

**DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH
STATE MENTAL HEALTH PLANNING COUNCIL**

***REQUEST FOR APPLICATIONS
FY 2014 – FY 2015 COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT***

The project description should follow the format below and be **concisely written between 5-10 pages or fewer and no lengthy attachments. All documents should be in Microsoft Word, font size Times Roman 12. The tables should be centered in font size Times Roman 10.**

1. Documentation of Organization/Agency/Individual Qualifications for Application:

Projects must be from:

District-based, public or nonprofit private entities which are: a) in good standing with the District government, the Internal Revenue Service and have not been debarred from procurements by the federal government, the Government of the District of Columbia or any governmental entity; b) have not been excluded from participation in federally funded health care programs; and c) provide documentation for these requirements. This documentation may include but not be limited to registration with the District of Columbia as non-profit organization and with the Internal Revenue Service as a 501(c)(3).

- 2. Organization/Agency Background-** Provide a **brief description** of the entity submitting the proposed Project (e.g., type of organization, length of existence, purpose, types of clients, primary outcomes). Indicate the name of the Executive Director or CEO, organization address, telephone number, fax number, and email address. Also, provide the name, title and same information for a secondary point of contact.
- 3. SAMHSA Strategic Initiative-** Identify the name and definition for the specific SAMHSA initiative related to the proposed Project. When multiple initiatives are applicable, provide name and definition for each initiative.
- 4. Institute of Medicine (IOM) Prevention Category-** Identify the name and definition for the specific IOM prevention category and/or combination of categories related to the proposed Project.
- 5. Project Title-** Provide a **brief** name for the proposed Project.
- 6. Project Target Population-** **State** who will be served and the number of persons who will participate in the proposed Project. Examples of participant characteristics include: gender, child/youth, transition age youth, adults, older adults, parents, family members, mental health issues with co-occurring substance use disorder, homeless, trauma issues, specific health issues, criminal justice involvement, etc.

7. **Project Background and Purpose-** Provide a **brief description** of the background information related to the proposed Project including: the problem/issue being addressed and why it is important; how the proposed Project will benefit its participants; and how the proposed Project will help to improve the delivery of behavioral health (mental health and substance use disorder) and/or primary health services in the District of Columbia. ***If the request for funding is for an existing project, clearly indicate how these funds will be used to implement a new initiative.***
8. **Project Goals-** Indicate what the proposed Project will accomplish both short-term and long-term goals.
Create goals that are specific, measurable, attainable, realistic, and time-sensitive (S.M.A.R.T. goals). Example: The Older Adult Committee will develop a plan for serving 30 older adults with mental illness and chronic health issues by June 30, 2014.
9. **Project Measurable Outcomes-** Identify the tool/method that will be used to measure the success of the proposed Project. Example: Youth with high scores on the Anger Management Scale will participate in a 6-week Anger Management Course and be re-tested to see if their scores are significantly lower.
10. **Project Timeline-** Identify a work plan for the proposed Project for each year of the project identifying the activities/schedule of events, components, staffing and durations; milestones and their completion dates. The status will be reported in the Quarterly Report.
11. **Project Team-** Identify the Project manager, staff and the credentials, responsibilities and roles of persons who will work on the proposed Project with the applicant. Include resumes for these identified individuals. If staffing is not yet established, make this clear.
12. **Project Evaluation Plan-** Identify **key performance indicators** that demonstrate Project outcomes (e.g., results from people participating in a program, group, activity/event, or receiving an intervention), include the **method of data tracking** that will be used and reported in the Quarterly Report. The minimum quantitative data reporting should include but not be limited to the information in the tables below:

August 2014 – July 2015 Quarters	(8/1/14- 10/31/14)	(11/1/14- 1/31/15)	2/1/15- 4/30/15	5/1/15- 7/31/15
Number of Persons Referred				
Number of Persons Served				
Number of Unduplicated Persons Served				
Type of Services Provided				

Minimum Hours of Services Provided to Each Participant				
Outcomes Achieved				

August 2015 – July 2016 Quarters	(8/1/15-10/31/15)	(11/1/15-1/31/16)	2/1/16-4/30/16	5/1/16-7/31/16
Number of Persons Referred				
Number of Persons Served				
Number of Unduplicated Persons Served				
Type of Services Provided				
Minimum Hours of Services Provided to Each Participant				
Outcomes Achieved				

Qualitative data may also be reported. For example, brief descriptions of overall progress and/or participant observations.

- 13. Project Budget-** If the proposed Project has other funding sources, identify the other funding sources and the amount of funds. Clearly indicate how the proposed Project funds will be tracked and how the program will ensure that they are directed to specific activities identified for the proposed Project.

Indicate the anticipated cost of the proposed Project by associating costs with activities and services. **Develop a separate budget each year of the 2-year funded project. (If your project is only for 1-year, the budget will only be for that year).**

List Year 1 Project Budget Categories	Indicate Year 1 Project Budget Categories Funded Amount	Indicate Year 1 Project Activities/Services Related to Project Budget Categories Funded Amount
List Year 2 Project Budget Categories	Indicate Year 2 Project Budget Categories Funded Amount	Indicate Year 2 Project Activities/Services Related to Project Budget Categories Funded Amount

14. Quarterly Reporting Format- All grantees must submit quarterly reports to the Department. The Quarterly Report should include the following information:

- Organization name
- Project title
- Type of setting and project site location(s)
- Number of project staff and roles
- Community or other partners that help operate project and their role
- Project scheduled activities, duration and frequency
- Primary project accomplishments including status of milestones targeted for completion during the Quarter
- Quarterly reporting data tables under 12. Project Evaluation Plan and Status of project evaluation outcomes
- Barriers/challenges to project progress and resolution strategies
- Lessons learned about improving the project

Report project expenditures in the Quarterly Report as follows:

List Year 1 -Project Budget Categories	Indicate Year 1 Project Budget Categories Funded Amount	Indicate Year 1 Project Budget Category Quarter Expenditure Amount	Indicate Year 1 Project Budget Category Remaining Amount

15. Project Sustainability- Indicate how the proposed Project will continue after the requested funding period ends and how it will be funded.

16. Previous Block Grant Funding- Indicate the Project name, date and funding amount for all Projects that received Department of Mental Health Block Grant funds from FY 2006 - FY 2013. For all Projects similar to proposed Project, indicate how the Projects are different.

17. Dissemination of Project Results- In addition to the requested Project Quarterly Status Reporting, Project Measurable Outcomes Tracking, and Project Evaluation, indicate how the Project Final Report will be communicated.

All funded Projects are required to: 1) agree to all conditions of the sub-grant rules and sub-grant agreement; 2) submit all required reports including expenditures to the D.C. State Mental Health Planning Council (SMHPC) and 3) submit a request to the SMHPC to make any substantial change in Project implementation and/or budget prior to making any changes.

Any questions regarding the Request for Applications must be submitted in writing to Suzanne Fenzel (Suzanne.fenzel@dc.gov), and/or Dr. Juanita Reaves (juanita.reaves@dc.gov).

All project proposals must be submitted by March 28, 2014 via email to: Lynne Smith at lynne.smith@dc.gov ; and Dr. Juanita Reaves at juanita.reaves@dc.gov .

All approved projects are contingent upon receipt and availability of funding.