



**Kitsap County Mental Health, Chemical
Dependency & Therapeutic Court Program
2020 New Grant Request for Proposal (RFP)
Mandatory Proposer Conference**

May 15, 2019

1:00 p.m. – 2:30 p.m.



Agenda for Proposer Conference



KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES
Hansah Shockey,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Levits, Administrator
Phone: 360.337.4886

Mental Health/Chemical
Dependency/Therapeutic Court
Gay Neal, Coordinator
Phone: 360.337.4827

Substance Abuse Prevention/
Treatment and Youth Services
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

Aging & Long-Term
Care/Senior Information &
Assistance
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068 (LTC)
Phone: 360.337.5700 (Sr. ISA)
1.800.562.6419 (Sr. ISA)
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.6624

Community Development
Block Grant
Norm Dicks Government Center
345 9th Street, Suite 400
Bremerton, WA 98317
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kristen Jewell, Coordinator
Phone: 360.337.7286

Kitsap Recovery Center
Outpatient Services
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services
651 Taylor Street
Port Orchard, WA 98366
Fax: 360.377.7027
Bergen Shanks, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
Elizabeth Court, Director, OIWD
Phone: 360.337.4767

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

Department of Human Services

Doug Washburn
Director

**Mental Health, Chemical Dependency and Therapeutic Court
2020 Mandatory New Grant Proposers Conference**
Wednesday, May 15, 2019
1:00 p.m. – 2:30 p.m.

**Givens Community Center Olympic Room
1026 Sidney Avenue, Port Orchard, WA 98366**

AGENDA

New Grant RFP Summary and RFP Planning Timeline

Mandatory New Grant Proposers Conference

Mandatory New Grant Proposal Letter of Intent

Applicant Eligibility

Strategic Policy Goals

Strategic Plan Review Recommendations

Kitsap County Continuum of Care

Minimum Technical Requirements

New Grant Proposal

New Grant Proposal Checklist

Review and Selection Criteria

Attachments A - J





Proposal Summary

KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT PROGRAMS 2020 NEW GRANT REQUEST FOR PROPOSALS (RFP) SUMMARY

Treatment Sales Tax (TST)

The Kitsap County Department of Human Services (KCDHS) is requesting New Grant Proposals for moneys collected under RCW 82.14.460. New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the TST. Proposals **“must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. Programs and services includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.”**

Approximately \$6,000,000 will be awarded for projects or program services delivered between January 1, 2020 and December 31, 2020. **Proposal Deadline: July 25, 2019 at 3:00 p.m.**

Eligibility Requirements: All New Grant Applicants must attend a Mandatory New Grant Proposer’s Conference and submit a letter of intent on line to be eligible to apply for the 2020 TST funding. The “New Grant Proposal Letter of Intent” will be made available at the New Grant Proposer’s Mandatory Conference to be held on May 15, 2019 from 1:00 p.m. – 2:30 p.m. at Givens Community Center in the Olympic Room, 1026 Sidney Avenue, Port Orchard, WA. **The “New Grant Proposal Letter of Intent” is due May 31, 2019 at 3:00 p.m.**



Proposal Summary

Background: In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. This sales and use tax shall be known as “Treatment Sales Tax” or TST. The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Citizens Advisory Committee (CAC) has the recommending authority.

Scope of Work: Proposals for TST funding must improve the continuum of care including prevention, crisis intervention, treatment and recovery support services identified in the 2014 Kitsap County Behavioral Health Strategic Plan and 2017 Strategic Plan Review. The Strategic Plan and Review can be found at <https://spf.kitsapgov.com/hs/Pages/CAC-REPORTS-INFORMATION-PLANS.aspx>.

Access the RFP at <https://spf.kitsapgov.com/das/Pages/Online-Bids.aspx> or by contacting Colby Wattling at: Kitsap County Purchasing Department, 614 Division Street MS-7, Port Orchard, Washington 98366, Phone: 360.337.7036, Fax 360.337.4638, Email: cwattling@co.kitsap.wa.us. The Kitsap County Human Services Department reserves the right to make unilateral modifications to the RFP to address changes at the state and/or local level. Questions about the RFP and related issues should be directed to Colby Wattling at the address and phone number above.



RFP Planning Timeline

Date	Activity
January – April 2019	RFP Sub-Committee convenes and develops final draft of 2020 New Grant Request for Proposals (RFP)
April 16, 2019	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
April 22, 2019	CAC presents RFP recommendations to the Board of Kitsap County Commissioners (BOCC) in Work Study Session
April 2019	2020 New Grant Request For Proposals Released upon Board of Commissioners approval
Mandatory May 15, 2019	Mandatory New Grant Proposers Conference – 1:00 p.m. Givens Community Center Olympic Room, 1026 Sidney Ave, Port Orchard, WA
May 22, 2019	Notes and Q&A from Proposers Conference Posted
Mandatory May 31, 2019	Mandatory “New Grant Proposal Letter of Intent” online submission Due by 3:00 P.M.
July 25, 2019	New Grant Proposals Due by 3:00 P.M.
July 24 th – 29 th , 2019	Human Services staff review for complete RFP submissions
July 29 – August 26, 2019	CAC reviews Proposals and completes Rating Sheets
August 26, 2019	CAC Rating Sheets due to Department of Human Services
August 29, 2019	CAC convenes to discuss Proposals and develop questions for Proposers
September 3, 2019	Questions for Question and Answer (Q&A) Sessions emailed to Proposers
September 10th – 13th	Mandatory Proposer Question and Answer Sessions. Organizations must make time available for their Question and Answer Session which will be scheduled during this time frame.
September 16 th and 17 th	CAC Executive Committee Meetings to develop funding recommendations
September 17, 2019	CAC Regular Business Meeting to Approve Recommendations for BOCC
September 23, 2019	Make funding recommendations to BOCC (Work Study)
October 7, 2019	BOCC Acts on Funding Recommendations – Public Meeting
October – December 2019	Statements of Work, Expenditure Plans and Contracts completed
December 2019	BOCC Approves Contracts
January 1, 2020	2020 Program Year Begins



Applicant Eligibility

This RFP is seeking interested providers, both public and private, with applicable licensure, experience and infrastructure to provide Mental Health, Chemical Dependency and Therapeutic Court related services within Kitsap County.

1. Requirements for New Grant Funding:

- New Grant funding is for programs which have not received TST funding during the previous funding year (2019).

2. Requirements for Attendance at Mandatory New Grant Proposers Conference and Submission of a Letter of Intent:

- All New Grant Applicants must attend a Mandatory New Grant Proposer's Conference and submit a "New Grant Proposal Letter of Intent" to be eligible to apply for the 2020 TST funding. The "New Grant Proposal Letter of Intent" will be made available at the New Grant Proposer's Mandatory Conference. The "New Grant Proposal Letter of Intent" for New Grant Proposals must be submitted on line by May 31, 2019 at 3:00 p.m.



Applicant Eligibility

3. Requirements for providing behavioral health treatment services include:

- An organization proposing to offer (a) Mental health services; (b) Substance use disorder services; (c) Co-occurring services (services to individuals with co-existing mental health and sub-stance use disorders); and/or (d) Problem and pathological gambling services must meet the requirements of chapter 388-877 WAC, applicable local and state rules, state and federal statutes, must be authorized, licensed and/or certified to provide these services, and/or subcontract with organizations or individuals authorized, licensed and/or certified to provide these services.

Or,

- An individual must be licensed through the Washington State Department of Health as an advanced social worker, a licensed independent clinical social worker, a licensed mental health counselor, or a licensed marriage and family therapist. An individual must meet the requirements of 18.225 RCW and practice within their scope of work. A Certified Counselor is not equivalent to a Licensed Counselor for this RFP.

All licensed individuals and/or organizations must maintain their licensure through the duration of the project.



Funding & Period of Performance

III. AVAILABLE FUNDING

Approximately \$6,000,000 for a 12-month period between January 1, 2020 through December 31, 2020 is to be allocated in the categories indicated below. Funding may be shifted between categories at the discretion of the KCBOCC and recommendations from the Citizens Advisory Committee (CAC) based on the project proposals received. There is no minimum or maximum amount of funding required per proposal.

1. Behavioral Health Prevention, Early Intervention and Training.
2. Crisis Intervention/Triage Services.
3. Outpatient Care – Psychiatry, Medical and Medication Management, Counseling.
4. Medical and Sub-Acute Detoxification Services.
5. Acute Inpatient Care Services.
6. Recovery Support Services.

IV. PERIOD OF PERFORMANCE

Funding under this grant program is allocated for a 12-month period. The period of performance for services solicited under this RFP will begin January 1, 2020 and end December 31, 2020. All funds awarded must be used during this 12-month period.

Carry over of unspent funds into the next program year is not allowed. Initial funding is not an assurance or guarantee of ongoing operational funding. The CAC places a high value on maintaining availability of funding for meritorious proposals without regard to prior funding history. Proposers are cautioned not to assume a commitment to future funding based on the receipt of funds in prior years. The funding process is competitive and funding recommendations are made based on the relative merits of all proposals received in each yearly cycle.



6 Strategic Policy Goals from Board of County Commissioners

VI. Purpose and Scope of Project

Kitsap County seeks to assure that citizens and policy makers spend the funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly-funded investments. The County will require appropriate oversight, accountability, and status and progress reports for programs supported with the TST. Each funded project or program will be evaluated according to performance measures for outcomes and cost effectiveness.

1. Policy Goals

Programs shall achieve the following policy goals:

- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Reduce the number of people in Kitsap County who recycle through the criminal justice systems, including jails and prisons.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and wellbeing of Kitsap County residents.



Evaluation

All funded organizations must participate in the Evaluation Plan for TST Programs. Programs or services implemented under the TST are monitored by the Citizens Advisory Committee. Grantees will have an evaluation plan with performance measures developed for each funded proposal. This plan is developed in partnership with Kitsap Public Health District staff. The emphasis will be on capturing data at regular intervals that can be used to determine whether TST funded programs met expectations. Some common measures will be identified that programs will need to report. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs) *required*
- Level of change occurring among participants (outcomes) *required*
- Return-on-investment or cost-benefit (system savings) *strongly encouraged*
- Adherence to the model (fidelity) *required if applicable*
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report)
required if applicable



Evaluation Process & Purpose

Data-Informed Decision Making Aligned to Policy Goals & Project Implementation Monitoring

Community Reports

CAC and KCBOCC Reports

Contractor Reports

Qualitative & Quantitative Reporting

Quarter 1 & 3

Semi-Annual

Annual

Evaluation Planning

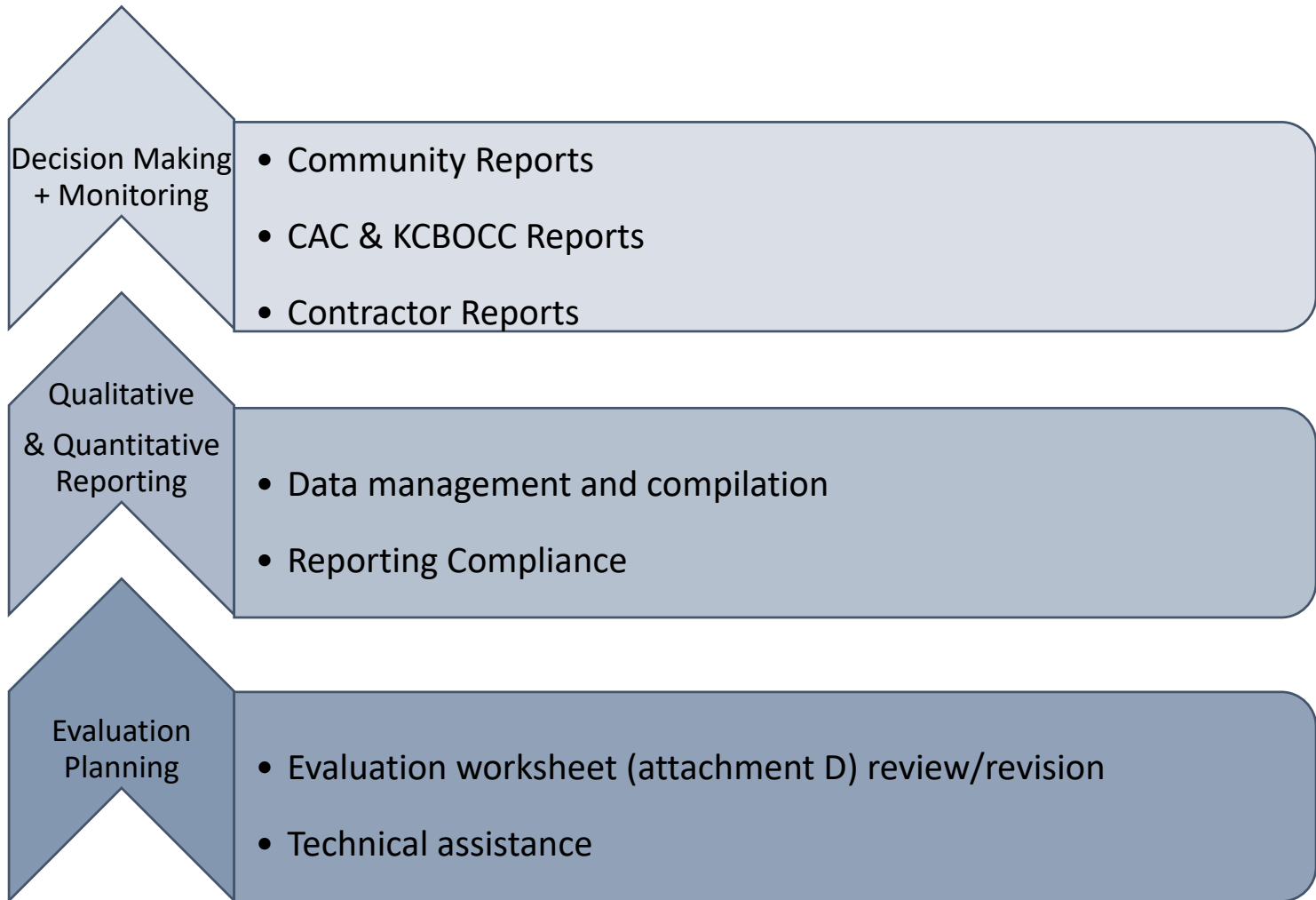
Evaluation Worksheet
(Attachment D)

Reporting Template
(One Tenth Online)



Evaluator Role

(in partnership with contractors, county staff, CAC, and KCBOCC)



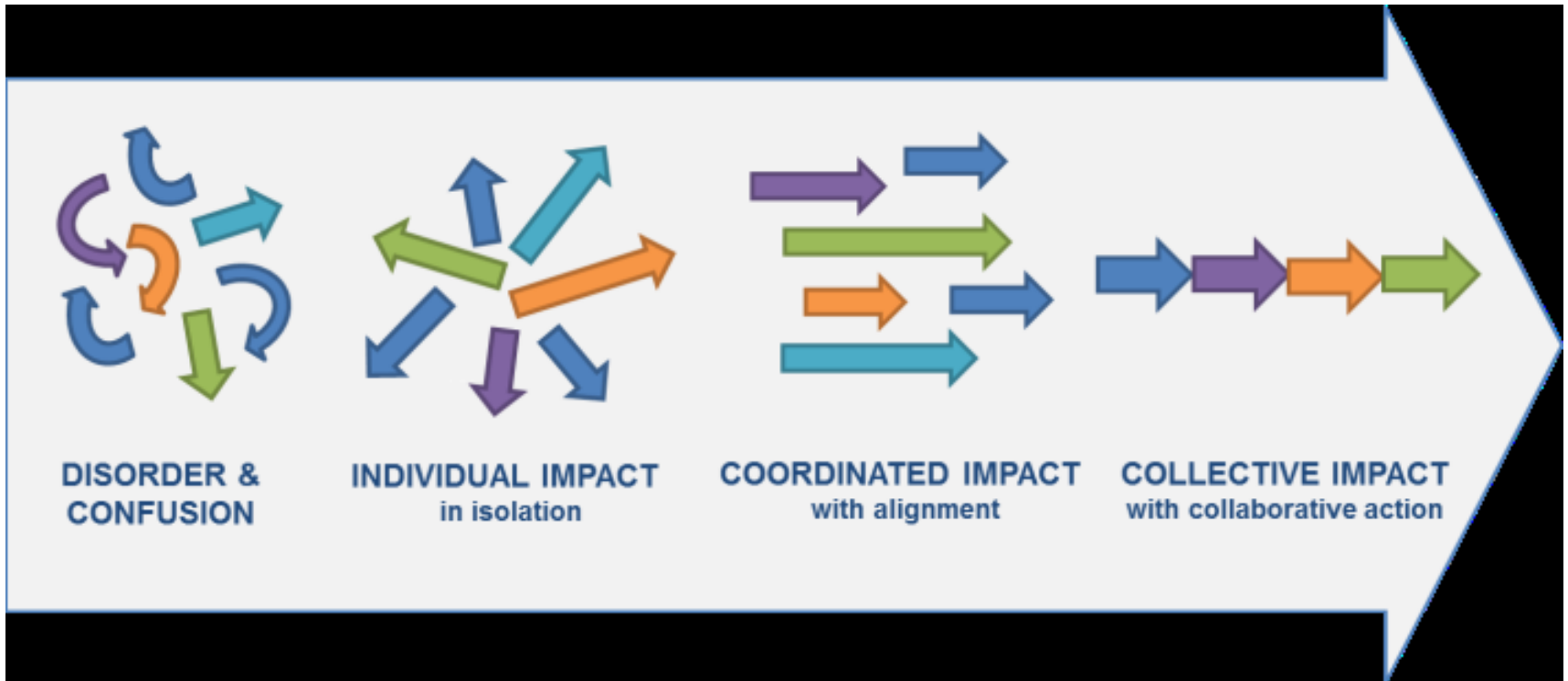


Evidence-Based Practice

The Citizens Advisory Committee (CAC) is committed to supporting programs and organizations who use Evidence-Based Programs (EBP) that have been accepted as a best practice in the field of mental health, chemical dependency and therapeutic courts and demonstrate fidelity to evidence-based standards. Promising Programs and Best Practice Programs include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions. Innovative Programs introduce new ideas, methods and concepts that have not yet been researched. Promising, Best Practice and Innovative Programs will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that maintain fidelity.

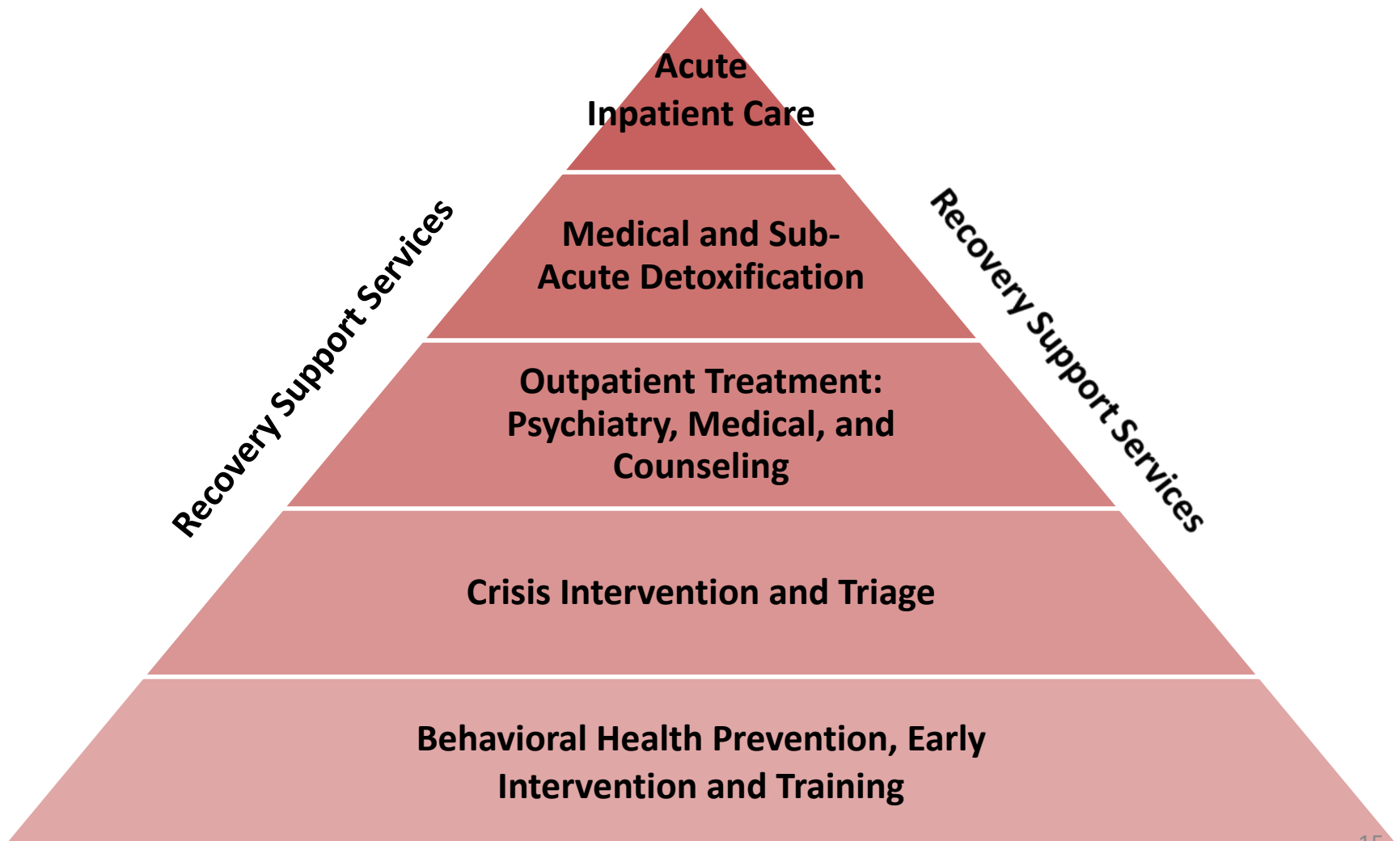


Collective Impact Framework





Kitsap County Continuum of Care





Minimal Technical Requirements

VIII. MINIMUM TECHNICAL REQUIREMENTS

All New Grant Applicants must attend a Mandatory New Grant Proposer's Conference and complete a "New Grant Proposal Letter of Intent" on line to be eligible to apply for the 2020 TST funding. The Letter of Intent will be made available at the New Grant Proposer's Conference. The "New Grant Proposal Letter of Intent" is due May 31, 2019. New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2019) using the TST.

- All responses to this RFP must be complete and meet the following minimum technical requirements to be further reviewed for program design elements. All proposals shall be on plain white bond paper (8.5 x 11 inches) using 12 Arial font with 1 inch margins and stapled once in the upper left corner. Pages should be numbered, including all attachments. Pages may be double sided. No binding or folders will be accepted. Binder clips may be used to keep pages together. Please spell out all acronyms prior to using. Also, an electronic PDF version of the proposal will be made available upon request to Gay Neal at gneal@co.kitsap.wa.us.



Minimal Technical Requirements

The original (1) proposal and fifteen (15) additional copies, including all supporting material, must be sealed in an envelope or box and submitted to:

MAILING ADDRESS:

Kitsap County Purchasing Department
Attn: Colby Wattling
614 Division St., MS-7
Port Orchard, WA 98366

PHYSICAL ADDRESS:

Kitsap County Purchasing Department
Attn: Colby Wattling
619 Division St., 4th Floor
Port Orchard, WA 98366

Please clearly mark the mailing address on the box or envelope. Proposals must be **received BY 3:00 p.m. July 25, 2019.**

Proposals not received by the Proposal deadline will not be considered for review. If a Proposal is mailed to a location or office that is not designated for receipt of the Proposal and, as a result, the designated office does not receive the Proposal by the deadline, the Proposal will be considered late and ineligible for review.

Incomplete Proposals will not be reviewed.



New Grant Proposals

1. Project Description

40 Points

A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

B. Evidence-Based, Promising, Best, or Innovative Practices

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

D. Evaluation

Provide a brief summary of the evaluation plan you outlined in Attachment D. What are your primary goals and expected outcomes for those you will serve.



New Grant Proposals

2. Community Needs and Benefit

25 Points

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan (page 8) does your project address? What service gaps (pages 10 – 14) will it address?

B. Needs Assessment and Target Population

Referring to the Policy Goal(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

C. Community Collaboration, Integration and Collective Impact

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.



New Grant Proposals

3. Organizational Capacity

25 Points

A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

C. Staffing Qualifications

Referring to Attachment H, provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

D. Organization Licenses and Certifications

Is your organization *itself* licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

E. History of Project Management

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.



New Grant Proposals

4. Project Financial Feasibility

10 Points

A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget (Attachment F and H). Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

B. Additional Resources and Sustainability

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.



New Grant Proposal Checklist

ONE (1) ORIGINAL PROPOSAL AND FIFTEEN (15) COMPLETE COPIES OF THE PACKET ARE REQUIRED.

New Grant Proposals must include the following required components in the following order:

1. Attachment A – New Grant Proposal Summary Page

Directions – Complete Attachment A. Limited to one page.

2. Attachment B – New Grant Proposal Checklist Form

Directions – Attachment B is provided to assure that you have included all the required items for the Request for Proposal submission. Check off and initial each item listed on the Checklist. The individual preparing the Proposal and the Chief Executive of the organization submitting the Proposal must sign and date at the bottom of the Checklist. **If the Proposal is incomplete it will not be reviewed.**

3. Attachment C – New Grant Proposal Narrative Template

Directions – Using Attachment C: New Grant Proposal Narrative Template, provide responses to Narrative questions on pages 16 -18 including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility. Limited up to 15 pages.

4. Attachment D – New Grant Proposal Evaluation Worksheet

Directions – Using Attachment D, submit detailed information in response to Narrative sections: Community Needs and Benefit and Project Description.

5. Attachment E – Total Agency Budget Form

Directions – The purpose of the Total Agency Budget Form is to assess the financial capacity of the parent organization. Complete this form for the entire agency budget. For extremely large or complex organizations, the Proposer may substitute an operational unit or department budget, provided that the organization can demonstrate the financial stability required. Include actual revenue and expenses for year 2018. Use projected budget figures for 2019 - 2020.



New Grant Proposal Checklist

6. Attachment F – New Grant Proposal Special Project Budget Form

Directions - In Requested Funds column, include all the funds you are requesting in this grant proposal including sub-contracts. In Other Funds column, include matching funds invested from your own organization, other grant funds and/or funds which are committed from a partner organization. The two columns will be added together for the total project budget. Indirect will be limited to 5%.

7. Attachment G – New Grant Proposal Sub-Contractor Special Project Budget Form

Directions – Complete separate New Grant Proposal Sub-Contractor Special Project Budget Forms for each organization you are planning to subcontract services. Only include the funds within each sub-contract. Indirect costs will be limited to 5%.

8. Attachment H – New Grant Proposal Project Salary Summary

Directions - This is for the proposed project only, not the entire agency. Provide Number of FTE's, salary and benefit information for the entire project including sub-contracts.

9. Attachment I – Letter of Resource Commitment (Optional)

Directions – Include Letters of Resource Commitment to document contributions. Resource Commitment letters from organizations participating in your project must state what resources are being committed to the project and a statement of how Collective Impact will be achieved. Resources include cash donation or ongoing financial contribution; donation of supplies, equipment, or other goods; use of facilities or services; staff time devoted to the project. **Please only include letters that specifically describe the provision of resources.**

10. Attachment J– Organizational Chart

Directions - Provide an Organizational Chart and explain the relationship of your agency to any parent or sponsoring agency.

No other attachments are to be submitted and will not be reviewed.



Review and Selection Criteria

The Kitsap County Citizens Advisory Committee (CAC) will convene to review and evaluate eligible proposals and make recommendations to the Kitsap County Board of Commissioners. The CAC consists of persons who do not have a conflict of interest and are in alignment with the Bylaws and Mission Statement of the CAC. New Grant Proposals will be evaluated using Attachment I: New Grant Proposal Evaluation and Scoring Form. In addition, proposals will be evaluated for cost/price reasonableness. The CAC will convene to develop written questions they have regarding each proposal the week of August 26, 2019. Proposers will be notified of their questions in writing and will be scheduled for question and answer sessions the week of September 10 – 13, 2019. Proposers will have 15 minutes to address the questions from the CAC. The sessions are used to further the evaluation process and clarify questions raised by the written proposals. Be prepared to respond to questions about the proposal related to project design, community collaboration and the budget. Please bring the persons within the organization that can provide a response to these questions.

All applicants will be notified in writing of the acceptance or rejection of their proposals. If a proposal is not selected for funding, the organization may resubmit an updated proposal at the next grant cycle.



Unacceptable Proposals

The CAC will also determine which proposals are not responsive to the RFP and therefore will be deemed unacceptable and will not be reviewed by the CAC for funding. Some examples of what would constitute an unacceptable proposal are those which meet any one of the following criteria:

- A. Is not in compliance with RCW 82.14.460.
- B. Does not address the essential requirements as part of the *Project Narrative Questions* in the RFP.
- C. Does not address the essential requirements of the particular project.
- D. Demonstrates that the applicant does not understand the requirements of the RFP or the project.
- E. Contains inappropriate or unreasonable costs.



Mental Health, Chemical Dependency and Therapeutic Court Program
2020 New Grant Proposal Summary Page

Organizational Information

Individual Authorized to Sign Contracts: _____

Name	Title
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Attachment B – New Grant Proposal Checklist

ATTACHMENT B

Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Checklist Form

Name of Program:

Organization Submitting:

Item or Attachment	Yes	No	N/A	Initial
Project funds are used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services				
Organization had a representative at the Mandatory New Grant Proposer Conference				
Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by May 31, 2019 at 3:00 p.m.				
Organization did not receive funding for this project in 2019				
Attachment A – New Grant Proposal Summary Page				
Attachment B – New Grant Proposal Checklist Form				
Organization checked, initialed and signed New Grant Proposal Checklist				
Attachment C – New Grant Proposal Narrative Template				
Proposal Narrative is limited to 15 pages				
Attachment D – New Grant Proposal Evaluation Worksheet				
Attachment E – Total Agency Budget Form				
Attachment F – New Grant Proposal Special Project Budget Form				
Indirect is limited to 5%				
Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form				
Organization submitted Attachment G for each Sub-Contractor				
Sub-Contractor indirect limited to 5%				
Attachment H – New Grant Proposal Project Salary Summary				
Attachment I – Letter of Resource Commitment (optional)				
Attachment J– Organizational Chart				
No other attachments are included				
The original (1) proposal and fifteen (15) additional copies, including all supporting material are included				
Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019				

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

Signature of Individual Preparing Proposal

Date

Signature of Organization's Chief Executive

Date



Attachment C – New Grant Proposal Narrative Template

ATTACHMENT C

Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Narrative Template

All New Grant Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description (40 Points)

- A. Project Design
- B. Evidence-based, Promising, Best or Innovative Practices
- C. Outreach
- D. Evaluation

2. Community Needs and Benefit (25 Points)

- A. Policy Goal
- B. Needs Assessment and Target Population
- C. Community Collaboration, Integration and Collective Impact

3. Organizational Capacity (25 Points)

- A. Organizational Governance
- B. Organizational Finances
- C. Staffing Qualifications
- D. Organizational Licenses and Certifications
- E. History of Project Management

4. Project Financial Feasibility (10 Points)

- A. Budget Narrative
- B. Additional Resources and Sustainability



Attachment D – New Grant Proposal Evaluation Worksheet

ATTACHMENT D

EVALUATION WORKSHEET

INSTRUCTIONS:

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the “SMART” guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date (“time-bound” part of column C).

New and continuing grant proposals must fill out the Evaluation Worksheet.

DEFINITIONS:

Goal:	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has a one or more related specific objectives that, if met, will collectively achieve the stated goal.
Activity:	Actions taken or work performed to produce specific outputs and outcomes.
Objective:	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
Output:	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
Outcome:	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on-investment or cost-benefit. Identify any measures that are “fidelity” measures for an evidence based practice.
Timeline:	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin? How often will measurement be done (frequency: quarterly, semi-annual, annual, other)?
Baseline:	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.
Source:	How and from where will data be collected?



Attachment D – New Grant Proposal Evaluation Worksheet

ATTACHMENT D

EVALUATION WORKSHEET

PROJECT NAME: [Click here to enter text.](#)

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Click here to enter text.	Click here to enter text.	Click here to enter text.	<div><input type="checkbox"/> Output</div> <div><input type="checkbox"/> Outcome: Participant satisfaction</div> <div><input type="checkbox"/> Outcome: Knowledge, attitude, skill</div> <div><input type="checkbox"/> Outcome: Practice or behavior</div> <div><input type="checkbox"/> Outcome: Impact on overall problem</div> <div><input type="checkbox"/> Return-on-investment or cost-benefit</div> <div>If applicable:<div><input type="checkbox"/> Fidelity measure</div></div>			

☐ Short

☐ Medium

☐ Long

Start date:

[Click here to enter text.](#)

Frequency:

☐ Quarterly

☐ Semi-annual

☐ Annual

☐ Other: _____



Evaluation Worksheet Example

Goal 2. Decrease substance use among program participants.	Screen all students for substance use Refer students to specific intervention services Assess overall impact of program services on student's substance use	a. At end of program service, 50% <i>reduction in substance use</i> (cigarettes, alcohol, binge alcohol, marijuana, vape) for secondary students with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2019</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other	2014-15: Cigs: 60% Alc: 64% Binge: 74% Mj: 62% 2015-16: Cigs: 49% Alc: 63% Binge: 78% Mj: 60% 2016-17: Cigs: 25% Alc: 49% Binge: 54% Mj: 54% 2017-18: Cigs: 54% Alc: 67% Binge: 82% Mj: 60%	Program data - RMC database.
--	---	--	--	--	--	------------------------------



Attachment E – Total Agency Budget Form

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name:

Project:

☐

Accrual

☐

Cash

AGENCY REVENUE AND EXPENSES	2018		2019		2020	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ -		\$ -		\$ -	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Supplies/Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ -		\$ -		\$ -	



Attachment F – New Grant Proposal Special Project Budget Form

ATTACHMENT F

Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Special Project Budget Form

Agency Name:

Project:

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Sub-Contracts						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ -		\$ -		\$ -	

NOTE: Indirect is limited to 5%



Attachment G – New Grant Proposal Sub-Contractor Special Project Budget Form

ATTACHMENT G

Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name:

Project:

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ -		\$ -		\$ -	

NOTE: Indirect is limited to 5%



Attachment H – New Grant Proposal Project Salary Summary Form

ATTACHMENT H

Mental Health, Chemical Dependency and Therapeutic Court Program 2020 New Grant Proposal Project Salary Summary

Agency Name:

Project:

Description		
Number of Professional FTEs		0.00
Number of Clerical FTEs		0.00
Number of All Other FTEs		0.00
Total Number of FTEs		0.00

Salary Information		
Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	-
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	-
 Total Payroll Taxes	 \$	 -
Total Cost of Benefits	\$	-
Total Cost of Retirement	\$	-
Total Payroll Costs	\$	-



Attachment I – Sample Letter of Commitment

ATTACHMENT G

SAMPLE LETTER OF COMMITMENT

If other organizations are participating in your project and providing cash donations or ongoing financial contributions; donation of supplies, equipment, or other goods; use of facilities or services; staff time devoted to project; and/or other contributions, please use Attachment I to document their commitment. Sample Letters of Commitment are not required components of the Grant Application.

[Put letter on organization/agency letterhead]

[Insert date]

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
614 Division Street MS-23
Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the [Insert proposing organization name] grant proposal to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

[Insert proposing organization name and description of organization]
{EXAMPLE – ORGANIZATION is a 501 (c)(3) non-profit organization that provides a wide array of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in Kitsap County} is proposing the following project [Insert description of project being proposed]

[Insert your organization name] will commit the following resources to the proposal submitted by [Insert proposing organization name]:

- Cash Donation or ongoing financial contribution
- Donation of supplies, equipment, or other goods
- Use of facilities or services
- Staff time devoted to project
- Other:

[Insert name and description of service] Describe how your organization will participate in this program or project to achieve a Collective Impact. Collective Impact is a framework for local behavioral health service providers to work together to help solve complex social problems, such as mental illness and chemical dependency. (See page 4 of the Request for Proposal for the definition of Collective Impact).

We believe our support and commitment will significantly improve the availability of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in the County and we look forward to working with you on this exciting endeavor.

Sincerely,



Attachment J – Organizational Chart

Provide an Organizational Chart and explain the relationship of your agency to any parent or sponsoring agency.



Questions?

Access this Request For Proposal at <https://spf.kitsapgov.com/das/Pages/Online-Bids.aspx> or by contacting Colby Wattling at: Kitsap County Purchasing Department, 614 Division Street MS-7, Port Orchard, Washington 98366, Phone: 360.337.7036, Fax 360.337.4638, Email: cwattling@co.kitsap.wa.us. The Kitsap County Human Services Department reserves the right to make unilateral modifications to this RFP to address changes on the state and/or local level. Questions about the RFP and related issues should be directed to Colby Wattling at the address and phone number above.

**Gay Neal, Human Service Planner
Mental Health, Chemical Dependency and
Therapeutic Court Programs**

gneal@co.kitsap.wa.us

360-337-4827