

## Request for Subaward Applications

### A. Introduction

The Prevention Center of Excellence (PCE) at Mt. Ascutney Hospital and Health Center (MAHHC) anticipates making subawards available under the Prevention Network Grant (PNG), expected to be awarded to MAHHC by the State of Vermont. The Prevention Network Grant is a federally funded award under the State Opioid Response Program, CFDA No. 93.788, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). This subaward process is the responsibility of the Community Health Department at MAHHC and is being coordinated by two Regional Prevention Program Managers. If MAHHC does not receive the expected funding from the state of Vermont, or funding is received on a schedule that impacts dates in this RFA, MAHHC reserves the right to cancel or amend this Request for Applications (RFA).

*Anticipated total funds available through Prevention Network Grant contracts and subawards: \$100,000*

Applicants may request up to \$20,000. There is no lower limit on funding requests. Amounts requested should be proportional to the needs addressed/population impacted and realistic to expend in the project period.

**Letter of Intent Due Date: August 16, 2021**

**Application Due Date: September 9, 2021**

Questions on this RFA should be submitted by email to [Subawards@mahhc.org](mailto:Subawards@mahhc.org) with the subject line "Re: RFA Question" by 5:00 pm on August 11, 2021. Submitted questions will be addressed in a Q&A webinar to be held on August 12 at 2 p.m. Additional questions posed during the webinar will be answered as time allows. Prospective applicants are strongly encouraged to attend the [Q&A webinar](#) [click on hyperlink to register]. Following the webinar, questions and corresponding answers will be posted on the Prevention Network Grant webpage: <http://mappvt.org/PNGgrant>.

### B. Program Description

This RFA seeks project proposals that are grounded in the Strategic Prevention Framework (SPF) and how this model can be applied to address Social Determinants of Health (SDoH) to address: prevention of substance use (any age, all substances), delayed onset of substance use, and risks of substance use in populations that face health disparities.

Applicants need to be familiar with the SPF. A one-page guidance document can be found [here](#). A more in-depth guide can be found [here](#). Applicants should apply the SPF when developing their proposals.

Further explanation of key terms mentioned above:

### *Prevention*

Primary prevention is the proactive promotion of healthy lifestyles and norms that reduce the risks associated with substance use, and the promotion of protective factors that support the health and well-being of the population. Primary prevention is considered “Universal” and tends to impact large groups.

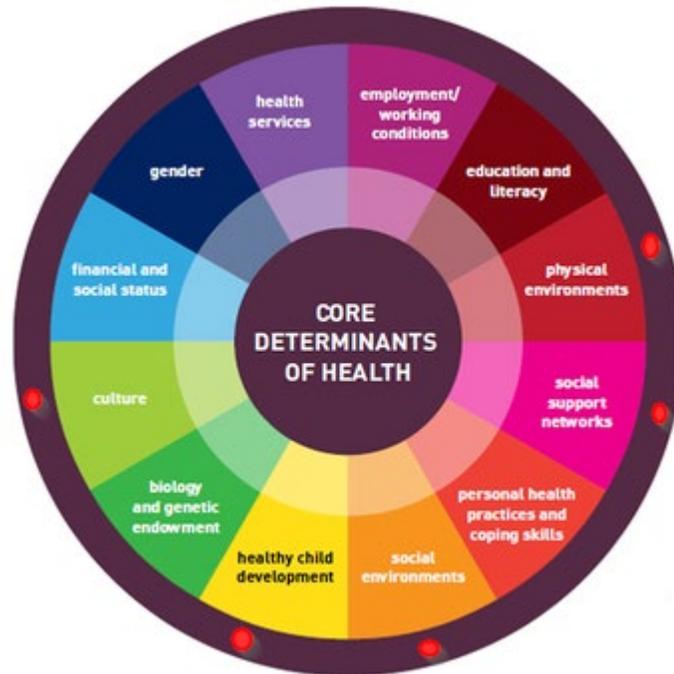
Secondary prevention aims to reduce the impact on those at higher than average risk for substance misuse, as well as those individuals currently experiencing problems related to use. Secondary prevention is considered “Selective” and tends to impact individuals, families, or small groups. Examples of secondary prevention include intervention, recovery, and harm reduction approaches.

The short-term goal of this Prevention Network opportunity is to build primary and secondary prevention capacity and infrastructure at the community and regional levels, with long-range goals of reducing the misuse or impact from use of:

- ❖ Alcohol
- ❖ Cannabis
- ❖ Tobacco and nicotine products (e.g., electronic nicotine delivery systems, vapes, e-cigs, etc.)
- ❖ Prescription drugs, including prescription opioids and stimulants
- ❖ Illicit stimulants (e.g., cocaine) and illicit opioids (e.g., heroin)
- ❖ Other drugs (e.g., methamphetamine)

### *Social Determinants of Health*

Social Determinants of Health (SDoH) are the conditions in which people are born, grow, live, work and age, and those conditions shape health. The term SDoH has very broad implications, covering areas such as housing, employment, and education, among others. Prevention strategies, in practice, impact several key components of the SDoH model, including culture, healthy child development, social/physical environments, and social support networks, as indicated in the graphic below. Any social determinant of health may be addressed under this RFA as long as the proposal is linked to substance misuse prevention of any substance at any age.



Just as we need food, shelter, and clothing, human beings also need strong and meaningful relationships and supportive, healthy environments to thrive. This RFA seeks innovative applications that increase the presence of the elements described above in our communities

### *Health Equity*

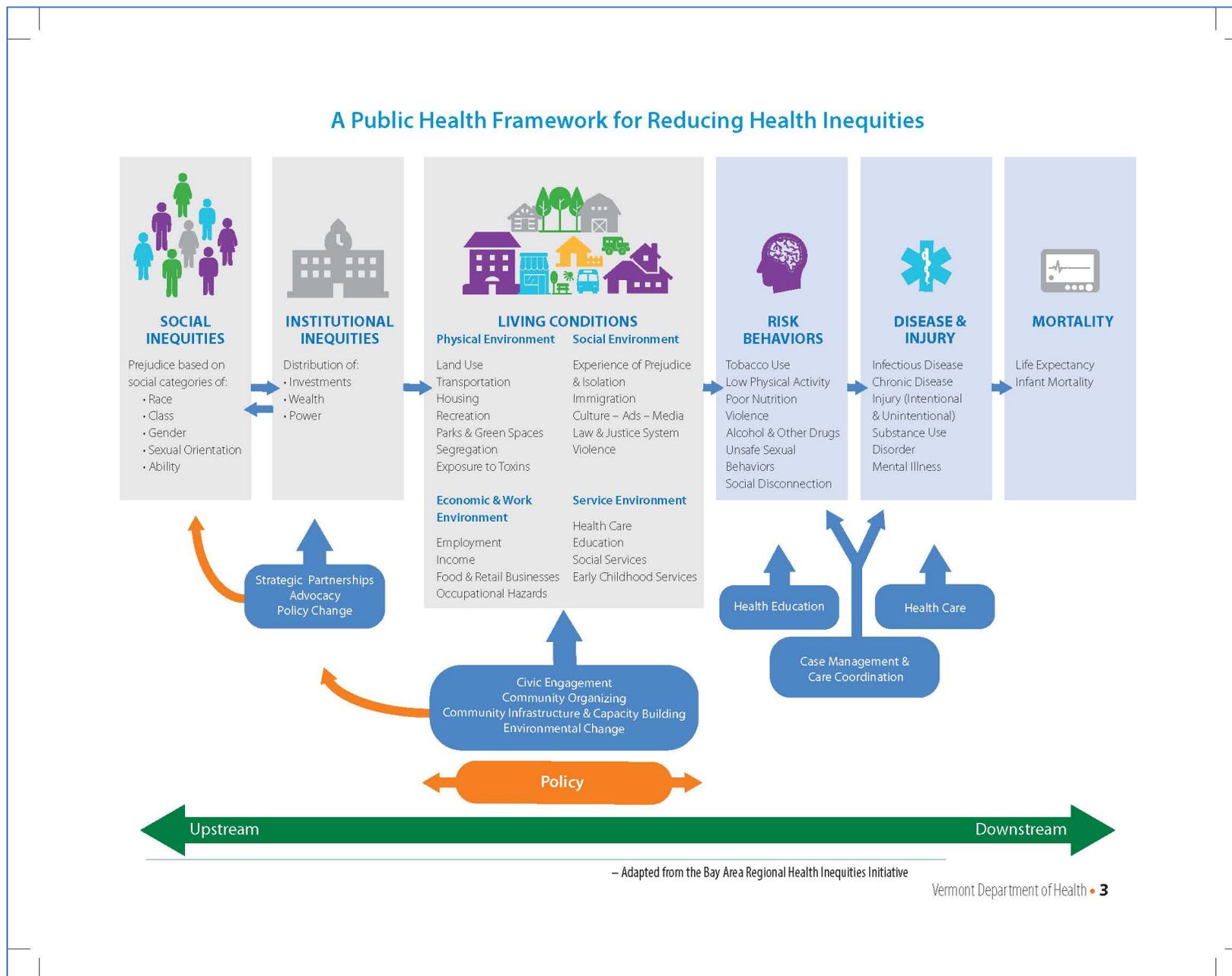
Achieving health equity requires an intentional focus on addressing health disparities. Applicants are encouraged to develop proposals designed to reduce health disparities that impact priority populations in our region, including:

- LGBTQ+ Vermonters, including children, youth, and young adults
- Racial and ethnic minorities
- Communities with high poverty rates and schools with high rates of children qualifying for free or reduced price lunch

A needs and disparities statement has been developed by the Prevention Center of Excellence. Applicants may find this document to be a useful resource when considering how their project might impact groups affected by health disparities and/or when developing their needs statement.

This needs statement, updated disparities data, and other important resources related to this opportunity are found at: [www.mappvt.org/pnggrant](http://www.mappvt.org/pnggrant)

The excerpt from Vermont's State Health Improvement - Plan 2019-2023 on the following page helps illustrate the connection between health disparities, the social determinants of health, and risks for substance use. The complete SHIP can be accessed [here](#).



### *Examples of Funded Projects*

To assist applicants with understanding the types of projects this RFA intends to fund, below are examples of past funded projects as well as other types of projects eligible for funding. These lists are for illustration only. Any project that meets the criteria laid out in this section B will be considered for funding.

Examples of past funded projects focused on primary prevention:

- Recovery ready workplace program development
- Law Enforcement Against Drugs (L.E.A.D) program expansion
- Racial equity project encompassing all staff anti-bias training, faculty resource library, and support for Social Justice and Queer Straight Alliance student clubs
- Getting to Y training and advisory support
- Prevention education in schools with eCHECKUP
- Youth coalition development
- Collaborative Problem-Solving® training for school staff
- Expansion of mindfulness program in elementary schools
- Implementing restorative practices circles across supervisory union

Past funded projects focused on secondary prevention:

- Youth-based recovery supports
- Substance use education classes for youth and young adults involved in the criminal justice system
- Trauma-informed, youth-led/adult-guided afterschool and summer programming
- Parenting with Respect classes for recently incarcerated individuals
- Expansion of youth mentoring programs (school-based and community-based)

Examples of other types of projects eligible funding under this RFA:

- Legal consulting services to establish environmental protections for at-risk populations following opt-in for retail cannabis (primary)
- Targeted outreach and education to reduce misuse of alcohol and prescription medications in older adults (secondary)
- Early MTSS training and coaching in early childhood education centers (primary)
- Policy assessment and consulting to reduce barriers to program participation for people of color and LGBTQ+, neuro-divergent and disabled individuals (primary)
- Harm reduction related to opiate overdose (Narcan education, Narcan distribution, neverusealone.com promotion, enhancements to syringe services programs, outreach after overdose, etc.)

### **C. Subaward Information**

MAHHC anticipates making subawards no later than October 15, 2021. This application is in no way a guarantee of funding and is fully dependent upon the receipt of timely and adequate Prevention Network funding from the State of Vermont, Alcohol and Drug Abuse Programs. The project period for

subawards is a maximum of 11 months, from October 15, 2021 through September 15, 2022. All funded projects must be completed and all funds expended by no later than **September 15, 2022**.

Applicants are limited to one application per entity, however fiscal agents may be attributed on multiple applications. Applicants may request up to \$20,000. There is no lower limit on funding requests. Amounts requested are expected to be proportional to the needs addressed/population impacted.

#### D. Eligibility

The following organization types are eligible to apply for funding:

- Individual Schools
- Supervisory Unions
- Hospitals/Healthcare systems
- Nonprofits (examples include, but are not limited to: social service agencies, parent-child centers, regional planning commissions, and organizations that provide resources and programming to the public, such as libraries, arts organizations, etc.)
- Colleges and universities, including community colleges
- Municipalities
- Native American Indian Tribes recognized by the State of Vermont
- Faith-based organizations
- For-profit entities

Project activities must primarily impact the individuals or communities of one or more towns in the White River Junction and Springfield Offices of Local Health Service Areas:

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

Additional eligibility requirements:

- Collaborative proposals are welcome, but one entity must submit as the lead agent
- Individual persons are not eligible to apply

#### E. Preparing and Submitting Your Application

1. Prospective applicants are strongly encouraged to attend the [Q&A webinar](#) on August 12, 2021 at 2:00 p.m. Interested parties can register for the webinar [here](#).
2. Organizations that intend to submit an application must submit a letter of intent by no later than 5:00 pm on August 16, 2021. The letter of intent form is accessible [here](#). The purpose of this letter of intent is to provide the Program Managers with a preview of likely applicants. Letters of intent are required in order to be considered as an applicant but do not count towards application selection scoring.

3. Applications must be submitted by email to Subawards@mahhc.org no later than 5:00 pm on September 9, 2021. Applications should be submitted in Word or PDF format only.
4. Anticipated award date: no later than October 15, 2021.
5. Projects may start as early as October 15, 2021. **All projects must be complete and all funds expended by September 15, 2022.**
6. Applications should be submitted using the form in Attachment 1 to this RFA.
7. Use resources to prepare your application - see section F. below.

## F. Developing Your Application

Consider carefully the SPF model when developing your application. The chart below provides a crosswalk between the SPF and your project as explained through the application form.

| SPF Element                                  | Application Section   |
|--|---|
| Step 1, Assessment                           | Section II, Needs Assessment  |
| Step 2, Capacity                             | Section IV, Organizational Capacity   |
| Step 3, Planning                             | Section III, Project Description  |
| Step 4, Implementation                       | Section VI, Workplan<br>Section VII, Budget and Budget Narrative  |
| Step 5, Evaluation                           | Section VIII, Project Evaluation  |
| Cross-cutting principle, Cultural Competency | Section II, Needs Assessment<br>Section III, Project Description<br>Section IV, Organizational Capacity |
| Cross-cutting principle, Sustainability      | Section II, Needs Assessment<br>Section III, Project Description<br>Section IV, Organizational Capacity |

### Strategy Ideas

For more information regarding substance misuse prevention strategies, please use the following resources prior to preparing your grant application.

Videos that describe the work of primary prevention: <https://youtu.be/OSj78uJUOPk> or in context at: <https://www.addictionpolicy.org/prevention>

About risk and protective factors:

[NIDA](#)

[Youth Substance Use Prevention Infographic](#)

About the VT Prevention Model (strategy approaches in relation to the number of persons impacted):

[VT Prevention Model](#)

For prevention strategy ideas that are evidence-based, effective, or found to be promising practices please use the following websites (provided as guidance, not required):

- <https://www.blueprintsprograms.org/program-search/>
- <https://www.wsipp.wa.gov/BenefitCost>
- <https://www.ruralhealthinfo.org/project-examples/topics/substance-use-and-misuse>
- <https://ies.ed.gov/ncee/wwc/FWW>
- <http://www.promisingpractices.net/programs.asp>

### *Needs Statement*

There are many resources available online to help you in developing a strong needs statement. Below are a few examples:

- <https://www.ctdatahaven.org/articles/guide-grantwriting-conducting-needs-assessment>
- <https://www.centerfornonprofitexcellence.org/sites/default/files/Needs%20Statement%20Toolkit%20Formatted.pdf>

The Needs Statement is a required section of your application and must be supported by data. We encourage applicants to use the data sources referenced below and/or validated data that is as close as possible to the geographic area for your project. Applicants can use any valid data source, including data your organization collects for programmatic purposes. The Prevention Center of Excellence tracks data for several indicators for Windsor and Orange counties. You can access the Data Dashboard [here](#).

For data that is searchable by Health Service Area or County levels:

AHS Community Profiles:

<https://humanservices.vermont.gov/our-impact/community-profiles-health-and-well-being>

VT Department of Health Data Explorer:

<https://apps.health.vermont.gov/ias/querytool>

VT Youth Risk Behavior Surveys:

<https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>

## **G. Application Review Information**

Each submitted application will undergo an initial screening for compliance with RFA requirements. Applications found to be incomplete or out of compliance will not be sent forward for merit review.

Each application will be read by a panel of at least 2 reviewers, who will rank each application. Some of the questions that will be considered by reviewers include:

- Is the project innovative? How does it connect to the long-term goals of reducing substance misuse?
- Does the project connect to the prevention components of the SPF or SDoH models and/or demonstrate the ability to build relationships and/or healthy environments?
- Does the project aim to positively impact one or more of the priority populations listed in Section B, above?
- Do the needs identified in the application justify the project? Does the data align with the proposed project?
- Does the proposal reasonably fit within the project period? Is the amount requested proportional to the needs addressed / population impacted?
- Does the workplan show a logical progression of activities?
- Does the service area align with the described geographic area outlined in Section D, above?
- Does the applicant demonstrate current internal capacity and resources to effectively address proposed activities?

In making funding decisions, the PCE Program Managers will consider reviewer recommendations, as well as an interest in building a balanced subaward portfolio that reaches a variety of subpopulations and service areas. Reviewers may make partial funding recommendations. Program Managers reserve the right to request revisions on any application needing further clarification.

#### **H. Award Expectations**

**The following expectations are applicable only if proposals are accepted for funding. The expectations are being provided here so that organizations can know what will be expected and realistically budget for time and effort of staff.**

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.

Successful applicants will be asked to provide a copy of their most recent audit (if applicable) and a copy of their conflict of interest policy. These documents will be considered in shaping the monitoring plan for each subrecipient.

Monitoring methods will include, but are not limited to, review of monthly performance reports, comparison of invoiced costs to the approved budget as well as project progress, and phone check-ins. All subrecipients will be invited to the State of Vermont site visit with MAHHC. Participation is optional, but highly encouraged.

Applicants should be aware of the following information:

- All materials created under subawards funded through this RFA that are intended for use with the public, such as surveys, prevention toolkits, or educational materials (including, but not limited to, posters, flyers, brochures, presentations, videos) will be made available for use under the terms of a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](#) and submitted with the appropriate quarterly or final performance report.

- All subrecipients will be expected to use Results-Based Accountability (RBA) as an evaluation tool for their projects. MAHHC will provide training and support in RBA.
- Subrecipients will be expected to:
  - Share prevention messaging through channels such as Facebook, websites, and newsletters, as applicable. Messaging will be provided to Subrecipients by the MAHHC Communication Specialist.
  - Disseminate information about training opportunities when requested by the MAHHC Communication Specialist.

#### I. Contact Information

Submit all correspondence regarding this RFA according to the instructions in the following table:

| <b>Email Address:</b>  | <b>Subject Line</b> | <b>Send by Date:</b> | <b>Use this subject line to:</b>                    |
|--|---------------------|----------------------|---|
| <a href="mailto:subawards@mahhc.org">subawards@mahhc.org</a> | Re: RFA Question    | August 11, 2021      | Submit questions related to RFA for the Q&A Webinar |
|  | Re: PNG Application | September 9, 2021    | Submit application                                  |

## 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:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>If you checked that your project works directly with children/youth, please describe the process you will use for background checks*:</p><br><br><br><p><i>*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.</i></p> |  |

**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 |
|----------------|--------|--------------|-------------------|
|                |        |              |                   |
|                |        |              |                   |
|                |        |              |                   |
|                |        |              |                   |
|                |        |              |                   |
|                |        |              |                   |
|                |        |              |                   |

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.

| <input type="checkbox"/> | Town        | <input type="checkbox"/> | Town   | <input type="checkbox"/> | Town          |
|--------------------------|-------------|--------------------------|--|--------------------------|---------------|
| <input type="checkbox"/> | Andover     | <input type="checkbox"/> | Hartford (including Quechee, White River Junction, Wilder) | <input type="checkbox"/> | Springfield   |
| <input type="checkbox"/> | Baltimore   | <input type="checkbox"/> | Hartland   | <input type="checkbox"/> | Stockbridge   |
| <input type="checkbox"/> | Barnard     | <input type="checkbox"/> | Londonderry  | <input type="checkbox"/> | Strafford     |
| <input type="checkbox"/> | Bethel      | <input type="checkbox"/> | Ludlow   | <input type="checkbox"/> | Thetford      |
| <input type="checkbox"/> | Bradford    | <input type="checkbox"/> | Norwich  | <input type="checkbox"/> | Tunbridge     |
| <input type="checkbox"/> | Bridgewater | <input type="checkbox"/> | Plymouth   | <input type="checkbox"/> | Vershire      |
| <input type="checkbox"/> | Cavendish   | <input type="checkbox"/> | Pomfret  | <input type="checkbox"/> | Weathersfield |
| <input type="checkbox"/> | Chelsea     | <input type="checkbox"/> | Randolph   | <input type="checkbox"/> | West Fairlee  |
| <input type="checkbox"/> | Chester     | <input type="checkbox"/> | Reading  | <input type="checkbox"/> | West Windsor  |
| <input type="checkbox"/> | Corinth     | <input type="checkbox"/> | Rochester  | <input type="checkbox"/> | Weston        |
| <input type="checkbox"/> | Fairlee     | <input type="checkbox"/> | Rockingham (including Bellows Falls)                       | <input type="checkbox"/> | Windham       |
| <input type="checkbox"/> | Grafton     | <input type="checkbox"/> | Royalton   | <input type="checkbox"/> | Windsor       |
| <input type="checkbox"/> |             | <input type="checkbox"/> | Sharon   | <input type="checkbox"/> | 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?                    | <input type="checkbox"/> Primary prevention<br><input type="checkbox"/> Secondary prevention   |
| Which of the following areas does your project address (check all that apply): | <input type="checkbox"/> Policy<br><input type="checkbox"/> Community engagement<br><input type="checkbox"/> Youth and family resilience<br><input type="checkbox"/> Social connections<br><input type="checkbox"/> Concrete support in times of need<br><input type="checkbox"/> Social/emotional support for those in need<br><input type="checkbox"/> Harm reduction<br><input type="checkbox"/> 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?<br>Yes/No | Proposed Role on Subaward Activities |
|--|--------------------------|--------------------------------------|
|  |                          |                                      |
|  |                          |                                      |
|  |                          |                                      |
|  |                          |                                      |
|  |                          |                                      |
|  |                          |                                      |
|  |                          |                                      |

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.**

# MAHHC PNG Subaward Application Form

*Example:*

| <b>Activity – Quarter 1</b>                    | <b>October</b> | <b>November</b>   | <b>December</b>  |
|--|----------------|---|--|
| <i>Advocacy for substance-free town events</i> |                | Partner with Recovery Center to catalog local events<br><br>Consult with Regional Planning Commission | Research sample ordinances and municipal policies<br><br>Meet with Select Board chair to assess level of support |

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

| <b>Activity – Quarter 3</b>                    | <b>April</b>                                 | <b>May</b>    | <b>June</b>                            |
|--|--|---------------|--|
| <i>Advocacy for substance-free town events</i> | Develop presentation<br><br>Get on SB agenda | Present to SB | Provide follow up with SB if requested |

EXAMPLE

# MAHHC PNG Subaward Application Form

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

| <b>Activity – Quarter 1</b> | <b>October</b> | <b>November</b> | <b>December</b> |
|-----------------------------|----------------|-----------------|-----------------|
|                             |                |                 |                 |
|                             |                |                 |                 |
|                             |                |                 |                 |
|                             |                |                 |                 |
|                             |                |                 |                 |

| <b>Activity – Quarter 2</b> | <b>January</b> | <b>February</b> | <b>March</b> |
|-----------------------------|----------------|-----------------|--------------|
|                             |                |                 |              |
|                             |                |                 |              |
|                             |                |                 |              |
|                             |                |                 |              |
|                             |                |                 |              |

# MAHHC PNG Subaward Application Form

| <b>Activity – Quarter 3</b> | <b>April</b> | <b>May</b> | <b>June</b> |
|-----------------------------|--------------|------------|-------------|
|                             |              |            |             |
|                             |              |            |             |
|                             |              |            |             |
|                             |              |            |             |
|                             |              |            |             |

| <b>Activity - Quarter 4</b> | <b>July</b> | <b>August</b> | <b>September</b> |
|-----------------------------|-------------|---------------|------------------|
|                             |             |               |                  |
|                             |             |               |                  |
|                             |             |               |                  |
|                             |             |               |                  |
|                             |             |               |                  |

## VII. Budget and Budget Narrative

### **Please note:**

- **Budgets are expected to conform to the federal [cost principles in 2 CFR 200.400 – 200.476](#).** 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.

## MAHHC PNG Subaward Application Form

**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              |
|--|--|---|
| <b>Staffing</b>  | <i>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.</i>  |   |
|  |  | Staffing Total:                         |
| <b>Benefits</b>  | <i>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.).</i>  |   |
|  |  | Benefits Total (rate x staffing total): |
| <b>Consultants</b> (legal fees for policy research, trainers, etc.)              | <i>Identify any consultants, their rates and estimated hours, and why they are needed on the project.</i>  |   |
|  |  | Consultants Total:                      |
| <b>Materials &amp; Supplies</b> (printing, curriculum, training materials, etc.) | <i>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</i> |   |

## MAHHC PNG Subaward Application Form

| Budget Category  | Budget Narrative Instructions  | Applicant Budget Narrative   |
|--|--|--|
|  | <i>population, etc. Promotional items that simply include the name and logo of your program are not allowable.</i>   |  |
|  |  | Materials & Supplies Total: <input style="width: 100px;" type="text"/> |
| <b>Food</b> (allowable <u>only in limited circumstances</u> . Meals related to project staff travel should be included on the <u>Travel</u> line below.) | <b><u>Please note that providing food is generally not an allowable charge to federally funded programs.</u></b> <i>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.</i> |  |
|  |  | Food Total: <input style="width: 100px;" type="text"/>                 |
| <b>Travel</b>  | <i>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.</i>  |  |
|  |  | Travel Total: <input style="width: 100px;" type="text"/>               |
| <b>Other</b> (fees for conferences, trainings etc.)  | <i>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?</i><br><br><b><i>Incentives are generally not allowable charges to awards.</i></b><br><i>The federal funding source for this RFA only allows incentives for:</i><br><ol style="list-style-type: none"><li><i>1. Contingency Management for direct treatment services. Contingencies may be used to reward and incentivize treatment compliance with a maximum</i></li></ol>   |  |

## MAHHC PNG Subaward Application Form

| Budget Category   | Budget Narrative Instructions   | Applicant Budget Narrative                             |
|---|---|--|
|   | <p><i>contingency value being \$15 per contingency. Each patient may not receive contingencies totaling more than \$75 per year of his/her treatment.</i></p> <p><i>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.</i></p> <p><i>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. <b><u>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.</u></b></i></p> |  |
|   |   | Other Total: <input style="width: 50px;" type="text"/> |
| <p><b>Matching Funds</b> (not included in the budget template but please provide details in the budget narrative)</p> | <p><i>Subaward recipients are <u>not required</u> 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.</i></p>  |  |

# MAHHC PNG Subaward Application Form

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

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.

# MAHHC PNG Subaward Application Form

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.

|                          | <b>Prevention Center of Excellence Population-Level Goals</b>   |
|--------------------------|---|
| <input type="checkbox"/> | School and community conditions support what youth need to thrive   |
| <input type="checkbox"/> | There are no statistically significant differences in protective factors between LGBTQ+ youth and the general student population    |
| <input type="checkbox"/> | There are no statistically significant differences in protective factors between youth of color and the general student population  |
| <input type="checkbox"/> | Youth substance use rates are trending down   |
| <input type="checkbox"/> | There are no statistically significant differences in substance use rates between LGBTQ+ youth and the general student population   |
| <input type="checkbox"/> | There are no statistically significant differences in substance use rates between youth of color and the general student population |
| <input type="checkbox"/> | Youth perceive substance use as harmful   |
| <input type="checkbox"/> | 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](#).

# MAHHC PNG Subaward Application Form

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:

By:

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

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Title*

Date: \_\_\_\_\_

Signature of fiscal agent representative (if applicable):

By:

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

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Title*

Date: \_\_\_\_\_