**Attachment 1
MAHHC PNG Subaward Application Form**

***The actionable timeframe of this grant is 11 months, all activities and expenditures must be completed by September 15, 2022. Please keep this timeframe in mind as you envision your project and structure your application.***

Instructions: Applications should be 12pt Times New Roman, double-spaced with one-inch margins. No paper submissions will be accepted: email in Word/Excel or PDF only. A Word version of the application form is available here: [www.mappvt.org/PNGgrant](http://www.mappvt.org/PNGgrant). The required budget template is also available in Excel on the same webpage.

Application Checklist: To be considered complete, applications must include the following sections:

* Cover sheet
* Experience managing grants (150 words)
* Needs statement (350 words)
* Project description (1,200 words)
* Organizational capacity (200 words)
* Flexibility in the COVID environment (200 words)
* Work plan template
* Budget narrative template
* Budget template
* Project evaluation (200 words)
* Resumes of staff designated as key personnel in Staffing Table – Project Team
* Federally negotiated indirect cost rate (only if requesting rate different than 10% de minimis rate)
* Attestation: Signature(s) of Official Authorized to Bind the Organization and Fiscal Agent Representative (if applicable)

**Do not submit additional documents. They will not be considered and failure to follow instructions may result in rejection of your application.**

All files submitted should adhere to these naming conventions:

[abbreviated organization name][document title], for example:

Youth Council PNG proposal.doc

Youth Council PNG budget.xls

Youth Council MSmith resume.doc

Please submit your project proposal as a separate PDF or Word document. The budget and resumes may be submitted as separate documents or as one combined PDF.

**Cover Sheet (Applicant information):**

|  |  |
| --- | --- |
| Entity Name (must match IRS Form W-9, Request for Taxpayer ID): |   |
| Organization’s fiscal year end date: |  |
| Contact Person Name and position in organization: |  |
| Contact Person Email: |  |
| Contact Person Phone:  |  |
| Name and Title of Individual Authorized to Bind the Organization, if different from Contact Person: |  |
| Email address for Individual Authorized to Bind the Organization: |  |
| Phone number for Individual Authorized to Bind the Organization: |  |
| This project involves work directly with children / youth:  |  [ ]   Yes [ ]  No |
| If you checked that your project works directly with children/youth, please describe the process you will use for background checks\*:  *\*By signing the submitted application, your organization attests that it will follow the procedures described above in relation to background checks for all work related to this application.* |

**Applicant Proposal:**

I. Experience Managing Grants (150 words):

Please describe your organization’s level of experience managing grants, including federal dollars awarded directly from the government or through the state of Vermont. Level of experience managing grants/federal funds will not be used for or against applicants during award selection process. This information will be used to design the monitoring plan if you are selected for funding.

Please list all current federal and state of Vermont funding:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Agency** | **Amount** | **Award Period** | **Funded Activities** |
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II. Needs Statement (350 words):

What needs have you identified that will be addressed in your project and how was this need identified (i.e., what data describes the need)? In other words, have you done an assessment of any type or has data been reviewed as part of an assessment process?  Describe the population and service area to be addressed. Towns that will be impacted your project should be identified using the table below. Please indicate all applicable towns.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Town** |  | **Town** |  | **Town** |
|[ ]  Andover |[ ]  Hartford (including Quechee, White River Junction, Wilder) |[ ]  Springfield |
|[ ]  Baltimore |[ ]  Hartland |[ ]  Stockbridge |
|[ ]  Barnard |[ ]  Londonderry |[ ]  Strafford |
|[ ]  Bethel |[ ]  Ludlow |[ ]  Thetford |
|[ ]  Bradford |[ ]  Norwich |[ ]  Tunbridge |
|[ ]  Bridgewater |[ ]  Plymouth |[ ]  Vershire |
|[ ]  Cavendish |[ ]  Pomfret |[ ]  Weathersfield |
|[ ]  Chelsea |[ ]  Randolph |[ ]  West Fairlee |
|[ ]  Chester |[ ]  Reading |[ ]  West Windsor |
|[ ]  Corinth |[ ]  Rochester |[ ]  Weston |
|[ ]  Fairlee |[ ]  Rockingham (including Bellows Falls) |[ ]  Windham |
|[ ]  Grafton |[ ]  Royalton |[ ]  Windsor |
|  |  |[ ]  Sharon |[ ]  Woodstock |

Other towns project will impact (please list):

III. Project Description (1,200 words)

**Project Overview**

|  |  |
| --- | --- |
| Please summarize your project in 1-2 sentences |  |
| Is your project focused on primary or secondary prevention? | [ ]  Primary prevention[ ]  Secondary prevention |
| Which of the following areas does your project address (check all that apply): | [ ]  Policy [ ]  Community engagement[ ]  Youth and family resilience[ ]  Social connections[ ]  Concrete support in times of need[ ]  Social/emotional support for those in need[ ]  Harm reduction[ ]  Stigma reduction |

Please provide details on your project:

* What are your planned activities, and how do they address the needs identified in Section II?
* Explain how you selected your strategy(ies). Section F in the RFA lists several resources for selecting evidence-based strategies. If you aren’t using a previously validated strategy, what evidence suggests your selected strategies will have the desired impact on your target population? If you are testing a new and innovative strategy, how will you determine its effectiveness?
* How will your project help build strong and meaningful relationships and supportive, healthy environments and address the concepts of SDoH and/or reduce health disparities as described in section B?
* How will your project engage other partners and/or people in the community, particularly those most impacted by the community conditions described in your needs statement?
* Explain how your project would eventually have an impact on the long-term goals of reducing the misuse of substances such as alcohol, cannabis, tobacco and nicotine products, prescription and illicit opioids, and other drugs.

IV. Organizational Capacity (200 words)

Please demonstrate how your organization will be able to take on this project with current capacity. If your project will require new staff, please describe your plan to recruit and hire in a timely way. If this project will be a collaboration between multiple partners, please describe how work will be managed and coordinated. If you are using a fiscal agent, please describe your organization’s relationship to the fiscal agent. Describe how program manager and finance personnel will collaborate on grant management, fiscal management, and budget expectations and monitoring.

**Staffing Chart – Project Team***Please list all individuals covered by the budget or included as in-kind personnel resources. Resumes of all individuals designated as key personnel must be submitted with your application. Any changes to key personnel during the project period require prior approval of the PCE Program Managers.*

| **Name, Title, and Organization (if not employed by the applicant)** | **Key Personnel?Yes/No** | **Proposed Role on Subaward Activities** |
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V. Flexibility in the COVID Environment (200 words):

Please tell us about how you adapted your programming during the COVID pandemic. How would you use creativity and flexibility to continue your planned project if another shutdown or similar disruption occurred?

VI. Workplan

Please provide a timeline of the activities for this project. **Use of the workplan template on the following pages is required**.

*Example:*

Example

| **Activity – Quarter 1** | **October** | **November** | **December** |
| --- | --- | --- | --- |
| *Advocacy for substance-free town events* |  | Partner with Recovery Center to catalog local events Consult with Regional Planning Commission  | Research sample ordinances and municipal policiesMeet with Select Board chair to assess level of support |

| **Activity – Quarter 2** | **January** | **February** | **March** |
| --- | --- | --- | --- |
| *Advocacy for substance-free town events* | Design survey to gauge public support | Negotiate survey dissemination permissions | Conduct survey (town meeting, senior meal, etc.)Analyze survey results |

| **Activity – Quarter 3** | **April** | **May** | **June** |
| --- | --- | --- | --- |
| *Advocacy for substance-free town events* | Develop presentationGet on SB agenda | Present to SB | Provide follow up with SB if requested |

**Required Workplan Template**. Please add rows for additional activities as needed.

| **Activity – Quarter 1** | **October** | **November** | **December** |
| --- | --- | --- | --- |
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| **Activity – Quarter 2** | **January** | **February** | **March** |
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| **Activity – Quarter 3** | **April** | **May** | **June** |
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| **Activity - Quarter 4** | **July** | **August** | **September** |
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VII. Budget and Budget Narrative

**Please note:**

* **Budgets are expected to conform to the federal** [**cost principles in 2 CFR 200.400 – 200.476**](https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1.5&rgn=div6)**.**  Unallowable costs should not be included in your budget.
* No more than $1,000 may be requested for furniture or other capital expenses.
* Federal funds must be used to supplement existing state and local funds for project activities and must not replace funds that have been appropriated for the same purpose. There are strict federal rules against the use of federal funds to supplant current funding of an existing project.

To help you develop your budget, we recommend using the budget narrative template to develop your totals for each budget category. Then bring those budget numbers forward into the budget template.

The required budget narrative template is located on the following pages.

**Budget Narrative Template. Use of this template is required.**

Please provide a brief narrative explanation for each budget category, including calculations to show how budget figures were determined.

| **Budget Category** | **Budget Narrative Instructions** | **Applicant Budget Narrative** |
| --- | --- | --- |
| **Staffing**  | *For each staff member who will charge time to the project, provide name, title, hourly rate and estimated number of hours. Make sure that anyone listed in the Key Personnel chart in section IV is included in your staffing budget justification. If your organization is providing in-kind contributions of staff hours (e.g., for oversight by your executive director), please explain that here.* |  |
|  |  | Staffing Total:  |  |
| **Benefits**  | *Please provide your overall fringe rate and list the benefits included in your rate (for example, Social Security, Medicare, Workers Compensation, Flexible Spending Account, health insurance, life insurance, retirement, etc.).*  |  |
|  |  | Benefits Total (rate x staffing total):  |  |
| **Consultants** (legal fees for policy research, trainers, etc.) | *Identify any consultants, their rates and estimated hours, and why they are needed on the project.* |  |
|  |  | Consultants Total:  |  |
| **Materials & Supplies** (printing, curriculum, training materials, etc.) | *Please list any materials and supplies you plan to purchase for the project and provide pricing used to develop budget estimates. If you plan to purchase promotional items, please note that promotional items are expressly unallowable under the federal cost principles (see 2 CFR 200.421(e)(3)). However, promotional items that include messaging in support of project goals may be allowable. Be specific in explaining how the promotional items you intend to purchase will aid in meeting the goals of your project, for example, that they will be used to recruit program participants, promote resources to the target population, etc. Promotional items that simply include the name and logo of your program are not allowable.* |  |
|  |  | Materials & Supplies Total:  |  |
| **Food** (allowable only in limited circumstances. Meals related to project staff travel should be included on the *Travel* line below.)  | ***Please note that providing food is generally not an allowable charge to federally funded programs.*** *The only exception spelled out in the cost principles is meals and refreshments for conferences, which are defined as “a meeting, retreat, seminar, symposium, workshop or event whose primary purpose is the dissemination of technical information.” (2 CFR 200.432) Examples of allowable food costs under this RFA include refreshments for a Getting to Y community meeting, or meals/snacks offered as part of a training event sponsored by the subrecipient. Examples of unallowable food costs include pizza for an end-of-year party or snacks for meetings that don’t qualify as a “conference” under the cost principles definition.* |  |
|  |  | Food Total:  |  |
| **Travel**  | *Explain what travel is required, who will be travelling, and how it is relevant to the project objectives. Provide estimated miles and mileage rates, air fare, hotel rates, etc. Information on cost principles requirements applicable to travel are located in 2 CFR 200.475.* |  |
|  |  | Travel Total: |  |
| **Other** (fees for conferences, trainings etc.) | *Other – any funding on the Other line item should be fully and clearly explained. Why is it needed for the project and what is the basis for estimated costs?* ***Incentives are generally not allowable charges to awards.*** *The federal funding source for this RFA only allows incentives for:*1. *Contingency Management for direct treatment services. Contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being $15 per contingency. Each patient may not receive contingencies totaling more than $75 per year of his/her treatment.*
2. *Data collection. Allowable examples include offering grocery store gift cards to pay focus group participants for their time and expertise. Gift cards must be restricted to exclude purchases of alcohol or tobacco products and are limited to $30 per participant for each follow up interview.*

*Provision of incentives must be appropriate, judicious and conservative and ensure that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.* ***Any incentives included in your budget require prior written approval from the PCE Program Managers and may also require approval from the state of Vermont.*** |  |
|  |  | Other Total: |  |
| **Matching Funds** (not included in the budget template but please provide details in the budget narrative) | *Subaward recipients are not required to obtain a financial match from another source, but if you will be using other funds to help achieve project goals, please include the source and amount in your budget narrative and note whether those funds are already secured or if the request is still pending. If still pending, explain briefly what changes in budget/scope would be required if you do not receive those additional funds.* |  |

**Budget Template (use of this template is required). An Excel version of this template is available at:** [**www.mappvt.org/PNGgrant**](http://www.mappvt.org/PNGgrant)

| **Budget Category** | **$ Total amount** |
| --- | --- |
| **Staffing**  | **$** |
| **Benefits** (please use the calculated dollar amount of benefits after applying your fringe rate to your staffing total) | **$** |
| **Consultants**  | **$** |
| **Materials & Supplies**  | **$** |
| **Food** (allowable only in limited circumstances. See budget narrative instructions below for details. Meals related to project staff travel should be included on the *Travel* line below.)  | **$** |
| **Travel**  | **$** |
| **Other** (fees for conferences, trainings etc.) | **$** |
| **Total Direct Costs** | **$** |
| **Indirect \_\_\_\_\_%** | **$** |
| **Total:**   | **$** |

VIII. Project Evaluation (200 words)

*Results-Based Accountability*Results-Based Accountability (RBA) is an intentional way of thinking and taking action used by communities to improve the lives of children, families and the community as a whole. RBA is also used by agencies to improve the performance of their programs.

RBA will be used to evaluate all projects funded as part of the Prevention Network. Training and technical assistance in RBA will be provided to all successful applicants. *Level of RBA training and experience will not be used for or against applicants during award selection process.* The following questions are intended to assess RBA training and support needs.

Please indicate your organization’s level of training in RBA:

 [ ]  One or more staff has completed formal RBA training (e.g., 4-part series offered by Benchmarks for a Better Vermont, RBA training and coaching offered to previous Prevention Network Grant subrecipients)

 [ ]  One or more staff has attended 1-2 hour overview training with an RBA trainer

 [ ]  One or more staff has completed the RBA Professional Certification Program offered online by Clear Impact

 [ ]  Other: please explain

Please explain how your organization uses RBA currently OR if you do not use RBA, please explain the evaluation process that you currently use.

*Alignment to Prevention Center of Excellence Goals*The PCE tracks progress toward a set of carefully chosen population-level goals. Please indicate on the list below which goal(s) your project would contribute toward, if funded. Select all that apply.

|  | **Prevention Center of Excellence Population-Level Goals** |
| --- | --- |
|[ ]  School and community conditions support what youth need to thrive |
|[ ]  There are no statistically significant differences in protective factors between LGBTQ+ youth and the general student population |
|[ ]  There are no statistically significant differences in protective factors between youth of color and the general student population |
|[ ]  Youth substance use rates are trending down |
|[ ]  There are no statistically significant differences in substance use rates between LGBTQ+ youth and the general student population |
|[ ]  There are no statistically significant differences in substance use rates between youth of color and the general student population |
|[ ]  Youth perceive substance use as harmful |
|[ ]  Parents perceive underage substance use as harmful and convey their beliefs to their children |

The PCE Data Dashboard tracks indicators for each of these goals. You can see the dashboard [here](https://embed.resultsscorecard.com/Scorecard/Embed/66478).

Attestation:

Prevention Network funds are granted to MAHHC through the Vermont Agency of Human Services, which requires that costs are incurred up front and then reimbursed at the end of a period, usually monthly or quarterly. *This subaward opportunity allows for monthly invoicing.*

By signing below, your organization attests that it:

* Understands that PNG subawards must comply with the AHS cost-reimbursement model and your organization will need to incur costs up front -- *MAHHC will reimburse error-free invoices for allowable expenditures, submitted by the due date specified in the award document, within 30 days*
* Understands that certain costs -- including food, promotional items, and incentives -- are generally not allowable charges to awards of federal funds, including PNG subawards

Signature of applicant official authorized to bind the organization:

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| By: |
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| Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Signature of fiscal agent representative (if applicable):

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| Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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