice of Award.

- 4.8.1 Written requests for an administrative hearing must be submitted to the Department at the following address:

Department of Children and Families
Attn: Agency Clerk
1317 Winewood Boulevard Building 2, Room 204-X
Tallahassee, FL 32399-0700

⁶ <http://myflfamilies.com/service-programs/substance-abuse/fysas/2016>

**Prevention Partnership Grant (PPG)
RFA# 10H17GN1**

4.8.2 A request for an administrative hearing must comply with s. 120.569(2)(c), F.S., and Rule 28-106.201(2), F.A.C. Those provisions, when read together, require a petition for administrative hearing to include:

4.8.2.1 The name and address of the agency (Department) affected, and the agency's file or identification number, if known;

4.8.2.2 Name, address and telephone number of the petitioner;

4.8.2.3 The name, address and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;

4.8.2.4 An explanation of how the petitioner's substantial interests will be affected by the agency determination;

4.8.2.5 A statement of when and how the petitioner received notice of the agency decision;

4.8.2.6 A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

4.8.2.7 A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

4.8.2.8 A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and

4.8.2.9 A statement of the relief sought by the petitioner, stating precisely the action you wish the agency to take with respect to the agency's proposed action.

Section 120.569, F.S., and Rule 28-106.201(4), F.A.C., require that a petition be dismissed if it is not in substantial compliance with the requirements above.

Appendix A - Cover Page For PPG Application

Application Information					
Project Title:					
Applicant (Organization) Name:					
ME Service Area:					
County(ies) to be Served:					
Grant Point of Contact					
Contact Name:					
Contact Title:					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Email:					
Phone:		Fax:			
Lead Agency/School/School District					
Contact Name:					
Contact Title:					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Email:					
Phone:		Fax:			
Funding Request and Matching Funds					
		Total Amount of Grant Funds Requested	Total Matching Funds		
Year 1					
Year 2					
Year 3					
Total Project Cost					

Appendix A (continued)

Grant Objectives (provide bulleted Objectives)

--

Target Population

--

Programs and Strategies of the Grant (provide a brief paragraph)

--

Applicant Signature

Title

Date

Appendix B – Statement of Mandatory Assurances

	Initial
Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	
Site Visits: The Applicant will cooperate fully with the Managing Entity in coordinating site visits, if desired by the Managing Entity.	
Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	
Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	
Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	
Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	
Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	
Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	
Submission of Data: The Applicant agrees to provide data and other information requested by the Managing Entity.	
Submission of Reports: The Applicant agrees to submit semi-annual progress reports and an annual fiscal report to the Managing Entity.	

By signing and submitting this agreement, the Applicant certifies that it will comply with all the above requirements.

Applicant Signature

Title

Date

Appendix C – Mandatory Requirements

Failure to comply with all mandatory requirements will render an application non-responsive and ineligible for further evaluation.

Mandatory Requirements																															
Print Applicant's Name (Agency):																															
Print Name of Department Reviewer (Procurement Manager):																															
Signature of Department Reviewer:	Date:																														
Print Name of Department Witness:																															
Signature of Department Witness:	Date:																														
<p>1. Was the application received by the date and time specified in the solicitation and at the specified address? <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</p> <p style="margin-left: 40px;">Comments:</p>																															
<p>2. Does the application include the following?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 2px;">a.</td> <td style="padding: 2px;">Were one original, one electronic copy of grant application provided?</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">b.</td> <td style="padding: 2px;">Does the budget include a 25% cash or in-kind match as required by s. 397.99, F.S.?</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> </table>		a.	Were one original, one electronic copy of grant application provided?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	b.	Does the budget include a 25% cash or in-kind match as required by s. 397.99, F.S.?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																								
a.	Were one original, one electronic copy of grant application provided?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
b.	Does the budget include a 25% cash or in-kind match as required by s. 397.99, F.S.?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
<p>3. Did the Applicant initial the box in the Statement of Mandatory Assurances for each of the following?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 2px;">a.</td> <td style="padding: 2px;">Infrastructure</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">b.</td> <td style="padding: 2px;">Site Visits</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">c.</td> <td style="padding: 2px;">Non-Discrimination</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">d.</td> <td style="padding: 2px;">Lobbying</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">e.</td> <td style="padding: 2px;">Drug-Free Workplace Requirements</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">f.</td> <td style="padding: 2px;">Smoke-Free Workplace Requirements</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">g.</td> <td style="padding: 2px;">Compliance and Performance</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">h.</td> <td style="padding: 2px;">Certification of Non-Supplanting</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">i.</td> <td style="padding: 2px;">Submission of Data</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> <tr> <td style="padding: 2px;">j.</td> <td style="padding: 2px;">Submission of Reports</td> <td style="padding: 2px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</td> </tr> </table> <p style="margin-left: 40px;">Comments:</p>		a.	Infrastructure	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	b.	Site Visits	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	c.	Non-Discrimination	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	d.	Lobbying	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	e.	Drug-Free Workplace Requirements	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	f.	Smoke-Free Workplace Requirements	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	g.	Compliance and Performance	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	h.	Certification of Non-Supplanting	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	i.	Submission of Data	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail	j.	Submission of Reports	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
a.	Infrastructure	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
b.	Site Visits	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
c.	Non-Discrimination	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
d.	Lobbying	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
e.	Drug-Free Workplace Requirements	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
f.	Smoke-Free Workplace Requirements	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
g.	Compliance and Performance	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
h.	Certification of Non-Supplanting	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
i.	Submission of Data	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
j.	Submission of Reports	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail																													
<p>4. Has the Department verified that the Vendor is not on the Convicted Vendor List or the Discriminatory Vendor List?</p> <p style="margin-left: 40px;"><input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail</p> <p style="margin-left: 40px;">Comments:</p>																															

Appendix D – Commitment of Match/Donation Form
(for the entire 3-year grant period)

TO: (name of organization) _____

FROM: (donor name) _____

ADDRESS: _____

The following ___ space, ___ equipment, ___ goods/supplies, and/or ___ services, is/are donated to the Provider
_____ permanently (title passes to the Provider) _____ temporarily (title is retained by the donor), for the period
_____ to _____.

Description and Basis for Valuation (See next page)

	<u>Value</u>
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____

TOTAL VALUE \$ _____

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or is it currently used as match for any state or federal contract.

(Donor Signature) _____ (Date) _____ (Organization Signature) _____ (Date)

**Appendix D (continued)
BASIS OF VALUATION**

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building/space _____ %
- Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to _____:
 - a. FMV at time of donation \$ _____
 - or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
---------------	----------------------	---	----------------	---	----------
2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
---------------	----------------------	---	----------------	---	----------

Appendix E – Match Collection Summary Report
(for the entire 3-year grant period)

DATE - _____

County - _____

Type of Grant - _____

Match Requirement Percentage - _____

Total Match Required for the Grant \$ _____

Match Reported this Period:

Cash \$ _____

In-Kind \$ _____

Total \$ _____

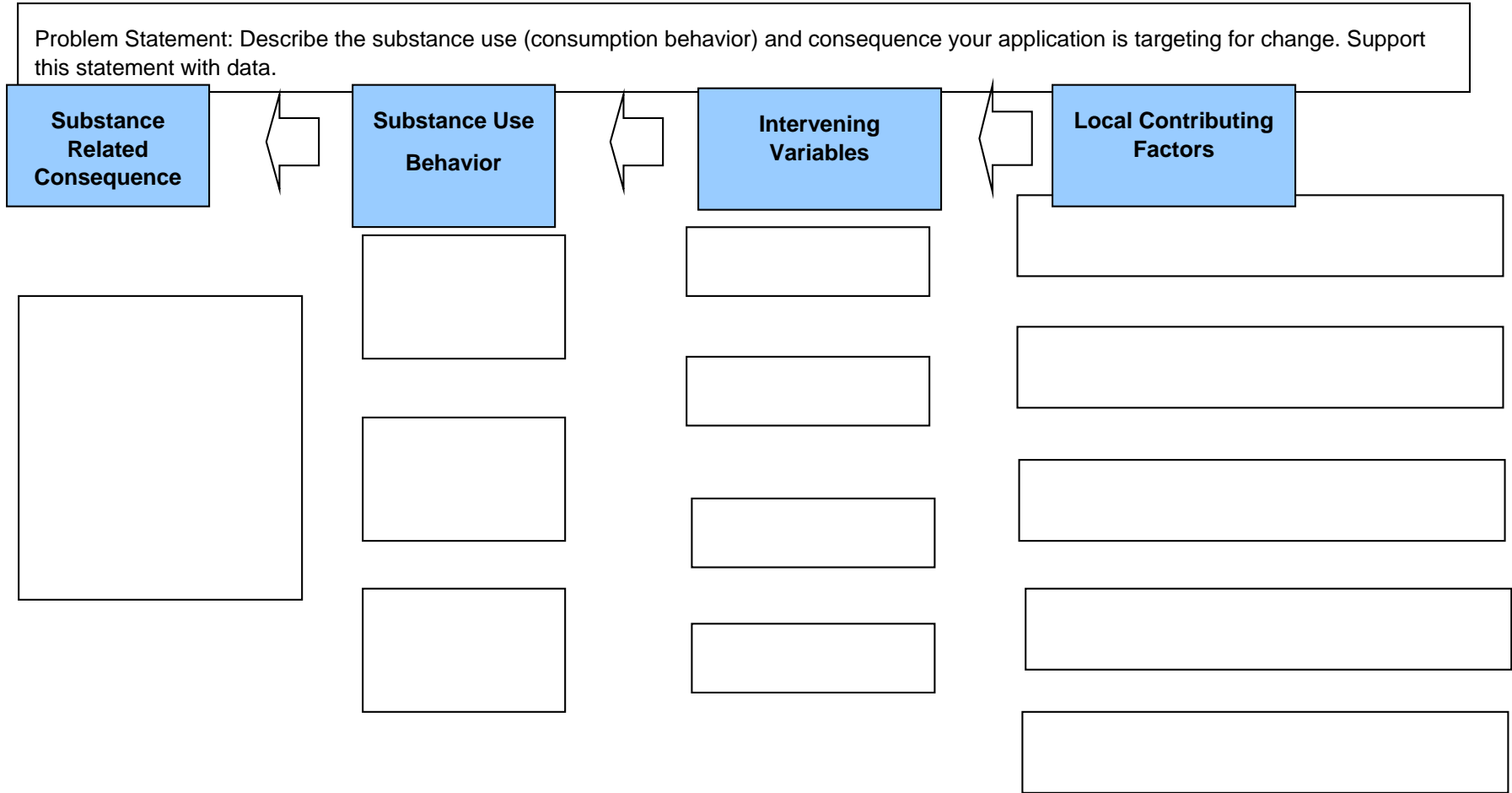
Comments: _____

Prepared By _____

Approved By _____

Appendix F – Needs Assessment Logic Model (NALM)

Complete the logic model below, indicating the substance use behavior and related consequence, the intervening variables that you have identified with data as problems in your county, and the local factors that are contributing to each intervening variable. Copy the arrows and place them between the local contributing factors and the intervening variables they influence in your county. You may also want to insert arrows between intervening variables and contributing factors if you believe they are influencing one another. Select and delete any unneeded boxes.



Appendix G - Evaluation Plan

Goal 1: <i>List Goal 1 from CCAP</i>						
Outcomes	Data collection					
	What measures instruments/ questions will be used to collect data?	Who/what is the source of the data? (e.g. police, schools, retailers, parents, Community members, etc)	How will the data be collected? (e.g. archival measures, survey, observation, etc)	If survey data is needed, from how many people will data be collected?	When will data be collected?	Who is responsible for collecting, analyzing and reporting data?
Long term Outcome:						
Objective 1 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						

Appendix G (continued)

Objective 2 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						
Objective 3 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						
Objective 4 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						

Appendix G (continued)

Goal 2: <i>List Goal2 from CCAP</i>						
Outcomes	Data collection					
	Who/what is the source of the data?	How will the data be collected?	If survey data, from how many people will data be collected?	What instruments/questions will be used to collect data?	How frequently will data be collected?	Who is responsible for collecting, analyzing and reporting data?
Long term Outcome:						
Objective 1 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						

Appendix G (continued)

Objective 2 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						
Objective 3 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						

Appendix G (continued)

Objective4 from CCAP:						
Immediate Outcome(s): <i>List outcomes from CCAP</i>						
Intermediate Outcomes(s): <i>List outcomes from CCAP</i>						

Appendix H - Project Master Schedule/Timeline

YEAR 1 Activities	Timeline		Party Responsible
	Start Date	End Date	
R 2 Activities	Timeline		Party Responsible
	Start Date	End Date	
YEAR 3 Activities	Timeline		Party Responsible
	Start Date	End Date	

Appendix I - Comprehensive Community Action Plan (CCAP)

Problem Statement:		
Goal 1:		Long Term Outcome 1:
Objectives	Short term Outcomes (change in local contributing factor) 3 to 12 months	Intermediate Outcomes (change in intervening variable/Risk Factor) 12 to 18 months
1.		
2.		
3.		
4.		

Problem Statement:	
Goal 2:	Long Term Outcome 2:
Objectives	Outcome 3 to 18 months
1.	
2.	
3.	
4.	

Appendix I (continued)

Comprehensive Community Action Plan

Strategy Action Plan

For each Objective in Goal 1, indicate the type of strategy to be implemented, the agency(ies), organizations or other entities that will be carrying out the strategy, the key action steps each implementer will carry out, the anticipated dates of implementation, and the expected cost, and the requested budget amount.

Goal 1

Objective 1 [List Objective here]

Implementing Agency/Organization	Strategy	Key Action Steps	Implementation Timeframe <i>Mm/yy to mm/yy</i>	Expected Total Cost	
				Requested amount \$	In kind amount \$
		1. 2. 3.		Requested amount \$ In kind amount \$ Amount leveraged from other sources \$	
		1. 2. 3.		Requested amount \$ In kind amount \$ Amount leveraged from other sources \$	
		1. 2. 3.		Requested amount \$ In kind amount \$ Amount leveraged from other sources \$	

Appendix I (continued)

Goal 2

Objective 1 [List Objective here]

Implementing Agency/Organization	Strategy	Key Action Steps	Implementation Timeframe <i>Mm/yy to mm/yy</i>	Expected Total Cost	
				Requested amount \$	In kind amount \$
		1. 2. 3.		Requested amount \$ In kind amount \$ Amount leveraged from other sources \$	
		1. 2. 3.		Requested amount \$ In kind amount \$ Amount leveraged from other sources \$	
		1. 2. 3.		Requested amount \$ In kind amount \$ Amount leveraged from other sources \$	

Appendix J - Staffing Chart

Position Title	# Staff	FT/PT Status	% Effort	Position Type	Key Position for Services	Qualifications	Duties