LRE PREVENTION APPLICATION PACKAGE

**Cover Page**

|  |  |
| --- | --- |
| Name and Address of Organization: |   |
| Program Name: |   |
| Total Amount Requested (by county if applicable) |   |
| Contact Information: (name, title, phone # and email) |  |
| Date of Submission: |   |
| Please list the name of all projects submitted within this proposal below and identify the number of hours of service planned for each. |
| Project Name: (add additional rows if necessary) | Hours of Direct\* Service Planned (1 hour = 4 MPDS units) |
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| **TOTAL HOURS OF SERVICE PLANNED** |  |

**\* Direct service: to learn more about direct service hours, please reference the** [**MPDS manual**](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder1/Folder24/64930_Michigan_Prevention_Data_System_User_Guide_for_Provider_Agencies.pdf?rev=18591566f27e4d91801f438ce3ce573c)**.**

Please acknowledge that by submitting this proposal, the organization certifies the following (check the box):

[ ]  All information in the written proposal submitted to Lakeshore Regional Entity in response to the Request for Proposals (RFP) for SUD Prevention Services are true to the best of your knowledge. I fully understand that any fraudulent, misleading, or omitted information discovered at any time may constitute cause for immediate rejection of the proposal and/or termination of the contract, if awarded.

[ ]  The requirements in the RFP have been reviewed and that the organization’s governing body has authorized submission of this proposal with the intent to provide services according to those stated requirements.

[ ]  This proposal is made without known conflict of interest. I understand and agree to abide by all agreements of the RFP and of the submitted proposal and certify that I am authorized to sign this proposal for the responding organization.

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| **ORGANIZATIONAL CAPACITY AND CAPABILITIES** |
| 1. Please describe your organization’s experience and relevant expertise for delivering prevention programming.
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| 1. Please describe your organization’s prior experience of managing grant funds and how the organization will provide oversight, development and coordination of grant-funded programming, and managing performance of staff.
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| 1. Describe your organization’s involvement with the substance abuse prevention coalition in the county.
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| 1. Please describe how your organization applies the Strategic Planning Framework to inform the prevention activities described throughout this application.
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| 1. Please describe your organization’s ability to attract or allocate other funds to enhance prevention services supported by the LRE. Include a brief description of current funding sources.
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 **PROGRAM STAFF CREDENTIALS FORM**

Provide the following information for each staff (employee and contractual) that would provide services as described within the submitted application. Additional rows may be added if necessary.

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| **EMPLOYEES** |
| **Name** | **Title/Position** | **Prevention Certification Designation OR Development Plan (inc. Supervisor’s Name)** | **Other License** | **Education/ Experience** | **% of FTE** | **MPDS Log-in Needed? If yes, provide email, phone number, and Indicate if User or Staff** |
| Sample | ***Sue Jones*** | ***Program Supervisor*** | ***CPC – R*** | ***LMSW*** | ***LMSW, 7 years’ experience******SUD Prevention/Treatment*** | **100%** | suejones@townsville.org***734-555-5555, User*** |
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| **CONTRACTUAL STAFF** |
| **Name** | **Title/Position** | **Prevention Certification Designation OR Development Plan (inc. Supervisor’s Name)** | **Other License** | **Education/ Experience** | **% of FTE** | **MPDS Log-in Needed? If yes, provide email, phone number, and Indicate if User or Staff** |
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**Project Planning Sheet:**

Complete a separate Project Planning Sheet for each project as defined in the instructions. Insert additional tables as necessary. For detailed instructions refer to the instructions provided in Attachment A of the RFP.

|  |  |
| --- | --- |
| **Agency Name:** | **Project Name:** |
|  |  |
| **Contact person for the project:**  |  |
| **Project Background** |
| **Project Description**:  |
|  |
| **Description of Target Audience & Recruitment:** |
|  |
| **Cultural Competency and Sensitivity:** |
|  |
| **Problem and Intervening Variables Targeted: (refer to attachment A)** |
|  |
| **Strategies and Activities:** |
|  |
| **Collaborative Partners:** |
|  |
| **Evaluation Results:** |
|  |
| **Evidence-Based Practice (EBP) Support** |
| List each Activity identified in the Strategies and Activities section and identify the category of evidence-based category that it meets. In the column to the right, provide the supporting information as necessary for each. *(Additional rows may be added if necessary)* |
| **Activity/MPDS Group Name** | **Evidence-Based Category**  | **Support Information** |
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| **Monitoring and Evaluation** |
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| **Fidelity:** |
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| **Outputs and Objectives:** List each Activity identified in the Strategies and Activities section and identify the benchmarks and short-term outcome objectives that will be monitored. *(Additional rows may be added if necessary)* |
| **Activity:** | **Planned Hours of Direct Service** | **Benchmarks (Outputs)** | **Short-term Outcome Objectives** |
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| **Method for Tracking Short-term Outcomes listed above:**  |
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**BUDGET SUMMARY**

In the following table please list each project submitted in a column and provide the budget amount for each budget category and source of funds for each. Additional columns may be added if needed.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project:** |  |  |  |  |  |  |  |  |  | **TOTAL** |
| 1. Salary and Wages
 |  |  |  |  |  |  |  |  |  |  |
| 1. Fringe Benefits
 |  |  |  |  |  |  |  |  |  |  |
| 1. Travel
 |  |  |  |  |  |  |  |  |  |  |
| 1. Supplies and Materials
 |  |  |  |  |  |  |  |  |  |  |
| 1. Contractual
 |  |  |  |  |  |  |  |  |  |  |
| 1. Subawards
 |  |  |  |  |  |  |  |  |  |  |
| 1. Equipment
 |  |  |  |  |  |  |  |  |  |  |
| 1. Other Expenses
 |  |  |  |  |  |  |  |  |  |  |
| 1. Total Direct Expenses

(sum of lines 1-8) |  |  |  |  |  |  |  |  |  |  |
| 1. Indirect Expenses
 |  |  |  |  |  |  |  |  |  |  |
| 1. **TOTAL ALL EXPENDITURES:**

**(Sum of lines 8 and 9)** |  |  |  |  |  |  |  |  |  |  |
| 1. Source of Funds:
 |  |  |  |  |  |  |  |  |  |  |
| **LRE Request** |  |  |  |  |  |  |  |  |  |  |
| Other Funds |  |  |  |  |  |  |  |  |  |  |

PROJECT BUDGET – COST DETAIL

Complete a separate Budget Cost Detail and Narrative for each project submitted that includes only costs budgeted for the specified project. If other sources of funds are committed to support the proposed project, include the funding source and amount under #11. The narrative should briefly justify the projected costs for each budget category.

|  |  |  |
| --- | --- | --- |
| PROJECT NAME | Budget Period | Date Prepared |
|  | From:  | To:  |
|  |  |  |
| Grantee Name | Federal ID # | Budget Agreement | Amendment # |
|  |  |    Original   Amendment |  |
| 1. SALARY AND WAGES- Position Description | Comments | Positions Required | Total Salary |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Salary and Wages | $ |  | $ |
| 2. FRINGE BENEFITS: (Specify)[x]  FICA [x]  Life Ins [ ]  Dental[x]  Unemploy . [x]  Vision [ ]  Work Comp[ ]  Medical [ ]  Hearing Ins[ ] Retire [ ]  Other | Composite Rate % |  |
| [x]  Tuition Remission (list amount)  |  |
| 2. Total Fringe Benefits |  |
| 3. Travel (Specify if any category exceeds 10% of Total Expenditures)Item Description Amount3. Total Travel | $ |
| 4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)Item Description Amount4. Total Supplies and Materials | $ |
| 5. CONTRACTUALName and Address Service Provided Amount5. Total Contractual | $ |
| 6. SUBAWARDS (Subcontractors -Subrecipients)Name and Address Service Provided Amount6. Total SubAward | $ |
| 7. EQUIPMENT (Specify)Item Description Amount 7. Total Equipment | $ |
| 8. Other Expenses (Specify if any category exceeds 10% of Total Expenditures)Communication: Space Cost: Other (explain): 8. Total Other Expenditures |  |
| 9. Total Direct Expenditure (Sum of 1 – 8) | $ |
| 10. Indirect Costs |  |
| Rate #1 Base $ |  -  | x Rate  |  |  |
| Rate #2 Base $ |  -  | x Rate  |  |  |
| 10. Total Indirect Expenditures | $ |
| 11. TOTAL ALL EXPENDITURES: (Sum of lines 9 and 10) |  |
| Source of Funds: | Comments: | Amount |
| LRE Request |  |  |
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| 12. TOTAL FUNDING |  |

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| **NARRATIVE** |
| **Personnel:** Briefly identify positions directly involved in service setup, delivery, oversight and project management |
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| **Travel:** Describe anticipated travel requirements attributable to the delivery of services for your proposed project. Define travel costs in support of your program. Define any additional costs.  |
|  |
| **Supplies & Materials:** Briefly explain why and what items are necessary for the project.  |
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| **Subcontracts:** Briefly explain why and what items are necessary for the project.  |
|  |
| **Equipment:** Briefly explain why and what items are necessary for the project.  |
|  |
| **Other Expenses:** Briefly explain why and what items are necessary for the project. |
|  |
| **Other Funding Sources:** If any funding sources outside of what is being requested from the LRE will support the costs budgeted, please describe the additional funding sources and why it is necessary to blend funding for this Project.  |
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