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SECTION 1 INTRODUCTION

1.1 STATEMENT OF NEED AND PURPOSE

The Criminal Justice, Mental Health, and Substance Abuse (CJMHA) Reinvestment Grant Program (Program) was created by the 2007 Florida Legislature by s. 394.656, F.S. housed within the Department of Children and Families (Department). The purpose of this Request for Applications (RFA) is to provide funding under the Program to counties which they may use to plan, implement, or expand initiatives that increase public safety, avert increasing spending on criminal and juvenile justice systems, and improve the effectiveness of treatment services for adults and juveniles who have a mental illness, substance use disorders, or co-occurring disorders, who are at risk of entering, the criminal or juvenile justice systems.

1.2 MANDATORY QUALIFICATIONS

Pursuant to s. 394.656, F.S., a county or consortium of counties for a not-for-profit community provider or managing entity designated by the county planning council or committee as described in s. 394.657, F.S. for a 1-year Planning Grant or a 3-year Implementation or Expansion Grant. The Applicant must comply with all requirements in s. 394.658, F.S. An application submitted by a consortium of counties must clearly designate a lead county.

A not-for-profit community provider or managing entity applying for a Planning or an Implementation or Expansion Grant must submit a letter certified by the county planning committee designating them to apply for the RFA on behalf of the county.

Pursuant to s. 394.657, F.S., for each Applicant, the Board of County Commissioners must designate a county Public Safety Coordinating Council established under s. 951.26, F.S., or the Board must designate another criminal or juvenile justice mental health and substance abuse council or committee as the planning council or committee for this Program. The designated council or committee, in coordination with the county offices of planning and budget, must make a formal recommendation to the board of county commissioners regarding how the Program may best be implemented within a community.

Counties forming a consortium may use a regional Public Safety Coordinating Council or another county-designated regional criminal or juvenile justice mental health and substance abuse planning council or committee for the geographic area represented by the member counties.

If a council or committee other than the Public Safety Coordinating Council is used for this purpose, its members must include all persons identified in s. 394.657(2)(a) Appendix B, Planning Council or Committee Form).

1.3 FUNDING

This solicitation offers funding for two types of grants. Applicants may seek only one type of grant in response to this RFA. Applicants must build their application budget based on the amount of state grant funds requested, subject to the grant maximums in this section, plus the state-mandated matching funds (see Local Match Requirements, Section 1.4). Applicants may seek funding that is within the maximum limits for each type of grant.

1.3.1 Planning Grants

Grant Maximum: \$100,000 per county. Project Period: 12 months

Counties forming a consortium may request \$15,000 for each additional county. For example, if three counties form a consortium, the grant maximum would be \$130,000. If four counties form a consortium, the grant maximum would be \$145,000.

Grant funding must be spent within 12 months of the execution of a Grant Agreement by the Department. Planning grants will not be renewed at the end of the one-year grant period.

1.3.2 Implementation and Expansion Grants

Grant Maximum: \$1,200,000 per county. Project Period: 36 months

The maximum allowable grant award per county is \$400,000.00 per year for a total of \$1,200,000 total for the project period.

36 month period. Counties forming a consortium may request \$100,000 for each additional county, per fiscal year. For example, if three counties form a consortium, the grant maximum would be \$600,000 per fiscal year. If four counties form a consortium, the grant maximum would be \$700,000 per fiscal year.

Grant funding must be spent within 36 months of execution of a Grant Agreement by the Department. Implementation and Expansion Grants will not be renewed at the end of the three-year grant period.

1.3.3 Program funding is contingent upon the availability of funds pursuant to an appropriation by the legislature.

1.3.4 There shall be no duplication or supplanting of funding for those applicants who are awarded funding under any other Department-funded services or activities. Services included in the Application may not be simultaneously funded by another SAMH contract, ME subcontract or DCF-funded grant award. All services and proposed costs included in a CJMHSR Reinvestment application must meet the criteria specified in this RFA and must be clearly directly associated with the proposed project.

1.4 LOCAL MATCH REQUIREMENTS

Pursuant to s. 394.658(2), local matching funds are required under this Program and grant funding will not be awarded unless the Applicant makes available resources in an amount equal to the total amount of the Grant according to the following stipulations:

1.4.1 For Applicants considered to be a Fiscally Constrained County, or a consortium of Fiscally Constrained Counties, as defined in

1.6.2.2 Youth who are “at-risk” of involvement in criminal or juvenile justice systems have factors associated with possible delinquent behaviors that can lead to involvement in the juvenile justice system, including individual factors, family factors, peer group factors, school-related factors, or community environmental factors.

1.6.3 Crisis Intervention Team (CIT)

A first responder model that provides law enforcement with crisis intervention training for assisting individuals with a mental illness experiencing a behavioral healthcare crisis.

1.6.4 Diversion Program

A program that seeks to divert individuals with mental illness, substance use disorders or co-occurring disorders from the criminal or juvenile justice system and links them to community-based services and supports in order to address root causes of criminal behavior through effective intervention.

1.6.5 Evidence-Based Programs and Practices (EBP)

A program or intervention that complies with the terms of Managing Entity Program Guidance 1 – Evidence-Based Guidelines, available at:

<http://www.myflfamilies.com/evidence-based-programs/substance-use/managing-entity/2016-contract-docs>

1.6.6

1.6.12 Supplant or Supplanting

The use of grant funds to displace available funds which, prior to this award, an Applicant used to accomplish the same work as the approved grant funds.

1.6.13 Sustainability

The capacity of an Applicant and its partners to maintain the service coverage, developed as a result of this grant, at a level that continues to deliver the intended benefits of the initiative after the financial and technical assistance from the Department is terminated.

1.6.14 Target Population

The selected category of individuals for which the Applicant intends to develop and focus Program activities further defined as follows:

1.6.14.1 Adults

Persons age 18 or older who have a mental illness, substance use disorder, or co-occurring disorders and who are in, or at risk of entering, the criminal justice system.

1.6.14.2 Youth

SECTION 2 SCOPE OF GRANT ACTIVITIES

2.1 PROGRAM SPECIFICATIONS

2.1.1 Applicants must propose services designed for either or both Target Populations defined in Section 1.6.14. If proposing to serve both Target Populations, Applicants must demonstrate the capacity to serve identified populations simultaneously.

2.1.2 Applicants must propose to implement one or more of the following types of service models with a focus on diverting members of the Target Populations from prosecution, or incarceration to treatment and support services. An Applicant must justify proposed adaptations or modifications to a model if such are necessary to meet the unique needs of the Target Population otherwise increase the likelihood of achieving positive outcomes. Appendix B contains additional guidance related to these service models.

2.1.2.1 Evidence-based programs, such as Assertive Community Treatment, Supported Employment, Modified Therapeutic Community, or Permanent Supportive Housing;

2.1.2.2 Evidence-based practices, such as Motivational Enhancement Therapy or Cognitive Behavioral Therapy;

2.1.2.3 Promising programs, such as Forensic ACT, Forensic Intensive Case Management, 12-Step programs or Peer-Based Recovery Support; or

2.1.2.4

2.2.3.3 Objective 3 - To be proposed by the Applicant

All Planning Grant applications must propose a minimum of two additional objectives and accompany services tasks designed to support the primary diversion planning goals of the community. Additional objectives may include:

- 2.2.3.3.1. Workforce development, through additional training, licensure, credentialing, accreditation, etc.;
- 2.2.3.3.2. Increased implementation of evidence-based and best practices in mental health and substance abuse treatment services for the Target Population;
- 2.2.3.3.3. Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population;
- 2.2.3.3.4. Identifying and mitigating existing policy, legal, social and other barriers within the county; or
- 2.2.3.3.5. Improving performance measurement outcomes and quality assurance initiatives.

2.2.4 Implementation and Expansion Grants

2.2.4.1 Objective 1 – Establish or Expand Diversion Programs

All Implementation and Expansion Applications must propose objectives, tasks and timetables designed to establish or expand client services which are designed to increase public safety, avert increased spending on criminal justice, and improve accessibility and effectiveness of treatment services for the Target Population within three months of execution of a final Grant Agreement. Applicants must detail their approach to:

- 2.2.4.1.1. Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population, examples of which are provided in Section 2.1.4.4;
- 2.2.4.1.2. Providing an information system to track individuals during their involvement with the Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, etc.

2.2.4.3 Objective 3 - To be proposed by the Applicant

2.3 SUSTAINABILITY

Grant awards resulting from this RFA will not be re-evaluated at the end of the grant funding period. While Applicants are not expressly precluded from responding to any future RFAs, the Department strongly encourages Applicants

The Quarterly Financial Report must be signed and certified by an authorized representative that the Financial Report represents a complete and accurate account of all expenses supported by the Program award and statutory match obligations. The Department will provide the template to fill in this report.

2.6.3 Final Program Status Report

A detailed report of the services and activities performed for the entire award period and the status of the Program in meeting the performance measures, goals, and tasks described in the application. The Board of County Commissioners shall be responsible for approving the final report before submission to the Department.

2.6.4 Final Financial Report

A detailed report of Program expenses for the entire award period documenting expenditure of grant funds and compliance with the statutory match requirement. The Final Financial Report must be signed and certified by an authorized representative that the Financial Report represents a complete and accurate account of all expenses.

2.7.2 Implementation and Expansion Grants

Subject to the availability of funds, the Department w

SECTION 3 GRANT SOLICITATION AND EVALUATION PROCESSES

3.1 CONTACT PERSON

This RFA is issued by the Florida Department of Children and Families. Questions about this RFA must be submitted in writing to Michele.staffieri@myflfamilies.com

3.2 LIMITATIONS ON CONTACTING THE DEPARTMENT

Applicants shall limit their contact regarding this RFA to the contact person listed above. With reference to this solicitation, no representations, other than those distributed by the contact person, in writing, are binding. Applicants are cautioned that oral responses do not bind the Department.

3.3 SCHEDULE OF EVENTS AND DEADLINES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to EST Standard Time.

Table 2: Schedule of Events and Deadlines

Event	Date	Time	Location
Request for Applications Advertised and Released	November 9, 2017	5:00 pm	http://vbs.dms.state.fl.us/vbs/main_menu
Conference Call with the Department to Discuss Requirements	November 30, 2017	10:00 am	Conference call # 1-888-670-3525 Pin 2868250655
Mandatory Notice of Intent to Submit an Application	December 6, 2017	5:00 pm	Michele.staffieri@myflfamilies.com
Submission of Inquiries	December 12, 2017	11:00 am	Michele.staffieri@myflfamilies.com
Posting of Department Responses to Inquiries	December 28, 2017	5:00 pm	http://vbs.dms.state.fl.us/vbs/main_menu
Applications Due	January 23, 2018	11:00 am	Michele Staffieri, Procurement Manager Department of Children and Families 1317 Winewood Blvd., Bldg. 6, Room 231 Tallahassee, FL 32399-0700

Grants Review Committee

MeS32g 7.3.8(r)-1.1(e)-3.8(n)1.7(a)-3.8(nd F)-8(a)1.7(mi)-4.5(li)-4.5(es)-5.9()JTJ ET /Cs6 cs .85882 .89804 .9

3.4 MANDATORY NOTICE OF INTENT TO SUBMIT AN APPLICATION

Anyone interested in submitting an application in response to this RFA is required to complete and submit L – Notice of Intent to Submit an Application to the Procurement Manager specified in Section 3.1, by the date and time specified in Section 3.3.

Where a county is designating another entity to submit an application on their behalf, is it acceptable for either the county or the other entity to submit the required Notice of Intent to Submit an Application. Pursuant to Section 3.7.7, a letter certified by the county planning council or designated committee designating the not-for-profit community planning or managing entity to apply for the RFA on behalf of the county must be submitted with the application.

3.5 OBTAINING A COPY OF THE REQUEST FOR APPLICATIONS

Interested parties may obtain a copy of the RFA from the following http://www.state.vt.us/vbs/main_menu

3.6

3.7 APPLICATION FORMATTING INSTRUCTIONS

Applications must be formatted in accordance with the following:

- 3.7.1 Typed, single-spaced, in black ink, Arial font size 12;
- 3.7.2 8-1/2" x 11" paper, one column per page, single sided, with one inch margins on all sides;
- 3.7.3 Pages numbered on the bottom right hand corner, beginning with the cover page;
- 3.7.4 Secured in a three-ring binder, clearly labeled on the spine identifying the name of the proposal and the name of the Applicant;
- 3.7.5 Table of contents clearly showing the order of the material and associated page numbers; and
- 3.7.6 Tabs identifying each of the required sections.

3.8 APPLICATION COMPONENTS

3.8.1 Tab 1: Cover Page & Certified Designation Letter (if required)

3.8.1.1 Cover Page

The application must include a completed Cover Page, C, detailing the total amount of the requested grant by state fiscal year and total, indication of the type of grant sought, the point of contact and the signature of a duly authorized county official.

3.8.1.2 Certified Designation Letter (if required)

If a county has designated another entity to apply on their behalf, the application must include a letter certified by the county planning council or committee designating the not-for-profit community provider or managing entity to apply for the RFA on their behalf.

If a consortium of counties has designated another entity to apply on their behalf, the application must include a letter certified from each county planning council or committee designating the not-for-profit community provider or managing entity to apply for the RFA on their behalf.

If a county is applying on its own behalf, a designation letter is not required.

3.8.2 Tab 2: Table of Contents

The application must include a table of contents including the title of each section of the application and the associated page number(s). Supporting documentation must be indexed and labeled accordingly.

3.8.3 Tab 3: Statement of Mandatory Assurances

The application must include a completed Statement of Mandatory Assurances, initialed by a duly authorized official.

3.8.4 Tab 4: Match Commitment and Summary Forms

The application must include a completed Commitment of Match Donor Appendix from each organization that will be providing matching funds and a completed Match Summary Appendix.

3.8.5 Tab 5: Statement of the Problem (Limited to 10 pages)

3.8.5.1 For both Planning and Implementation and Expansion Grants, the application must include a detailed description of the problem the project will address. The application should document the extent of the problem using local or state data and include trend analysis. Describe the project's geographic environment, Target Population, socioeconomic factors, and priority as a community concern. If the Applicant is a consortium of counties, describe the geographic region to be covered.

3.8.5.1.1 The application must provide an analysis of the current population of the jail or juvenile detention center in the county or region, including:

3.8.5.1.1.1 A description of the screening and assessment process used to identify the Target Population(s);

3.8.5.1.1.2 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders;

3.8.5.1.1.3 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center; and

3.8.5.1.1.4 Data and descriptive narrative detailing the specific factors that put the Target Population at-risk of entering the criminal or juvenile justice systems.

3.8.5.1.2 Implementation and Expansion Applicants Only

The application must include a concise analysis of the Target Population, including the projected number of individuals to be served and demonstrate how the identified needs are consistent with the priorities of the Strategic Plan.

3.8.6 Tab 6: Project Design and Implementation

3.8.6.1 For both Planning Grants and Implementation and Expansion Grants, the application must include a description of the planning council or committee, including:

3.8.6.1.1 A description of the composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with s. 394.657(2)(a), F.S. If the Council does not meet the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency; and

3.8.6.1.2 An outline of the Planning council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.

3.8.6.2 Planning Grants Only (Limited to 20 pages)

The application must include a description and timeline for the proposed planning activities and expected milestones, including:

3.8.6.2.1 The manner in which a needs assessment will be conducted;

3.8.6.2.2 The proposed methodology to identify, coordinate, and share funding and related resources, and recommended organizational or structural changes;

3.8.6.2.3 The proposed strategy for project design and implementation; and

3.8.6.2.4 The proposed strategy for coordination, communication and data sharing.

3.8.6.3 Implementation and Expansion Grants Only (Limited to 35 pages)

3.8.6.3.1 The application must include copy of the existing Strategic Plan, which must include at minimum, all of the elements in Appendix A.

3.8.6.3.2 The application must include a description of the Strategic Plan, including progress toward implementing the plan, when the plan was last reviewed or updated, and any challenges or barriers toward implementation.

3.8.6.3.3 The application must include a description of the project design and implementation, including:

3.8.6.3.3.1 Project goals, strategies, milestones, and key activities toward meeting the objectives outlined in Section 2.2. Applicants must include at least one objective in addition to those outlined in Section 2.2

3.8.6.3.4.10 Community services and programs designed to prevent high-risk

3.8.6.6.2.4 How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

3.8.6.6.3 Sustainability

For both Planning and Implementation and Expansion Grants, the application must address sustainability of the project. Describe the proposed strategies to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability methods will be used and evaluated, including how to leverage partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends.

3.8.6.6.4 Project Timeline

The application must include a realistic and detailed timeline for each funding year proposed indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal.

3.7.4 Tab 7: Letters of Commitment

The application must include a summary of all organizations that will be involved in the implementation of the proposed project and a letter of commitment from each organization reflecting the specific role of the individual or organization, signed by the Chief Executive Officer or equivalent for each organization.

3.7.5 Tab 8: Line Item Budget and Budget Narrative

The application must include a detailed budget and budget narrative for each year of the grant. All proposed expenses must be tied to the proposed activities. The budget must show line item costs broken down by the proposed funding (grant and match), plus the total amount requested. See Appendix C for full instructions on completing this section.

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, which may be located at http://www.myfloridacfo.com/aadir/reference_guide/

Applicants are required to use the Commitment to Match Donation Appendix H to verify cash and attach valuation to in-kind contributions. A signed form from each match donor must accompany application as an attachment to the Budget Section Summary Sheet is to be used to show the proportions of cash and in-kind match.

<<< *The remainder of this page is intentionally left blank.* >>>

SECTION 4 APPLICATION REVIEW CRITERIA AND METHODOLOGY

4.1 REVIEW METHODOLOGY

All responsive applications will be reviewed and scored based on the written application, according to the criteria described in Section 4.3. The Grant Review Team will review and score Tabs 1-6 and a separate team of reviewers will review and score Tab 8. For each responsive application, the scores from each of the reviewers will be totaled and averaged to determine the rank in order of overall score from highest to lowest for each type of grant.

- 4.4.4 Department of Elderly Affairs (DOEA);
- 4.4.5 Office of State Courts Administrator;
- 4.4.6 Department of Veterans' Affairs;
- 4.4.7 Florida Sheriff's Association;
- 4.4.8 Florida Police Chiefs Association;
- 4.4.9 Florida Association of Counties;
- 4.4.10 Florida Alcohol and Drug Abuse Association (FADAA);
- 4.4.11 Florida Association of Managing Entities (FAME);
- 4.4.12

4.8 FORMAL APPEALS

The Department provides a process for appeals related to its decisions, as outlined below. If an Applicant believes the Department's decision is in error, the Applicant may submit a written petition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 21 calendar days shall constitute a waiver of the right to a hearing. A written petition for an administrative hearing must be received by the Department within 21 calendar days of the posting of the Notice of Award.

Written request for an administrative hearing must be submitted to the Department at the following address:

Department of Children and Families
Attn: Agency Clerk

APPENDIX A – STRATEGIC PLAN FORMAT

Planning Grants

Grantees must adhere closely to the following Strategic Plan

APPENDIX A continued

Goal #1: *(broad statement of the intended outcome)*

Objective #1:	<i>(supports the goal and how the goal will be accomplished)</i>		
	Task	Performance Measure	Lead Person or

substance abuse; best practices in supportive housing, employment, and recovery oriented services; therapeutic courts; jail and prison re-entry; and assessment and restoration of criminal competency.

<http://www.floridatac.com/>

Blueprints for Healthy Youth Development

Each Blueprints program has been reviewed and determined to meet a clear set of scientific standards. It is recommended that at a minimum the programs identified as promising be selected.

<http://www.blueprintsprograms.com/>

Office of Juvenile Justice and Delinquency Prevention Model Programs Guide

The descriptions of the research include a system with study classification across four dimensions for each program. It is recommended that a minimum the programs need to be identified as promising to be selected.

APPENDIX C –COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

INFORMATION

Project Title:	
County(ies):	
Start Date:	
Type of Grant:	<input type="checkbox"/> Planning Grant <input type="checkbox"/> Implementation and Expansion Grant

POINT OF CONTACT

Name & Title:			
Applicant:			
Address Line 1:			
Address Line 2:			
	State:		Zip:

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

Initial

- A. Infrastructure: The Applicant shall possess equipment - .001e011 Tf 10.02 0 0 icant shall poh13599

APPENDIX E – MATCHING FUNDS

Criteria for Allowable and Unallowable Match

APPENDIX G – BUDGET INSTRUCTIONS

The budget section of the application consists of Budget and Budget Narrative. The line-item budget must show the total project costs and education of the requested funds. The budget must also indicate the sources and amounts of matching funds. For Initiation and Expansion grants, a 3-year budget must be provided.

Applicants are required to use the Commitment to Match Donation Forms found in Appendix F to verify cash and attach valuation to in-kind contributions. A signed each match donor must accompany this application as an attachment to the Budget Section. A Match Collection Report is to be used to show the proportions of cash and in-kind match.

Following is a brief line-by-line explanation of the categories to be used in developing the grant budget.

Personnel- List each position by title whose salary (or portion of total salary) is to be charged to the grant's budget. Indicate the salary rate for each position and if it is full-time or part-time. If part-time, please identify

Unallowable Costs - When completing the budget, please note that the following are types of costs that cannot be included. Below is an inclusive list of unallowable costs:

- Supplanting of staff costs;
- Administrative costs not related to the implementation of the proposed project;
- Indirect costs (i.e., costs related to the project being funded by this grant);
- Office supplies not related to the project being funded by this grant;
- Cash payments to intended recipients of services;
- For the purpose of purchasing or improving land;
- To purchase, construct or permanently improve (other than minor remodeling) any building or other facility; and,
- Food and entertainment costs.

Line-Item Budget

Provide a detailed budget that is complete, allowable, and tied to the proposed activities. Provide the detailed budget as indicated in the sample format shown here or in a similar Excel format.

Applicants are not required to use this table. Budget categories and details are what is important.

Line Item Budget Table			
	Grant Funds Requested	Matching Funds and Other In-Kind Contributions	
		Funding	Source of Funds
Salaries			
Fringe Benefits:			
Administrative Costs:			
Staff Travel:			
Consultants & Contracted Services:			
Equipment:			
Supplies:			
Rent/Utilities:			
Other Expenses:			
Totals:			
Total Project Cost:		= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) _____

FROM: (donor name) _____

ADDRESS: _____

The following ___ space, ___ equipment, ___ goods or supplies, and ___ services, are donated to the County permanently (title passes to the County) ___ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

Description	Value
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ _____	

The above donation is not currently included as a cost (or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

_____ (Donor Signature)	_____ (Date)	_____ (County Designee Signature)	_____ (Date)
----------------------------	-----------------	--------------------------------------	-----------------

Appendix I - MATCH SUMMARY
(for the entire grant period)

Date - _____

County - _____

Type of Grant - _____

Match Requirement Percentage - _____

Total Match Required for the Grant \$ _____

Match Committed:

Cash	\$ _____
In-Kind	\$ _____
Total	\$ _____

APPENDIX K - CJMHTSA REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE

PLEASE PRINT

_____ STATE ATTORNEY OR DESIGNEE	_____ PUBLIC DEFENDER OR DESIGNEE
_____ COUNTY COURT JUDGE	_____ CIRCUIT COURT JUDGE
_____ LOCAL COURT ADMINISTRATOR OR DESIGNEE	_____ STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE
_____ COUNTY COMMISSION CHAIR	_____ COUNTY DIRECTOR OF PROBATION
_____ SHERIFF OR DESIGNEE	_____ POLICE CHIEF OR DESIGNEE
_____ AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM REPRESENTATIVE	_____ CHIEF CORRECTIONAL OFFICER
_____ DJJ - DIRECTOR OF DETENTION FACILITY OR DESIGNEE	_____ DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE
_____ DCF - SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE REPRESENTATIVE	_____ PRIMARY CONSUMER OF MENTAL HEALTH SERVICES
_____ COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR DESIGNEE	_____ LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR DESIGNEE
_____ PRIMARY CONSUMER OF COMMUNITY-BASED TREATMENT FAMILY MEMBER	_____ PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

APPENDIX L - NOTICE OF INTENT TO SUBMIT AN APPLICATION

_____ (Applicant Name) wishes to inform the Florida Department of Children and Families of its intent to respond to the solicitation entitled "_____ RFA03H17GN2.

PLEASE PRINT OR TYPE REQUESTED INFORMATION

Name of Authorized Official:	
Title of Authorized Official:	
Signature of Authorized Official:	
Date:	
Address:	
City, State, Zip:	
Telephone No:	
Website:	
E-mail Address:	

Type of Grant Applying for: _____ Planning
 _____ Implementation and Expansion Grant