

## Request for Subaward Applications

### A. Introduction

Mt. Ascutney Hospital and Health Center (MAHHC) announces the availability of subawards under the Prevention Network Grant (PNG) 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.

*Total Funds available through Prevention Network Grant contracts and subawards: \$200,000*

There is no upper or lower limit on funding requests. Amounts requested are expected to be proportional to the needs addressed/population impacted and realistic to expend in a 6-month timeframe.

Application Due Date: November 5, 2019

Questions on this RFA should be submitted by email to [Subawards@mahhc.org](mailto:Subawards@mahhc.org) with the subject line "Re: Subaward Question" by October 14, 2019. To receive a copy of submitted questions and corresponding answers, please send an email to [Subawards@mahhc.org](mailto:Subawards@mahhc.org) with the subject line "Re: Q/A Request" by October 14, 2019.

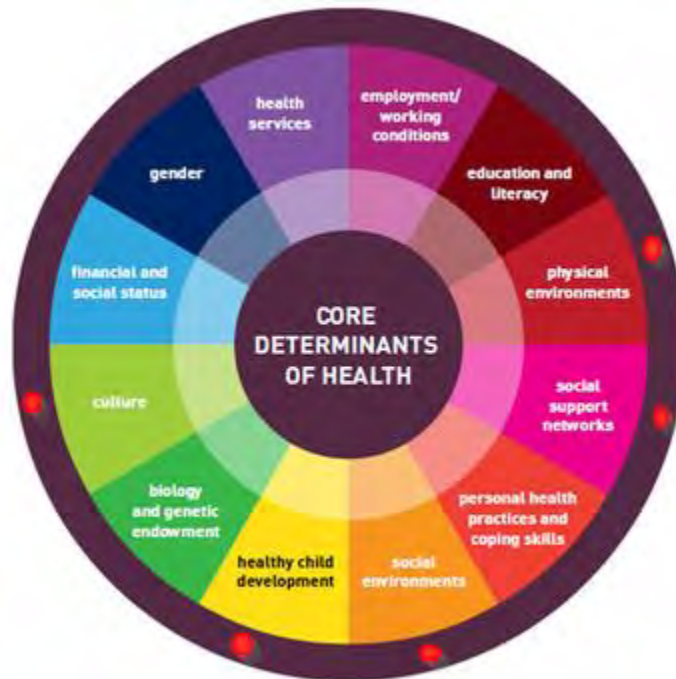
### B. Program Description

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.

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 of:

- ❖ Alcohol
- ❖ Marijuana
- ❖ Tobacco
- ❖ 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 (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 in 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. (See Appendix A for examples.)

### C. Subaward Information

MAHHC anticipates making subawards by December 31, 2019. The project period for subawards is a maximum of six months. All funded projects must be completed *and all funds expended* by no later than **June 30, 2020**.

Applicants are limited to one application per entity, however fiscal agents may be attributed on multiple applications.

There is no upper or lower limit on funding requests, but 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
- 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:

- 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
- 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. Applications must be submitted by email to [Subawards@mahhc.org](mailto:Subawards@mahhc.org) no later than 5:00 pm on November 5, 2019. Applications should be submitted in Word or PDF format only.
2. Anticipated award date: no later than December 31, 2019.
3. Projects may start as early as January 1, 2020. All projects must be complete and all funds expended by June 30, 2020.
4. Applications should be submitted using the form in [Attachment 1](#) to this RFA.
5. Use resources to prepare your application - see section F. below.

**F. Resources and Technical Support**

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://www.addictionpolicy.org/what-is-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-abuse>
- <https://ies.ed.gov/ncee/wwc/FWW>
- <http://www.promisingpractices.net/programs.asp>

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

AHS Community Profiles:

[http://humanservices.vermont.gov/ahs\\_community-profiles](http://humanservices.vermont.gov/ahs_community-profiles)

VT Department of Health Data Explorer:

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

VT Youth Risk Behavior Surveys:

[VT 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:

- Does the project connect to the prevention components of the SDoH model and/or demonstrate the ability to build relationships and/or healthy environments?
- 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 6-month timeframe? Is the amount requested proportional to the needs addressed / population impacted?
- Does the service area align with the described geographic area?
- Is the project innovative? Is there a connection to the long-term goals of reducing substance misuse?
- Does the workplan show a logical progression of activities?
- Does the applicant demonstrate current internal capacity and resources to effectively address proposed activities?

In making funding decisions, the Prevention Network 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.

Monitoring methods will include, but are not limited to, review of monthly performance reports, comparison of invoiced costs to the approved budget, 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 monthly or final performance report.

- All subrecipients will be expected to attend a Results-Based Accountability conference sponsored by MAHHC. Funds for attendance at the RBA conference have been included in the project budget template in Attachment 1.
- 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**

All correspondence regarding this RFA should be submitted 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: Subaward Question	October 14, 2019	Submit questions related to RFA
	Re: Q/A Request	October 14, 2019	Request a copy of the Q/A document (to be sent OOA October 21)
	Re: PNG Application	November 5, 2019	Submit application

## APPENDIX A

### Prevention Network Strategy Examples

The following table is offered as strategy examples that align with RFA Section B - Description. Applicants are not limited to these choices.

<p><b><u>Increase Social-Emotional Learning</u></b></p> <ul style="list-style-type: none"> <li>● Increase understanding of Social Emotional Learning (SEL)</li> <li>● Assess the capacity and need to address SEL of children</li> <li>● Provide curriculum to address SEL needs of early childhood through high school youth</li> <li>● Obtain Collaborative Problem Solving certification</li> </ul>	<p><b><u>Supporting Youth</u></b></p> <ul style="list-style-type: none"> <li>● Increase School/Law Enforcement partnerships</li> <li>● Support Youth and LGBTQ+ groups using community education to increase youth feeling they matter to the community</li> <li>● Support Youth in action; amplify youth voice, student empowerment groups, youth-led projects/events</li> <li>● Support Youth involvement in Substance Misuse Prevention through Peer Networks, Mentoring, etc.</li> <li>● Increase education around Vaping, Marijuana, or other substances</li> <li>● Increase Restorative Practices in schools, businesses, towns</li> </ul>
<p><b><u>Training, Assessment, and/or Strategic Planning</u></b></p> <ul style="list-style-type: none"> <li>● Contract with Strategic Planning Consultant</li> <li>● Sponsor training session(s) for staff and/or community partners</li> <li>● Conduct a survey to determine readiness to utilize identified program/curriculum (<a href="#">SEARCH</a>, <a href="#">GLSEN</a>)</li> <li>● Attend national or regional training (<a href="#">CADCA</a>, <a href="#">National Prevention Network</a>, <a href="#">Public Health Marijuana Summit</a>)</li> </ul>	<p><b><u>Increase Community Level Substance-Free Events</u></b></p> <ul style="list-style-type: none"> <li>● Change town-level events to substance-free events using a cross-collaboration with recovery and treatment centers and/or those having lived experience</li> <li>● Partner with local businesses to hold substance-free community events</li> </ul>

## Attachment 1

### MAHHC PNG Subaward Application Form

**The actionable timeframe of this grant is 6 months, all activities and expenditures must be completed by June 30, 2020. 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 or PDF only.

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 (1,000 words)
- Work plan template
- Budget Description (500 words)
- Budget template
- Project Evaluation (200 words)
- Resumes of Staff Listed in Budget
- W-9, Request for Taxpayer Identification Number and Certification (for applicant organization, or fiscal sponsor where applicable)
- Federally negotiated indirect cost rate (only if requesting rate different than 10% de minimis rate)
- Signature(s) of Official Authorized to Bind the Organization and Fiscal Agent Representative (if applicable)



## MAHHC PNG Subaward Application Form

### Cover Sheet (Applicant information):

Entity Name (must match IRS Form W-9, Request for Taxpayer ID):	
Address:	
DUNS number:	
Type of Entity:	<input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> Other nonprofit with fiscal agent <input type="checkbox"/> Municipality <input type="checkbox"/> Other, please specify: _____
Fiscal year end date:	
Contact Person Name and position in organization:	
Contact Person Email and phone number:	
Name and Title of Individual Authorized to Bind the Organization, if different from Contact Person:	
This project will involve PHI (Protected Health Information) subject to HIPAA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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>          <p style="text-align: center;"><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.

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)? Describe the population and service area to be addressed. What community conditions currently threaten the health of the population and service area for your project?

III. Project Description (1,000 words)

What is your project? How will it help build strong and meaningful relationships and supportive, healthy environments and address the concepts of SDoH as described in section B? How will your project engage other partners and/or people in the community? Explain how your project would eventually have an impact on the long-term goals of reducing the misuse of substances such as alcohol, marijuana, tobacco, prescription and illicit opioids, and other drugs.

IV. Workplan

Please provide a timeline of the activities for this project.

*Example: Advocacy for substance-free town events*

<b>Activity</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>
<i>Gauge public support</i>	Design survey	Negotiate survey dissemination permissions	Conduct survey (town meeting, senior meal, etc.)	Analyze survey results		
<i>Present to Select Board</i>				Develop presentation  Get on SB agenda	Present to SB	Provide follow up with SB if requested

# MAHHC PNG Subaward Application Form

**Blank Workplan Template (use of this template is required):**

Activity	January	February	March	April	May	June

V. Budget (500 words)

In this section include a brief narrative of how the budget will be expended. **Please note that budgets are expected to conform to the federal [cost principles in 2 CFR 200.400 – 200.475](#).**

In your budget narrative:

- Please demonstrate how your organization will be able to take on this project with current staff capacity. Given the 6-month timeframe, adding a full-time employee for a project may be deemed unreasonable.
- If you are using a fiscal agent, please describe your organization’s relationship to the fiscal agent and how you will work together to monitor grant and budget expectations.
- 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. *If your organization currently receives other federal funding for prevention, you must list all sources of federal funds and the strategies associated with those funds (additional 100 words).*
- Subaward recipients are not required to obtain a financial match from another source, but if you will be using other funds to help achieve project goals, please include the source and amount in your budget narrative and note whether those funds are already secured or if the request is still pending. If still pending, explain briefly what changes in budget/scope would be required if you do not receive those additional funds.

## MAHHC PNG Subaward Application Form

**Budget Template (use of this template is required):**

Topic	Description	\$ Total amount
<b>Staffing</b>		\$
<b>Benefits</b> (include the overall percentage)		\$
<b>Consultants</b>		\$
<b>Materials &amp; Supplies</b> (printing, curriculum, training materials, etc.)		\$
<b>Travel</b>		\$
<b>Other</b> (fees for conferences, trainings etc.)		\$
<b>Required RBA Conference</b>	At a rate of \$75 per person listed in staffing for this project to attend one required training	\$
<b>Indirect _____%</b>	Limited to 10% unless another rate has been federally negotiated	\$
<b>Total:</b>	Should equal the amount you are applying for	\$

V. Project Evaluation (200 words)

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

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

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

- One or more staff has completed formal RBA training (e.g., 4-part series offered by Benchmarks for a Better Vermont)
- 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.

# 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 understands that these grants are required to comply with the AHS cost reimbursement model and you 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.

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: \_\_\_\_\_