

**RFF-2018-01**

**REQUEST FOR FUNDING ANNOUNCEMENT  
FOR**

***Innovative Practices for Substance Use Prevention***

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration ***Division of Mental Health and Addiction, Bureau of Mental Health Promotion and Addiction Prevention.***

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response ("proposal") submitted hereto are to be construed as a legal offer.

**CONFIDENTIAL INFORMATION**

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked "Confidential" and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

**COMPENSATION**

FSSA/***Division of Mental Health and Addiction*** encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a grant(s) will be awarded based on responses to the RFF.

**TERMS**

This agreement shall be for a period of two (2) years with anticipated start date of ***July 1, 2018*** (or from date of final State approval of grant), and terminating on ***June 30, 2020***, and may be renewed through reapplication and new proposal, based upon available funding.

**PROPOSALS**

Respondents interested in providing these services to FSSA/*Division of Mental Health and Addiction* should submit an **electronic** proposal to:

***Geena Lawrence, Prevention Bureau Chief***  
**FSSA Prevention ([Prevention@fssa.IN.gov](mailto:Prevention@fssa.IN.gov))**  
**Family and Social Services Administration**  
***Substance Use Prevention***  
***Division of Mental Health and Addiction***  
***402 West Washington Street, Room W353***  
**Indianapolis, Indiana 46204**

The submission must include:

1. A letter of application signed by the Director or agency board president identifying the amount of funds requested
2. Proposal
3. Budget
4. Budget narrative
5. Job description for each grant position funded
6. Organizational chart for overall agency with grant funded positions shown with dotted lines (Please indicate percentage of position to be funded by grant.)
7. Most recent audit report made in accordance with OMB circular A-133 if applicable.

Proposals must be received no later than **3:00 p.m. Eastern Time on February 8, 2018.** **Proposals received after 3:00 p.m. will not be considered.** Proposals must be delivered in electronic format with all appropriate forms and in the subject heading of the electronic mail should state:

#### **RESPONSE TO REQUEST FOR FUNDING**

##### ***RFF-2017-14/Innovative Substance Use Prevention Program***

No more than one proposal per respondent should be submitted. In the cover letter, please indicate the principal contact for the proposal along with a telephone and fax number. **All proposals must have an electronic mailing address included.**

Any questions regarding this RFF must be submitted in electronic format to Geena Lawrence no later than **3:00 p.m. Eastern Standard Time on January 16, 2018. Questions received after 3:00 p.m. may not be considered.** Please keep questions brief and of high priority. **Utilize** the following subject heading for emails regarding questions:

##### ***QUESTIONS: RFF-2017-14/ Innovative Substance Use Prevention Program***

Responses to all questions will be sent to applicants via email and other grant notification channels.

**All inquiries are to be directed to Geena Lawrence ([Geena.Lawrence@fssa.IN.gov](mailto:Geena.Lawrence@fssa.IN.gov)) and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF.**

## SCOPE OF WORK

The Division of Mental Health and Addiction is seeking agencies to implement innovative prevention practices to grow Indiana's knowledge of prevention science and practice. These programs may address an emerging substance use/abuse issue or may provide a new model of program delivery. This will be a two year grant with up to three programs awarded for a total state wide sum of \$575,000 per year.

DMHA intends to fund up to three proposals that either establish or expand innovative substance use prevention services to support the Division's efforts to reach Substance Abuse prevention targets set by the SEOW throughout the state of Indiana. (Provide links.) Proposals must identify:

1. The Innovative/Promising Practice Program model(s) that will be implemented
2. Existing research that supports the implementation of this type of program, policy or practice.
3. Logic model showing linkages to proposed SEOW targets
4. Discussion of the unmet need that this program addresses
5. Substance abuse prevention and education services to be delivered
6. Proposed population and numbers served
7. Application of current prevention science and adaptation of current evidence informed practice. DMHA will not accept program models which have previously been shown to be ineffective.
8. Plan to scale the program for greater implementation in the future.

The prevention services that will be delivered can include, but are not limited to the six CSAP (Center for Substance Abuse Prevention) strategies: information dissemination, education, alternatives, environmental, community-based practices, and problem identification and referral.

The respondents must use data to support the selection of the target population, identified risk or protective factors, and proposed strategies.

Eligible applicants include non-profit organizations and/or agencies, educational institutions, local government agencies, community centers, and faith-based organizations experienced in providing substance use prevention programming.

Respondents should refer to multiple sources to identify standards for evidence based prevention including but not limited to *Focus on Prevention* found at <https://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>; *Lessons from Prevention Research* found at <https://www.drugabuse.gov/publications/drugfacts/lessons-prevention-research>; and *Prevention Drug Abuse among Children and Adolescents* found at <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/acknowledgments>.

Respondents should develop innovative strategies which can be submitted to Indiana's Evidence Based Prevention Workgroup for inclusion on Indiana's evidence based list. Criteria for inclusion is this guide can be found at [https://secure.in.gov/fssa/dmha/files/Indianas\\_Evidence\\_Based\\_Practice\\_Guide\\_Feb\\_16.pdf](https://secure.in.gov/fssa/dmha/files/Indianas_Evidence_Based_Practice_Guide_Feb_16.pdf) in Appendix A.

Respondents must identify ways in which this program is innovative and serves an unserved or underserved population or addresses an emerging substance abuse issue.

The proposal must include a clear description of how the applicant will provide services for eligible project participants who are members of groups that have been traditionally under-represented in prevention efforts including, but not limited, members of racial or ethnic minority groups.

The proposal must identify the social consequences and impact that health disparities (including but not limited to race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status) have on the target community. Proposals must explain why it is essential that these health disparities be addressed (e.g. why do we need specific programs/services to address these issues?). Consider the ways in which these disparities are affecting the quality of life for populations at risk, and also how these disparities are affecting the community at large.

Proposed programming and strategies must be based in research and utilize SAMHSA's (Substance Use and Mental Health Services Administration's) Strategic Prevention Framework (SPF). The SPF is a five-step process used to help states and communities reduce risk-taking behaviors, promote resilience, and prevent problem behaviors in individuals and families across the life span. The SPF framework applies to any prevention planning process that addresses substance misuse and mental health issues. Programs and strategies that utilize the SPF should have the components that are needed for effective substance use prevention; assessment, capacity, planning, implementation, and evaluation, with a foundation of sustainability and cultural competence.

Proposals must include a detailed plan including but not limited to the following:

1. Evidence of unmet need and application of prevention science
2. Logic model which links this strategy to meeting Indiana's SEOW priorities
3. Potential impact of the program (e.g. number of youth, family, teachers, etc. to be effected from implementation; addressing an unmet need)
4. Strategy for implementation of Evidence-based and/or research-based substance use prevention programming
5. Workplan, including:
  - a. Activities, goals, and outcomes
  - b. Entities responsible for completing activities, meeting goals, and achieving outcomes
  - c. Method of evaluating program success
  - d. Plan for quality assurance (QA) and continuous quality improvement (CQI)

- e. Plan for reporting data and program outcomes
  - f. Potential for future scalability and sustainability.
  - g. Plan to submit the innovative practice to Indiana's Evidence Based Program (EBP) workgroup should the strategy show positive outcomes.
6. Plan for leveraging existing resources to increase program efficiency '

An independent entity must be utilized to evaluate the program's effectiveness and implementation strategies. The response must include the following:

1. Name of independent entity conducting the evaluation
2. Description of evaluation
3. Identification of tools that will be used
4. Timeline for conducting evaluation

The time frame is as follows:

January 8, 2018	RFF sent to potential applicants
January 12, 2018	Bidder's meeting
January 18, 2018	RFF questions due
January 25, 2018	Responses to questions posted
February 8, 2018	RFF proposals due back
March 1, 2018	Awardees notified
March 23, 2018	Contract negotiations complete
July 1, 2017	Grant effective date

Selected applicants will receive a two (2) year Grant (**July 1, 2018 to June 30, 2020**) with a renewal option through reapplication and new proposal.

#### **Funding:**

The maximum award for this funding opportunity is up to **Two Hundred Thousand (\$200,000) annually for SFY2019 and SFY2020, per funded proposal.**

Potential respondents shall develop a budget appropriate to their organization's capabilities to deliver quality services. Submitted budget amount is subject to review by **Division of Mental Health and Addiction** and can be modified for those respondents selected to receive an award, based on available funding and resources necessary for the successful implementation of proposed programming and strategies.

**Division of Mental Health and Addiction will withhold ten percent (10%) of the total amount of the grant award until receipt of a final report documenting the enumerated performance objectives has been obtained. Payment for other deliverables is based on satisfactory completion as deemed by DMHA or DMHA designee.**

#### **Target Population:**

Respondents must identify intended target populations as supported by data. The State desires to provide a variety of promising practice and research-based universal, selective, and indicated

substance use prevention services. Proposed target populations and substance(s) of focus must be indicated with supporting data of reliable and trustworthy sources.

Respondents must identify ways in which this program is innovative and serves an unserved or underserved population or addresses an emerging substance abuse issue.

The proposal must include a clear description of how the applicant will provide services for eligible project participants who are members of groups that have been traditionally under-represented in prevention efforts including, but not limited to, members of racial or ethnic minority groups.

The proposal must identify the social consequences and impact that health disparities (including but not limited to race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status) have on the target community. The purpose of this section is to explain why it is essential that these health disparities be addressed (e.g. why do we need specific programs/services to address these issues?). Consider the ways in which these disparities are affecting the quality of life for populations at risk, and also how these disparities are affecting the community at large.

**Eligible Applicants:**

1. Any non-profit organizations/agencies, educational institutions, local government agencies, community centers, and faith-based organizations experienced in providing substance use prevention programming
2. Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code

Applicants must:

3. Be incorporated or registered in Indiana
4. Employ individuals, who will be working directly with this project, who have earned a graduate degree in social work, public health, education, or other related discipline and are certified to provide the programs chosen by the applicant
5. Partner with schools, churches, community-based organizations, and other entities to provide services to youth and young adults
6. Contract with an independent evaluator to provide:
  - a. Independent evaluations that measure the provider's success in reducing risk factors, improving protective factors, increasing resiliency, and decreasing the individual concerns of students
  - b. An annual report of the program outcomes to DMHA

**Allowable Costs:**

1. Staff costs: If existing staff is hired for a grant position, their previous position must be filled unless you were a new program funded last year.
2. Contractual costs: Contractual costs which are to sources other than the contract holder should be reported on a separate form and be comprehensive. For contracted staff

expenses, give the total number of contracted staff that will work on the project and their costs (salary, per diem, and travel). Provide the basis for the determination of the rate identified for contracted staff costs for which Federal funds are requested. The justification should demonstrate how the contracted staff costs are reasonable, customary and consistent with the established institutional/organizational/agency policy governing contracted staff costs. Other fees, supplies and expenses which will be contracted to sources other than the contract holder should be identified and justified.

3. Consultant Costs: For consultant expenses, give the total number of consultants that will work on the project and their costs (fees, per diem, and travel). Provide the basis for the determination of the rate identified for consultant costs for which Federal funds are requested. The justification should demonstrate how the consultant costs are reasonable, customary and consistent with the established institutional/organizational/agency policy governing consultant costs.
4. Staff training costs include cost associated with training activities to prepare staff to deliver program services. Travel costs related to training cannot exceed the allowable state rates. Food and drink expenses are not allowable costs unless they can be covered under per diem.
5. Staff travel costs include board/staff/consumer travel, per diem, and overnight accommodations. Travel for training must be included under Training. Travel costs cannot exceed the allowable state rates. Expenditures made by the Participant for travel will be reimbursed at the current rate paid by the State and in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular. Out-of-state requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines. In-state lodging is not allowable within 50 miles from home or station of the employee. Exceptions may be made if it is determined that it may be dangerous or undesirable for a person to travel because of any one of a number of conditions, e.g. unsafe highway/weather conditions, or the person's physical conditions. Prior written approval by the state is required for exceptions. Out of state travel must be approved by the State prior to scheduling conferences, trainings, or other events. To access current state information regarding travel costs, fees, and per diem proceed to the following State government website: [www.in.gov.idoa/2549.htm](http://www.in.gov.idoa/2549.htm).
6. Equipment for Program (Non expendable personal property that has an acquisition cost of \$50.00 or more)
7. Costs of services provided directly to participants.
8. Participant Travel Costs
9. Indirect costs should not exceed 5% of the total cost of the allotted grant amount. Indirect costs are those which are necessary for the operation of the organization, but are not incurred specifically for any one project or program. Familiarity with the types of costs included in the indirect cost pool provides a basis for assuring that these costs are not being charged as direct costs.

Projects that target substance use/addiction prevention are allowable. Mental health promotion, violence prevention, and family management activities will be allowed if they address risk factors related to substance use in the community.

**Treatment, therapy, and recovery support activities cannot be funded under this RFF.**

#### **SUPPLANTING:**

Funds under this grant announcement must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Funds cannot be used to supplant state, federal, or local funds. Each applicant must attest that the proposed activities are not supplanting current funding. The review committee may disqualify applicants who cannot adequately distinguish that they are not supplanting or blending funding streams.

#### **SELECTION PROCESS AND CRITERIA:**

To be eligible to apply for this grant award, organizations must possess the following characteristics:

1. Be constituted as a private, nonprofit and community based organization, agency or individual possessing specialized knowledge and expertise in the field of ***prevention and promotion of mental health and substance abuse***.
2. Have a demonstrated plan targeting the unserved and underserved i.e. ethnically diverse and rural populations.
3. Have demonstrated fiscal and programmatic capacity to carry out supervision.
4. Have demonstrated capacity to maintain competent and well trained staff to carry out program tasks. Have ability to assure program implementation with fidelity. Have ability to oversee program implementation staff.
5. Have demonstrated capacity for collecting program data and submitting it in a monthly format.
6. Have sufficient organizational capacity to organize and fund sub recipient agencies and support high quality, high fidelity implementation.

Proposals will be reviewed and scored by a committee selected by the ***Division of Mental Health and Addiction*** or designee. The scores of each grant applicant will be averaged into a final score. Final selection of the grant awards, however, will be made by the Division Director or designee. The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated on the basis of the categories listed below. A point score will be established for each response in each category.
2. Based on the results of the evaluation, the proposal determined to be most advantageous to the Target Population, taking into account all of the evaluation factors, may be selected by the State for further action.



Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the program in a cost-effective manner. Specific criteria for evaluation of proposals are as follows:

1. **Eligibility (2 points)**

All eligibility criteria as outline above must be met. Applicants not meeting all criteria will not be considered for award. Applicant should prove eligibility by completing Attachment A and including most recent audit report made in accordance with OMB circular A-133, if applicable, with submission.

2. **Extent of the need for the project and Plan of Operation (45 points)**

The following standards will be considered when evaluating this criterion:

- a. The needs addressed by the project
- b. How the applicant identified those needs
- c. How those needs will be met by the project
- d. The benefits to be gained by meeting those needs
- e. Serving previously unserved or marginally served counties in the state or unserved or marginally served populations in Indiana
- f. The degree that the proposal provides an innovative solution to an unmet prevention need in Indiana and develops
- g. The quality of the design of the project, including the strength of the logic model to address and unmet prevention programming need and support one or more of the state's strategic targets
- h. The extent to which the plan of management ensures proper and efficient administration of the project
- i. How well the objectives of the project relate to the purpose of the program, as explained by Respondent (including information provided in logic model(s))
- j. The quality and adequacy of the applicant's plan to use its resources and personnel to achieve each objective.
- k. How the project will ensure participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disability
- l. A clear description of how the applicant will provide services for eligible project participants who are members of groups that have been traditionally under-represented, including members of racial or ethnic minority groups, in an inclusive and culturally competent manner

3. **Applicant Experience and Quality of Key Personnel (10 points)**

- a. Experience in providing ***prevention services for targeted populations***
- b. Qualifications of the project director
- c. Qualifications of each of the management and decision-making personnel to be used on the project.
- d. The amount of or percentage of time key personnel will commit to the project

- e. Experience and training in fields related to the scope of the project
- 4. **Budget and Cost Effectiveness** (10 points)
  - a. The budget is adequate to support the project
  - b. Costs are reasonable in relation to the objectives of the project
- 5. **Evaluation Plan** (15 points)
  - a. Includes a plan to review and analyze data related to goals/outcomes
  - b. Identifies independent entity to complete the evaluation
  - c. Includes plan for submitting evaluation to the Indiana EBP Workgroup
- 6. **Service Comprehensiveness** (5 points)
  - a. The proposal serves unserved or marginally served counties and/or unserved, underserved populations targeted by the program.
  - b. The proposal adequately addresses an unmet prevention need in Indiana.
  - c. The proposal will support Indiana's Strategic Behavioral Health Priorities.
- 7. **Likelihood of sustaining the program** (10 points)
  - a. Likelihood that the service program will be sustained after the completion of the grant assistance
  - b. Extent to which the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.
  - c. Extent to which the applicant will identify and to the extent possible use comparable services and benefits that are under other programs for which project participants may be eligible.
- 8. **Letters of support** (3 points)
  - a. Letter of support from the Local Coordinating Council in the agency's county of origin
  - b. Letter of support from the System of Care for the agency's county of origin
  - c. Letter of support for any DMHA funded initiative in the agency's county of origin

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the proposal in a cost-effective manner.

**Attachment A**  
**Form of Proposal**

1. Proof of Eligibility
2. Extent of need for the project
3. Plan of Operation
4. Applicant Experience and Quality of Key Personnel
5. Budget and cost effectiveness
6. Evaluation plan
7. Service Comprehensiveness
8. Likelihood of sustaining the program
9. Letters of Support

**ATTACHMENT B  
RESPONDENT INFORMATION**

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) COUNTIES TO SERVED:
9) TAXPAYER IDENTIFICATION NUMBER <sup>1</sup> :
10) DUNS Number:
11) Congressional District:

**RESPONDENT FACILITY INFORMATION**

1) Type of Facility:

Private     ( )  
Non-Profit ( )  
Other        ( )

2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:**

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

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**ATTACHMENT C**  
**Budget Summary**

Respondent Name: \_\_\_\_\_

	<b>Twelve Month Figures (100%)</b>
	<b>AMOUNT REQUESTED</b>
<b>Personnel</b>	
1) Staff Salaries	
2) Staff Fringes	
3) Contractual Costs	
4) Consultant Costs	
<b>Non-Personnel</b>	
3) Staff Travel	
4) Staff Training	
5) Equipment	
6) Participant Travel	
7) Other	
*****	*****
Total Project Costs (100%) (1+2+3+4+5+6+7)	

State will provide reimbursement for 100% of cost.

**Personnel Budget  
Staffing Detail Sheet**

Respondent Name: \_\_\_\_\_

Staff Position *	(100%) Salary (a)	(100%) Fringe Benefits (b)**	% of Time on Project (c)	Total Amount of Salary Requested (a x c)	Total Amount of Benefits Requested (b x c)
TOTAL					

**Salary and fringes are to be shown as 12 month figures**

\* Include Job Description for each staff position

SALARIES: Show title, salary, and time commitment for all staff positions under this project. Staff positions must be new positions. If existing staff are hired for these positions, their previous positions must be filled by a new staff position.

\*\* Include detail of Fringe Benefit amounts

FRINGE BENEFITS: Include contributions for Social Security, employee insurance, pension plans, etc.

## Personnel Budget Contractual Detail Sheet

Respondent Name: \_\_\_\_\_

Cost Description *	(100%) Salary (a)	% of Time on Project (c)	Other**	Total Amount of Contracted Cost Requested (a x c)
TOTAL				

**Salary and fringes are to be shown as 12 month figures**

- \* Include Job Description for each CONTRACTED staff position  
COST DESCRIPTION (If staff position): Show title, salary, and time commitment for all  
CONTRACTED staff positions under this project
- \*\*Specify any additional costs associated with CONTRACTED staff costs description

**Personnel Budget  
Consultant Detail Sheet**

Respondent Name: \_\_\_\_\_

Cost Description *	(100%) Salary (a)	% of Time on Project (c)	Other**	Total Amount of Contracted Cost Requested (a x c)
TOTAL				

**Salary and fringes are to be shown as 12 month figures**

- \* Include Job Description for each CONSULTANT position  
COST DESCRIPTION (If CONSULTANT staff position): Show title, salary, and time commitment for all CONSULTANT staff positions under this project
- \*\*Specify any additional costs associated with CONSULTANT staff costs description



Respondent Name: \_\_\_\_\_

\* TRAVEL includes travel related to grant staff travel for client services and can include travel, per diem, and overnight accommodations. Reimbursement for travel cannot exceed the allowable state reimbursement rates for travel, per diem and overnight accommodations. Travel related to staff training must be included under Training.

NOTE: Use additional sheets as needed. (Number each additional page.)

## Non-Personnel Budget Training Detail Sheet

Respondent name: \_\_\_\_\_

[illegible]

NOTE: Use additional sheets as needed. (Number each additional page.)

Identify each training activity and persons involved. Reimbursement for travel, per diem and overnight accommodations cannot exceed the allowable state reimbursement rate (see enclosed). Food and drink expenses are not an allowable cost unless they can be covered under per diem. For consultant expenses, give the total number of consultants that will work on the project and their costs (fees, per diem, and travel). Provide the basis for the determination of the rate identified for consultant costs for which Federal funds are requested. The justification should demonstrate how the consultant costs are reasonable, customary, and consistent with the established institutional/organizational/agency policy governing consultant costs.

**Non-Personnel Budget  
Equipment Detail Sheet**

Respondent name: \_\_\_\_\_

Item Description	Quantity (a)	Estimate (100%) Cost Per Item (b)	Total (100%) Cost (a x b)	% Assigned to Project	Total Funds Requested
TOTAL					

\*List non-expendable personal property that has an acquisition of \$50.00 or more.

NOTE: Use additional sheets as needed. (Number each additional page.)

NARRATIVE JUSTIFICATION FOR EQUIPMENT: Submit detailed justification for each equipment item and how it will be used to achieve objectives of the project.

### Non-Personnel Budget Participant Travel

Respondent Name: \_\_\_\_\_

[illegible]

**Non-Personnel Budget**  
**Other**

Respondent name: \_\_\_\_\_

[illegible]