



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Program

2019 Request for Proposal

June 14, 2018



Agenda for Proposer Conference



Department of Human Services

Doug Washburn
Director

**Mental Health, Chemical Dependency and Therapeutic Court
Request for Proposal 2018 Proposer Conference**
Thursday, June 14, 2018
1:30 p.m. – 3:00 p.m.

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

AGENDA

Proposal Summary and RFP Planning Timeline

Applicant Eligibility

Strategic Policy Goals

Strategic Plan Review Recommendations

Kitsap County Continuum of Care

Minimum Technical Requirements

New Grant Proposal

New Grant Proposal Checklist

Continuation Grant Proposal

Continuation Grant Proposal Checklist

Review and Selection Criteria

Attachments A - J

**KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES**
Hannah Shockley,
Office Supervisor
537 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
Anders Edgerton, Administrator
Phone: 360.337.4896

**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. I&A)
1.800.562.6419 (Sr. I&A)
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
245 9th Street, Suite 400
Bremerton, WA 98307
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7296

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

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

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

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811





Proposal Summary

The Kitsap County Department of Human Services (KCDHS) is requesting proposals for moneys collected under [RCW 82.14.460](#) and **“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 \$4,250,000 will be awarded for projects or program services delivered between January 1, 2019 and December 31, 2019. **Proposal Deadline: August 1, 2018 at 3:00 p.m.**

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”. 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 Treatment Sales Tax 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>.



Proposal Summary

Kitsap County Continuum of Care: For purposes of this Request for Proposal, Kitsap County has established the following continuum of care to address the behavioral health needs:

- Behavioral Health Prevention, Early Intervention and Training
- Crisis Intervention/Triage Services
- Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services
- Medical and Sub-Acute Detoxification Services
- Acute Inpatient Care Services
- Recovery Support Services

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.



RFP Planning Timeline

| Date | Activity |
|---|--|
| February 2018 | RFP Sub-committee convenes |
| March, April, May 2018 | RFP Sub-committee meetings |
| May 15, 2018 | CAC Meeting (Approve Request For Proposal & Schedule) |
| May 21, 2018 | Make RFP recommendations to BOCC (Work Study) |
| May 24, 2018 | Request For Proposal Released |
| June 14, 2018 | Proposers Conference – 1:30 p.m. Givens Community Center Olympic Room, 1026 Sidney Ave, Port Orchard, WA |
| June 18, 2018 | Notes and Q&A From Proposers Conference Posted |
| August 1, 2018 | RFP Proposals Due by 3:00 P.M. |
| August 1 st – 27 th 2018 | Proposal Reviews and Rating Sheets Completed |
| August 27, 2018 | Rating Sheets Due to Department of Human Services |
| August 30, 2018 | CAC Convenes to Discuss Proposals and Develop Questions |
| September 4, 2018 | Questions emailed to Proposers |
| September 10 th – 14 th | Proposer Question and Answer Sessions |
| September 17 th and 18 th | CAC Executive Committee Meetings |
| September 18, 2018 | CAC Meeting (Develop Recommendations for BOCC) |
| September 24, 2018 | Make funding recommendations to BOCC (Work Study) |
| October 8, 2018 | BOCC Acts on Funding Recommendations – Public Meeting |
| October – December 2018 | Contract Negotiations |
| December 2018 | BOC Approves Contracts |
| January 1, 2019 | Program Year Begins |



Applicant Eligibility

If an organization is proposing to offer mental health and/or substance use disorder treatment services, they must be authorized and licensed to provide these services, and or subcontract with organizations or individuals authorized and licensed to provide these services.

1. Requirements for providing mental health treatment include:

An agency must be licensed through the Washington State Division of Behavioral Health and Recovery to provide mental health services. An agency must meet the requirements of chapter 388-877 WAC, applicable local and state rules, and state and federal statutes. In addition, the agency must meet the applicable specific program requirements of chapter 388-877A WAC for mental health.

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.



Applicant Eligibility

1. Requirements for providing substance use disorder treatment include:

Licensure through the Washington State Division of Behavioral Health and Recovery to provide substance use disorder treatment. An agency must meet the requirements of chapter 388-877 WAC, applicable local and state rules, and state and federal statutes. In addition, the agency must meet the applicable specific program requirements of chapter 388-877B WAC for substance use disorders and Certified Chemical Dependency Professionals under RCW 18.205.020.

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



6 Strategic Policy Goals from Board of County Commissioners

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 our 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

1. Program Evaluation

Funded organizations must participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax 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 Treatment Sales Tax funded programs met expectations. Some common measures will be identified that programs will need to be able to report on. 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 on) *required if applicable*



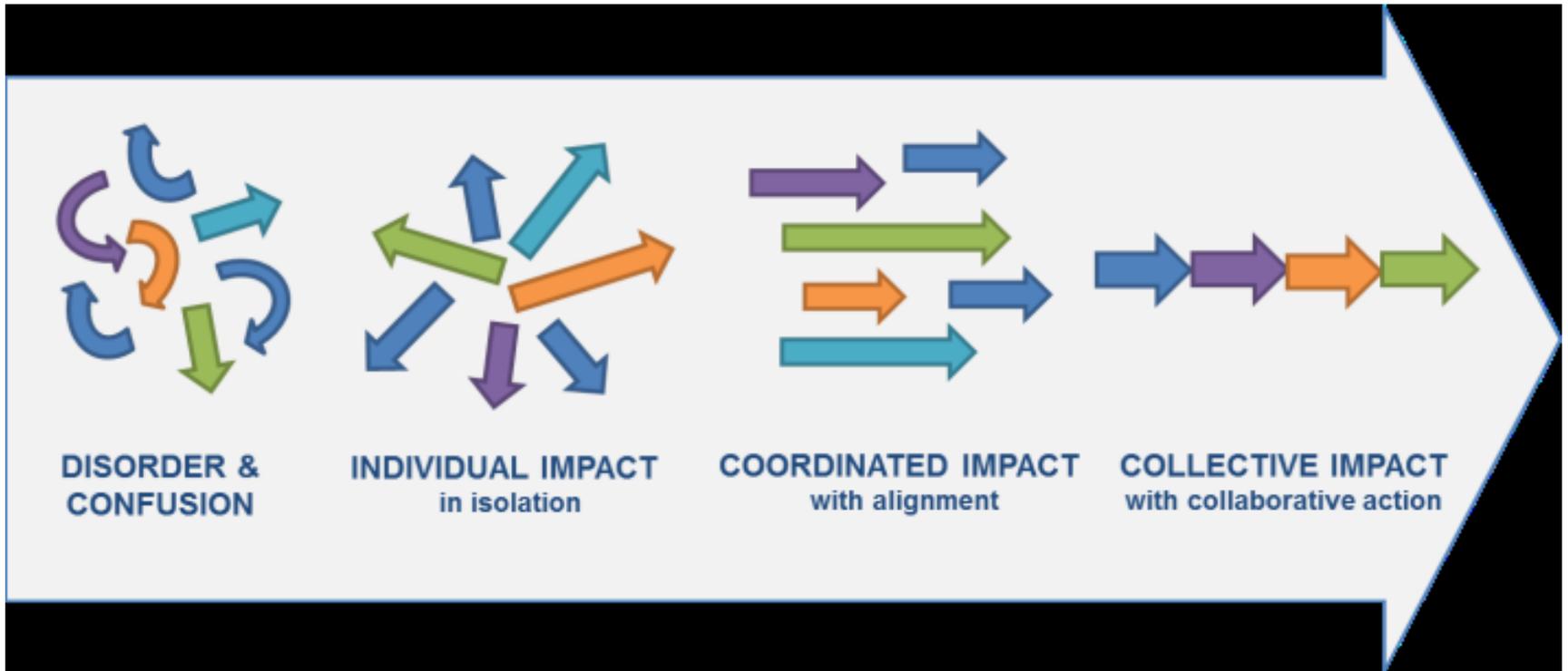
Evidence-Based Practice

1. Evidence-Based Programs

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.

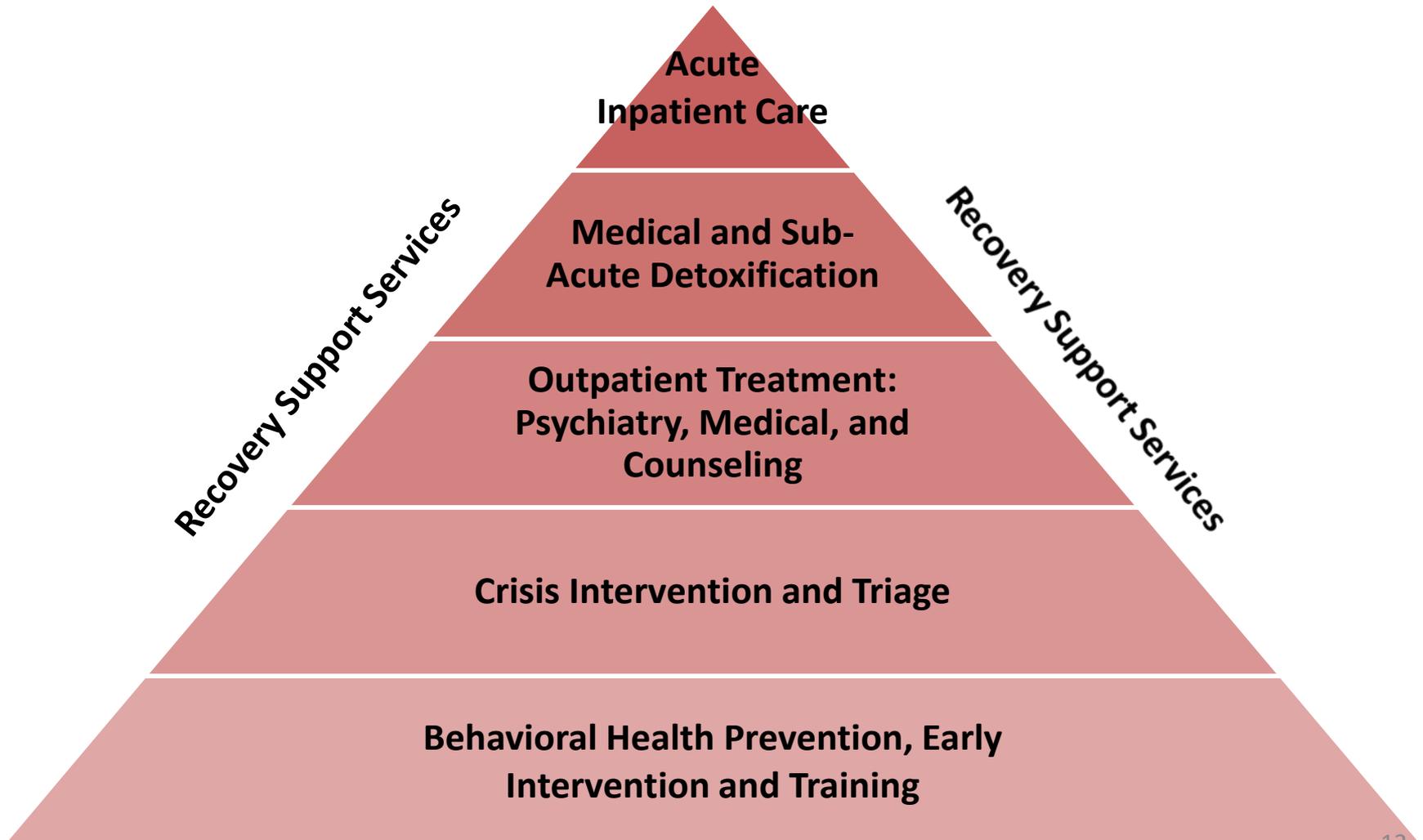


Collective Impact Framework





Kitsap County Continuum of Care





Minimal Technical Requirements

I. MINIMUM TECHNICAL REQUIREMENTS

There are two types of grant proposals eligible for funding under this Request for Proposal – New Grant Proposals and Continuation Grant Proposals. New Grant Proposals are proposals from organizations which have not been funded during the previous funding year using the Treatment Sales Tax. Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2018 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire.

All responses to this Request for Proposals (RFP), including New Grant Proposals and Continuation Grant Proposals, 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. 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. August 1, 2018.**

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.



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

1. 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 and 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

1. 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 G, 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 licensed to provide?

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

1. Project Financial Feasibility

10 Points

A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget (Attachment F and G). 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. The standard indirect is between 5% and 10%. Provide justification for indirect above 5%. Indirect can be no more than 10%.

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 – Grant Summary Page**
Directions – Complete Attachment A. Limited up to one page.
- 2. Attachment B – Narrative Template for New Grant Proposals**
Directions – Using Attachment B: Narrative Template for New Grant Proposal, 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.
- 3. Attachment D – Evaluation Worksheet**
Directions – Using Attachment D, submit detailed information in response to Narrative sections: Community Needs and Benefit and Project Description.
- 4. 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 2017. Use projected budget figures for 2018 - 2019. NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.



New Grant Proposal Checklist

1. Attachment F – Special Project Budget Form

Directions - In Requested Funds column, include all the funds you are requesting in this grant proposal. 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. This should not include in-kind donations. In-kind is defined as goods, commodities or services instead of money. The two columns will be added together for the total project budget. Indirect will be limited to 10%. Complete separate Special Project Budget Forms for each organization you are planning to subcontract services.

2. Attachment G – Project Salary Summary

Directions - This is for the proposed project only, not the entire agency. Complete separate Special Salary Summary Forms for each organization you are planning to subcontract services.

3. Attachment H – Letter of Commitment

Directions – Include Letters of Commitment to document contributions. 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.**

4. Attachment I– Organizational Chart

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



Continuation Grant Proposal

I. CONTINUATION GRANT PROPOSALS

Current grantees selected for funding during the 2018 Grant Cycle will not be required to submit a full grant proposal to request one additional budget year of funding within their approved project area. Instead, current grantees will need only to submit the streamlined Continuation Grant Proposal. These proposals will compete for support in the same manner as new proposals. Such competing continuation proposals must be submitted in accordance with established deadline dates and will be subject to objective review requirements and any external review requirements applicable to all competitive proposals. If approved and funded, the extended period of support is treated as an extension of the original Statement of Work.

Instructions for Completing the Continuation Grant Proposal Project Narrative:

A complete resubmission of the material contained in the initially approved proposal is not necessary. The Project Narrative portion of the Continuation Grant Proposal is limited up to ten (10) pages.



Continuation Grant Proposal

1. Project Description

30 points

A. Project Design

Provide a summary of your current grant project. Describe how this proposal adds to or subtracts from the original proposal.

B. Staffing Qualifications

Referring to Attachment G, 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?

C. Organizational Licenses and Certifications

Is your organization *itself* licensed to provide behavioral health services through the Department of Social and Health Services and/or the Department of Health? If so, what services is the organization licensed to provide?

D. Outreach

Describe your outreach/marketing plan to reach 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?

E. 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.



Continuation Grant Proposal

1. Accomplishments to Date

30 points

A. Progress to Date

What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years using Attachment D from your prior proposal.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties. Refer to evaluation results when possible.

C. Integration and Collective Impact

Describe how this project has been integrated with other programs in the community with the same goals and objectives and established mutually beneficial programming. What Collective Impact has been achieved?

D. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?



Continuation Grant Proposal

3. Budget Narrative

20 points

A. Past Expenditures

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period.

B. Funding Request

Briefly summarize the funding need for one additional budget year as shown in Attachments F and G. The standard indirect is between 5% and 10%. Provide justification for indirect above 5%. Indirect can be no more than 10%.

C. Funding Modifications

Describe any significant changes to the proposed budget (Attachment F and G) for the next budget year resulting from modification of project activities.

D. Subcontractors

List all organizations you plan to subcontract with. What services will they provide, what is the budget for their services and what skills and resources do they bring to the project?



Continuation Grant Proposal

3. Sustainability

20 points

A. Leveraged Funds

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Confirm that other funding sources were exhausted prior to the utilization of these funds.

B. Sustainability Plan

Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability). Please describe any new funding sources identified to support the operations of the program in the future.



Continuation Grant Proposal Checklist

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

1. Attachment A – Grant Summary Page

Directions – Complete Attachment A. Limited up to one page.

2. Attachment C –Narrative Template for Continuation Grant Proposals

Directions - Using Attachment C: Narrative Template for Continuation Grants Proposals, provide responses to Narrative questions on pages 20 – 22 including Project Design, Accomplishments to Date, Budget Narrative, and Sustainability. Limited up to 10 Pages.

3. Attachment D – Evaluation Worksheet

Directions – Using Attachment D, submit detailed information in response to Narrative Section: Progress to Date.

4. 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 2017. Use projected budget figures for 2018 - 2019. NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.



Continuation Grant Proposal Checklist

1. Attachment F – Special Project Budget Form

Directions - In Requested Funds column, include all the funds you are requesting in this grant proposal. 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. This should not include in-kind donations. In-kind is defined as goods, commodities or services instead of money. The two columns will be added together for the total project budget. Indirect will be limited to 10%. Complete separate Special Project Budget Forms for each organization you are planning to subcontract services.

2. Attachment G – Project Salary Summary

Directions - This is for the proposed project only, not the entire agency. Complete separate Special Salary Summary Forms for each organization you are planning to subcontract services.

3. Attachment H – Letter of Commitment

Directions – Include Letters of Commitment to document contributions. 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.**

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



Review and Selection Criteria

I. REVIEW AND SELECTION CRITERIA

The Kitsap County Citizens Advisory Committee (CAC) will be convened 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 H: New Proposal Evaluation and Scoring Form. Continuation Grant Proposals will be evaluated using Attachment I: Continuation 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 31, 2018. Proposers will be notified of their questions in writing and will be scheduled for question and answer sessions the week of September 10 – 14, 2018. 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. Organizations that have been selected for funding during a grant cycle may reapply for funding during the next cycle.



Unacceptable Proposals

1. Unacceptable Proposals

The Citizens Advisory Committee will also determine which proposals are not responsive to the RFP and therefore will be deemed unacceptable. Some examples of what would constitute an unacceptable proposal are those which meet at least 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.
- F. Does not meet the deadline for submittal.
- G. Does not meet the prescribed number of copies for submittal.



Attachment A – Grant Summary Page

2019 GRANT SUMMARY PAGE

ATTACHMENT A

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP KITSAP COUNTY HUMAN SERVICES DEPARTMENT

Organization Name: _____

Proposal Title: _____

Please Check One New Grant Proposal Continuation Grant Proposal

Please check which area of the Continuum this project addresses:

- | | |
|--|---|
| <input type="checkbox"/> Prevention, Early Intervention and Training | <input type="checkbox"/> Medical and Sub-Acute Detoxification |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Acute Inpatient Care |
| <input type="checkbox"/> Outpatient treatment | <input type="checkbox"/> Recovery Support Services |

Number of Individuals Screened: _____ Number of Individuals Served: _____

Proposal Summary:

Requested Funds Amount: \$ _____

Matching/In-kind Funds Amount: \$ _____

Street Address:

City: _____ State: _____ Zip: _____

Primary Contact: _____ Phone: _____ E-Mail: _____

Non-Profit Status: 501C3 of the Internal Revenue Code? Yes No

Federal Tax ID Number: _____

- If incorporated, attach a list of the members of the Board of Directors, including names and addresses.
- If not incorporated (sole proprietor or partnership), attach a list of the names and addresses of the principals.

Signature _____ Title _____ Date _____



Attachment B – Narrative Template for New Grant Proposals

ATTACHMENT B

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP KITSAP COUNTY HUMAN SERVICES DEPARTMENT

All New 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 C – Narrative Template for Continuing Grant Proposals

ATTACHMENT C

2019 NARRATIVE TEMPLATE FOR CONTINUATION GRANT PROPOSALS

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP KITSAP COUNTY HUMAN SERVICES DEPARTMENT

All Continuation Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 10 pages.

1. Project Design (30 points)

- A. Project Design
- B. Staffing Qualifications
- C. Organizational Licenses and Certifications
- D. Outreach
- E. Evaluation

2. Accomplishments to Date (30 Points)

- A. Progress to Date
- B. Barriers to Implementation
- C. Integration & Collective Impact
- D. Key Accomplishments

3. Budget Narrative (20 Points)

- A. Past Expenditures
- B. Funding Request
- C. Funding Modifications
- D. Subcontractors

4. Sustainability (20 Points)

- A. Leveraged Funds
- B. Sustainability Plan



Attachment D – 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? |

DEFINITIONS:



Attachment D – 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 <small>Data and time</small> | G. SOURCE |
|---|---|---|--|--|---|---|
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input 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 type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input 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 type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input 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 type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Click here to enter text. Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | Click here to enter text. | Click here to enter text. |



Attachment D – Example

EXAMPLE EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

| A. GOAL | B. ACTIVITY | C. SMART OBJECTIVE | D. TYPE OF MEASURE | E. TIMELINE | F. BASELINE Data and time | G. SOURCE |
|---|---|--|--|--|---|--|
| Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for substance abuse and/or mental health problems. | Provide Nurse Family Partnership (NFP) Evidence Based model home visits to 12 low-income, first-time mothers and infants. | Maintain a full 0.5FTE case load of 12 mothers and infants continuously through December 31, 2019. | <input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input checked="" type="checkbox"/> Fidelity measure | <input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>1/1/19</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | 0, as of 6/30/14; 12, as of 6/30/16 | Nightingale Notes Electronic Health Record (NN) and NFP Efforts to Outcomes (ETO) database |
| | Provide bilingual Community Health Worker (CHW) targeted outreach and case management to increase enrollment of high risk low-income pregnant women into Maternity Support Services (MSS) and NFP and increase the number of nursing and behavioral health specialist (BHS) visits. | Enrollment of clients referred to MSS will increase from 22% to 30% by December 31, 2019. | <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 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>1/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | 22% per year between 2011 - 2015 | NN Electronic Health Record |
| | | The number of nursing and BHS visits will increase by 10% by December 31, 2019. | <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 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>1/1/2019</u> Frequency: <input checked="" type="checkbox"/> Quarterly (# visits) <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: percent increase reported at the end of grant period | Number of nursing and BHS visits completed first quarter 2016 | NN Electronic Health Record |
| | | By December 31, 2019 CHW conducts outreach and case management to at least 400 | <input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction | <input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long | 0 | NN Electronic Health Record |



Attachment D – Example

EXAMPLE EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

| A. GOAL | B. ACTIVITY | C. SMART OBJECTIVE | D. TYPE OF MEASURE | E. TIMELINE | F. BASELINE Data and time | G. SOURCE |
|---------|---|--|--|---|------------------------------|-----------------------------|
| | | pregnant or post-partum eligible women. | <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure | Start date: <u>1/1/19</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ | | |
| | Provide ACEs screening and education to NFP clients who voluntarily accept screening. | 95% of NFP clients with an identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services. | <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: <u>Knowledge</u> , attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or <u>behavior</u> <input checked="" type="checkbox"/> Outcome: Impact on overall problem (<u>status</u>) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure | <input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long | 2013-2014 93% | NN Electronic Health Record |
| | Offer referral to MSS Behavioral Health Specialist to all NFP clients with ACE score of ≥ 3 . | | | Start date: <u>1/1/19</u> | | |
| | Screen all NFP clients for anxiety and depression and refer those showing risk factors. | | | Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: end of grant period | | |
| | Provide all NFP clients education on perinatal mood disorders and when to seek help. | | | | | |
| | Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services. | 95-100% of NFP clients with an identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at discharge from services. | <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: <u>Knowledge</u> , attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or <u>behavior</u> <input checked="" type="checkbox"/> Outcome: Impact on overall problem (<u>status</u>) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure | <input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long | 2013-2014 100% | NN Electronic Health Record |
| | Provide all NFP clients education on the harmful effects of substance use during pregnancy. | | | Start date: <u>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: end of grant period | | |
| | Provide all NFP clients with education on parenting, child growth and development, and parental emotional well-being and stress management. | At least 80% of NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System | <input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: <u>Knowledge</u> , attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or <u>behavior</u> | <input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>1/1/19</u> | 2013-2014 67% | NN Electronic Health Record |



Attachment D – Evaluation Worksheet

EXAMPLE EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Improving the Health and Resiliency of High-Risk Mothers and Their Children

| A. GOAL | B. ACTIVITY | C. SMART OBJECTIVE | D. TYPE OF MEASURE | E. TIMELINE | F. BASELINE Data and time | G. SOURCE |
|---|---|--|---|---|------------------------------|----------------------------|
| | Link NFP clients to community resources. | Problem Rating Scale at discharge from services. | <input checked="" type="checkbox"/> Outcome: Impact on overall problem (status) <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure | Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: end of grant period | | |
| Clients are satisfied with the services received. | Annually, a random sample of 30 clients are surveyed by phone for satisfaction with program services after discharge. | By December 31, 2019, 80% of clients report a moderate to high satisfaction with services as measured by the client satisfaction survey. | <input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input 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>1/1/19</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: end of grant period | n/a, new survey | Client satisfaction survey |



Attachment E – Total Agency Budget Form

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: _____

Project: _____

Accrual Cash

| AGENCY REVENUE AND EXPENSES | 2017 | | 2018 | | 2019 | |
|---|----------------|-------------|----------------|-------------|----------------|-------------|
| | Actual | Percent | Budget | Percent | Budget | Percent |
| AGENCY REVENUE | | | | | | |
| Federal Revenue | \$ 1.00 | 100% | \$ 1.00 | 100% | \$ 1.00 | 100% |
| 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) | \$ 1.00 | | \$ 1.00 | | \$ 1.00 | |
| AGENCY EXPENSES | | | | | | |
| Personnel | | | | | | |
| Managers | \$ 1.00 | 100% | \$ 1.00 | 100% | \$ 1.00 | 100% |
| Staff | \$ - | 0% | \$ - | 0% | \$ - | 0% |
| Total Benefits | \$ - | 0% | \$ - | 0% | \$ - | 0% |
| Subtotal | \$ 1.00 | 100% | \$ 1.00 | 100% | \$ 1.00 | 100% |
| 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 | \$ 1.00 | | \$ 1.00 | | \$ 1.00 | |

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.



Attachment F – Special Project Budget Form

ATTACHMENT F

Special Project Budget Form

Agency Name: _____ Subcontractor: ___ Yes ___ No 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 10%) | \$ - | 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 | \$ 2.00 | 100% | \$ 1.00 | 100% | \$ 1.00 | 100% |
| Other (Describe): | \$ - | 0% | \$ - | 0% | \$ - | 0% |
| SUBTOTAL | \$ 2.00 | 100% | \$ 1.00 | 100% | \$ 1.00 | 100% |
| Total Project Budget | \$ 2.00 | | \$ 1.00 | | \$ 1.00 | |

NOTE: Indirect is limited to 10%



Attachment G – Special Project Budget Form

ATTACHMENT G

Project Salary Summary

Agency Name:

Subcontractor: Yes No

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: | \$ - |
| Total Salaries | \$ - |
| Total Payroll Taxes | \$ - |
| Total Cost of Benefits | \$ - |
| Total Cost of Retirement | \$ - |
| Total Payroll Costs | \$ - |



Attachment H – 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 H 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,



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