

Division of Mental Health and Addiction

402 W. WASHINGTON STREET, ROOM W353 INDIANAPOLIS, IN 46204-2739

REQUEST FOR FUNDING ANNOUNCEMENT FOR Recovery Works Training opportunities

Introduction:

This is a Request for Funding announcement issued by the Family and Social Services Administration, Division of Mental Health & Addiction. The date for this project is 9/1/2024 through 6/30/2025

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.

Submission Requirements:

Written Proposals- should be submitted through ecivis no later than 4:30pm EST on 7/8/2024.

- Proposals received after 4:30pm EST will not be considered.
- The email subject line must be: Candidate 1 Training RFF Agency Name OR
 Candidate 2 Training RFF Agency Name
- Email must include the following:
 - A cover letter indicating the principle contact name and telephone number and email are required for each proposal. This must be the first page of the proposal.
 - Must use Times New Roman 12-point font for all pages of the proposal
 All supporting documents for the proposal must be attached to the email as one PDF file.
 Submit one proposal per applicant.

Failure to submit an email that includes all the above documents will result in no presentation being scheduled.



Questions Regarding this RFF:

Questions regarding this RFF must be submitted via e-mail to Catrinka Prestly Recovery. Works@fssa.in.gov.no later than 4:30 p.m. EST on 7/1/2024 Date.

- Questions received after 4:30p.m. EST will not be included in the Q&A session, on the Q&A form posted on the website and may not be answered timely if at all.
- Email subject line for questions must be: Questions for RFF Training RFF Candidate <insert 1 or 2>.

Questions received by the due date will be answered by <u>7/5/2024</u> and posted to the DMHA funding webpage (https://www.in.gov/fssa/dmha/funding-information/)

All questions and inquires must be directed to <u>ONLY Catrinka Prestly</u> <u>Recovery.Works@fssa.in.gov</u>. Failure to follow this expectation disqualifies the application from this RFF.

RFF Timeline:

Subject to change

06/24/2024 RFF Released RFF Questions Due

7/5/2024 RFF Answers Posted to DMHA Funding Website

7/8/2024 RFF Proposal Submissions Due

7/16/2024 Notify Applicants of Award Determination

Project Timeline

9/1/24 Project starts 6/30/25 Project ends

Funding

The total funding amount available:

Candidate 1: Can receive a maximum award of 100,000.

Candidate 2: Can receive a maximum award of 100,000.

FSSA/Division of Mental Health and Addiction encourages applicants to be as creative as possible in their proposals regarding costs. Cost efficiency will be considered when determining grant(s) awards.

Non-Authorized Activities: Such items may include, but not be limited to the following:

- Food
- Pay for promotional items
- Capital purchases such as buildings

Evaluation - Total Points Available: 100 (Candidate 1)

Evaluation - Total Points Available: 100 (Candidate 2)

Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction. Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner.

The following checklist is for your reference as it indicates the maximum points available for each item required in your proposal. Each proposal should be broken down by each of the sections below. Any extra information provided outside of these sections will result in points being deducted from overall score.

Organize Proposal Pages as Follows:

Proposal Content/Scoring Criteria Candidate 1	Maximum Points Available	Applicant Checklist
1.) Cover Letter/Introduction: One (1) page maximum: Including items below:	5	
a.) Primary program contact information, (name, email, and phone number):		
b.) Signature of Director/Authorized individual:		
c.) Total Amount of funds requested:		
2.) Organization/Agency Information: Two (2) page maximum:	30	
 a.) Please provide a detailed overview of your organization. This information should detail your organization's mission, vision, and values, as well as the services it offers. 		
b.) Please provide a biography of your internal clinical staff, including their professional licensing credential and relevant experience.		

3.) Current/Past Program Experiences: Three (3) page	15	
maximum		

a.) Describe a training course or program that your organization has implemented. Please include the size of the training, the number of completed sessions, and the outcomes achieved. In addition, please provide information about the areas of focus, the target audience, and the methods used to deliver the training.		
b.) Please provide details of your agency's experience working with Justice involved individuals who have mental health and substance use disorders. Please list the types of support you have provided to these individuals and the strategies you have used to help them manage their conditions. Additionally, please add any success stories you may have had working with this population.		
c.) What is your agency's Philosophy on substance use and mental health disorders in Indiana? Additionally, what specific needs or areas do you consider to be important in addressing these issues?		
4.) Program Narrative/Plan for Operation/ Program Implementation: three (3) page maximum	40	
a.) Please prepare a realistic timeline for implementation.		
b.) Indicate goals/outcomes you plan to achieve. How will you measure these?		
c.) Describe your contingency plan. This plan should outline specific steps, flexibility and procedures in case of an emergency.		
 d.) Please explain how your organization plans to implement CEU credits and ensure each training is CEU eligible. 		
5.) Budget Template with Budget Justification: Two (2) page maximum	10	
e.) Develop a budget for the selected project. Include the associated justification for the total amount requested.		

Proposal Content/Scoring Criteria Candidate 2		Applicant Checklist
1.) Cover Letter/Introduction: One (1) page maximum: Including items below:	5	

a. Primary program contact information, (name, email, and phone number):		
b. Signature of Director/Authorized individual:		
c. Total Amount of funds requested:		
2.) Organization/Agency Information: Two (2) page maximum:	20	
 a) Please provide an overview of your organization, including details about the agency and the range of services offered. 		
b) Please provide a summary of your internal staff, including their professional licenses, educational qualifications, work experience, and any other pertinent details.		
3.) Current/Past Program Experiences: Three (3) page maximum	50	
a) What programs will you use to train Recovery Works Providers on low-level offenses(Substance Use and Prevention, DUI classes, etc.)? Did your agency develop this program?		
 b) Describe your organization's history with training diverse populations and producing outcomes. 		
c) Provide an example of your experience working with individuals charged with misdemeanors? What support have you provided and what strategies have you used to help them manage their conditions?		
d) Please provide details on how your agency would outline strategies for providers to engage participants and ensure that they acquire the necessary knowledge and skills to address low-level offenses effectively during a training session.		
4.) Program Narrative/Plan for Operation/ Program Implementation: three (3) page maximum	15	
a) Please outline the specific steps and procedures of your contingency plan in the event of an emergency? For example, if your agency is unable to complete scheduled training, what would be the next step?		
Additionally, is your agency flexible with rescheduling dates?		

5.) Budget Template with Budget Justification: Two (2) page maximum	10	
 a) Develop a budget for the selected project. Include the associated justification for the total amount requested. 		

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.