

**Request for Proposals  
New York State Strategic Prevention  
Framework State Incentive Grant  
*PARTNERSHIP FOR SUCCESS***

**Sub-Recipient Grant  
March 1, 2015**

**Submissions should be sent to:**

**New York State Office of Alcoholism and  
Substance Abuse Services  
1450 Western Ave  
Albany, NY 12203  
ATTN: Dr. Sarah Dakin**

**Due Date: April 1, 2015**



New York State  
Office of Alcoholism & Substance Abuse Services  
*Addiction Services for Prevention, Treatment,  
Recovery*

*Governor Andrew Cuomo  
Commissioner Arlene González-Sánchez*

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## I. Letter of Introduction

Dear Colleague:

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) has awarded New York State a five-year Strategic Prevention Framework Partnership for Success Grant (PFS). The New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) will lead the PFS. I am pleased to notify you that NYS OASAS will provide a funding opportunity for community coalition development and sustainability in alignment with the PFS requirements.

The PFS aims to build a sustainable prevention infrastructure by capitalizing on New York's evidence-based, risk and protective factor-focused prevention framework, incorporating all five stages of the federal Strategic Prevention Framework (SPF) to reduce prescription drug misuse and abuse and heroin and opiate abuse. Additionally, the grant will increase prevention capacity across the state as well. This will be achieved by providing an opportunity to those coalitions who have not previously received funding through the SPF SIG initiative to implement the SPF steps: 1) assess prevention needs based on current local data; 2) build prevention capacity; 3) develop a strategic plan; 4) implement evidence-based community prevention programs, policies and practices; and 5) evaluate efforts for outcomes. Cultural competence and sustainability are incorporated throughout each step of the SPF. Coalitions will also work closely with the regional OASAS Prevention Resource Centers (PRCs).

Up to ten sub-recipient communities will be funded for no more than \$627,300 each for the 4.5 year grant period. Communities in New York State that can demonstrate a high need to address prescription drug misuse and abuse as well as heroin and opiate abuse, and possess the capacity to address these issues, are eligible to participate in a competitive Request for Proposal (RFP) process. The successful applicants will follow the SPF prescriptive process, implement evidence based environmental strategies, and comply with all state and federal reporting requirements throughout the funding period.

The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, state/tribal and community levels. The capacity-building activities and strategies that the sub-recipient communities will implement help to improve the New York State prevention system and its communities by creating a stronger infrastructure in which to implement more evidence-based practices (EBPs) and policies that bring about population-level change. For more information on the SPF process please visit SAMHSA's website at: <http://prevention.samhsa.gov/about/spf.aspx>. Grantees are also expected to identify and address any populations that are vulnerable to health disparities. For more information on Behavioral Health Disparities please visit SAMHSA's website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement> and [www.tapartnership.org/docs/Blueprint+9-25-13.pdf](http://www.tapartnership.org/docs/Blueprint+9-25-13.pdf).

Completed grant applications and required supporting documents must be received at OASAS no later than close of business on April 1, 2015. Contact information and other details about the process are described in the RFP.

Thank you for your interest in working with OASAS in this important endeavor.

Sincerely,

Arlene González-Sánchez

## II. Purpose

The Strategic Prevention Framework Partnership for Success Grant (PFS) program is intended to bring SAMHSA’s Strategic Prevention Framework (SPF) to a national scale. This grant provides an opportunity for New York State to acquire additional resources to implement the SPF process at the state and community levels. Equally important, the PFS program promotes the alignment and leveraging of prevention resources and priorities at the federal, state, and community levels. The PFS program builds upon the experience and established SPF-based prevention infrastructures of New York State to address two of the nation’s top substance abuse prevention priorities; prescription drug misuse and abuse and opiate abuse. The SPF framework is based on the premise that changes at the community level will, over time, lead to measurable changes at the state/tribal level. By working together to foster change, states/tribes and their PFS funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the PFS program.

Communities in New York State that can demonstrate a high need to address prescription drug misuse and abuse, heroin abuse, and heroin opiate overdose among persons aged 12-25 and that possess a community coalition with high capacity to address these issues, are eligible to participate in the competitive Request for Proposal (RFP) process.

## III. Grant Requirements

1. The Strategic Prevention Framework (SPF) must serve as the planning model for applicants responding to this RFP.
2. Coalitions must address prescription drug misuse and abuse and heroin abuse among persons aged 12-25 and heroin opiate overdose prevention among persons aged 12-25.
3. The Strategic Prevention Framework Partnership for Success grant is a data-driven process. Successful applicants will be required to collect both survey and archival data. The tables below detail the data that each coalition must collect to complete the objectives of the grant.

<b>Required Survey Measures Collected by Local Communities for Outcomes Evaluation</b>		
<i>Survey Source</i>	<i>Data Collection Time period</i>	<i>Age/Grade</i>
OASAS approved Youth Survey (YDS or PNA)	Fall 2015, 2017, 2019	7-12th Grades
OASAS approved Young Adult Survey	Fall 2015, 2017, 2019	18-25 year olds
<b>Survey Measures (<i>Youth and young adult surveys will contain similar measures/questions</i>)</b>		
• 30-day prescription drug use (separate questions for opiates and other prescription drugs)		
• 30-day heroin use (any form)		
• Perception of peer disapproval (prescription opiates, other prescription drug, and heroin use)		
• Perception of parental disapproval (prescription opiates, other prescription drug, and heroin)		
• Perceived risk/harm (prescription opiates, other prescription drug, and heroin use)		

<b>Required Archival Measures Collected by Local Communities for Outcomes Evaluation</b>	
<i>Data Collection Time period:</i> Annually	<i>Age Groups:</i> 12-17 and 18-25 Year olds
<b>Archival Measures</b>	<b>Data Source</b>
<ul style="list-style-type: none"> <li>• Prescription drug and heroin related emergency room visits</li> </ul>	<ul style="list-style-type: none"> <li>• Local Hospital(s) or request from NYS DOH SPARCS database</li> </ul>
<ul style="list-style-type: none"> <li>• Prescription drug and heroin related car crashes and injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Local law enforcement or transportation or request from NYS ITSMR</li> </ul>
<ul style="list-style-type: none"> <li>• Prescription drug and heroin related crime</li> </ul>	<ul style="list-style-type: none"> <li>• Local law enforcement (sheriff or police) or request from NYS DCJS</li> </ul>

4. Grantees are required to demonstrate with data the high need in their community for coalition prevention efforts targeting prescription drug abuse and heroin use among 12-25 year olds in their community. Coalitions will communicate this high need in section four of the grant narrative.
5. Coalitions must be high capacity, working coalitions that will be able to perform the grant required tasks effectively and in a timely manner. Coalitions will communicate their current capacity in section five of the grant narrative.
6. Coalition coordinators and data coordinators must attend the mandatory training/learning institutes provided by the state. These trainings may be in person, via teleconference or webinar. The first mandatory Learning Institute will be held at the OASAS Albany offices May 27-28, 2015. The Coalition Coordinator, Data Coordinator, and a representative from the fiscal agent will be required to attend.
7. Grantees are required to complete federal online assessment tools twice a year as well as complete online monthly reports to be submitted to the state project director. Reporting must meet the expected deadlines.
8. In addition, it is required that the funded coalitions will mentor a neighboring coalition during the last two years of grant. See below for more details.
9. Successful applicants will be required to complete all five steps of the Strategic Prevention Framework described below.

The Five Steps of SAMHSA’s Strategic Prevention Framework are:

- Step 1: Assessment** –Profile population needs, resources, and readiness to address needs and gaps.
- Step 2: Capacity Building** – Mobilize and/or build capacity to address needs.
- Step 3: Planning** – Develop a comprehensive strategic plan.
- Step 4: Implementation** – Implement evidence-based prevention programs, policies, and/or practices.

**Step 5: Evaluation** – Monitor, evaluate, sustain, and improve or replace those components that fail.

*Cultural competency and sustainability should be considered and integrated into all steps of the SPF-PFS process.*

A Community Development Specialist (CDS) will be assigned to each community coalition, funded by OASAS through the PRC and/or existing state funding. The CDS will provide technical assistance to the coalition staff on the Strategic Prevention Framework (SPF) steps.

### **Proposed Timeline of Required SPF Activities**

#### **May 2015 – September 30, 2015**

##### Assessment:

- Begin process for collecting use data from the 18-25 year old population
- Set up with school districts dates and contacts for conducting YDS or PNA survey to collect data from 12-17 year old population
- Start to collect required data from law enforcement and emergency rooms
- Contract a data coordinator

##### Capacity Building

- Conduct the coalition capacity checklist
- Prepare a capacity building plan
- Conduct a community readiness assessment
- Submit a health disparities statement

##### Learning Institute

- Attend the first Learning Institute on May 27-28 in Albany. The coalition community coordinator, data coordinator and fiscal representative are all required to attend. The fiscal representative is required to attend the 1st day only.

#### **October 2015-September 2016**

##### Assessment

- Complete data collection, PNA/YDS survey, young adult survey, law enforcement and emergency room data are all required
- Submit assessment report

##### Capacity Building

- Work on activities listed in capacity building plan
- Reach out to the county LGU
- Provide trainings to the coalition and community of SPF process and activities
- Conduct coalition capacity checklist
- Update capacity building plan

## Planning

- Develop a strategic plan including a logic model, an action plan, and a cultural competency plan
- Submit strategic plan to the state for approval

## Implementation

- Begin implementation activities from approved strategic plan
- Complete fidelity assessment form

## Evaluation

- Prepare and submit an evaluation logic model

## Learning Institute

- Attend Learning Institutes in the fall of 2015 and spring of 2016

## **October 2017 – September 2018**

### Capacity Building

- Work on activities listed in capacity building plan
- Provide trainings to the coalition and community of SPF process and activities
- Conduct coalition capacity checklist
- Update capacity building plan

### Planning

- Update strategic plan and action plan based on preliminary evaluation

### Implementation

- Continue implementation activities from updated action plan

### Evaluation

- Conduct PNA/YDS survey in the fall of 2017
- Collect law enforcement and emergency room data
- Update evaluation logic model

### Learning Institute

- Attend Learning Institute in the spring of 2018

## **October 2018 – September 2019**

### Capacity Building

- Work on activities listed in capacity building plan
- Provide trainings to the coalition and community of SPF process and activities
- Conduct coalition capacity checklist
- Update capacity building plan

### Implementation

- Continue implementation activities updated action plan

### Evaluation

- Conduct PNA/YDS survey in the fall of 2019
- Collect law enforcement and emergency room data
- Update evaluation logic model

Learning Institute

-Attend Learning Institute in the spring of 2019

Final Report

-Submit a final report in the fall of 2019

### **Mentoring Requirement**

- During the last two years of funding, PFS coalitions will be required to mentor a local coalition through the steps of the Strategic Prevention Framework process.

### **Purpose and Objectives**

- The Mentee coalition's organizational structure will be strengthened.
- Increase Mentee coalition's leadership and community readiness to address youth substance use problems in the Mentee community.
- Assist the Mentee coalition in working through a strategic planning process that will result in a comprehensive outcome logic model.

### **Definition of Mentee Community Coalition**

- A Mentee coalition can use various geographic locations including neighborhoods, census tracts, zip codes, and school districts, as well as township, county, or parish lines, among others, to define their community; however the Mentee coalition must be a separate and defined area that is different from the Mentor coalition's catchment area.
- The Mentee must provide evidence that they have met on regular basis by providing the meeting minutes from their last two meetings.

### **Expectations**

- The Mentor coalition is expected to utilize its key sector members and the regional PRC staff, where applicable, to work collaboratively with the Mentee coalition to successfully support the development of a functioning Mentee coalition.
- Mentee coalitions are expected to utilize SAMHSA's Strategic Prevention Framework as the planning model to develop long-range plans. Cultural competence and sustainability should be considered throughout all five steps of the process.

## IV. Description of Funding

**Funding Source:** The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) has awarded New York State through the Research Foundation for Mental Hygiene a five-year Strategic Prevention Framework Partnership for Success (SPF-PFS).

**Funding Available:** Applicants may request up to \$627,300 for the 4.5 year grant period.

**Grant Period:** The grants will begin on or about April 15, 2015 and grant activities must be completed by September 29, 2019. Sub-recipients' activities and progress will be reviewed on an annual basis and subsequent funding will be continued based on documented program success, fiscal responsibility and funding availability. Sub-recipients will be required to submit a budget and detailed justification each funding year. Final reporting and expenditures of funds may be required prior to September 29, 2019.

**Funding Restrictions:** One application per coalition may be submitted.

Applicants must submit a support letter from their Local Governmental Unit (LGU) (See Attachment B), and other significant partners. (See Attachment F).

OASAS reserves the right to award grants to ensure applicable geographic representation. Grant recipients who are unable to expend funds budgeted for the first six months may jeopardize funding for subsequent grant periods.

## V. Eligible Applicants

In order to ensure that funding opportunities are distributed across New York State communities, those community coalitions that received funds through the previous SPF-SIG Prevention First NY! Initiative will not be eligible to apply for the Partnership for Success (PFS) funding.

To be eligible for funding an applicant must be a not-for-profit community coalition\* in New York State whose principal mission is the goal of reducing substance abuse among youth. ***If the coalition does not have 501c 3 status or does not have an established fiscal agent with 501c 3 status, an OASAS-funded prevention provider must act as the fiscal agent for the community coalition. In addition, the applicant must have or obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number prior to receiving a contract.***

\*A community coalition may be defined by geographic boundaries, political boundaries, or demographic characteristics (e.g., urban neighborhoods, counties, towns, school districts, military bases or faith-based communities)

To be eligible for funding, an applicant must demonstrate a high community need to address prescription drug misuse and abuse, heroin abuse, and heroin opiate overdose among persons aged 12-25. See #4 under Instructions for Completing the Proposal below for a list of suggested data. In addition the community must have a community coalition with high capacity to address these issues. A coalition must have been in existence for more than 6 months, have regular meetings, a mission statement, prevention experience, by-laws, distinct decision making processes and access to community resources. See #5 under Instructions for Completing the Proposal below for a list of elements required to demonstrate high capacity.

## **VI. Instructions for Completing the Proposal**

### **1. COVER PAGE**

The Cover Page must be completed, signed and placed on top of the Proposal. (See Attachment C)

**Section 1:** Indicate the Name of your coalition.

**Section 2: Geographic Area served by the coalition (i.e. County and catchment area) .** List all towns, regions, military bases, Native American reservations, school districts, etc. that will be recipients of the coalition's services.

**Section 3:** Name, title, mailing address, telephone number, e-mail address, and fax number of programmatic contact person.

**Section 4:** List the total amount of funds requested through this proposal *and* list the annual amount(s) and funds requested. Please note that the first annual contract will not be a full 12 months and will end on September 29, 2015. The Year Two budget will cover September 30, 2015-September 29, 2016; Year Three, September 29, 2016-September 30, 2017; Year 4, September 29, 2017-September 30, 2018; Year 5, September 29, 2018-September 30, 2019.

**Section 5:** Name and address of organization designated to receive funds (fiduciary agent). Provide Federal Employer Identification Number (FEIN) and DUNS Number.

**Section 6:** Name, title, mailing address, telephone number, e-mail address, and fax number of fiscal contact person.

**Section 7:** Name, title, mailing address, telephone number, e-mail address of the two people who will be attending the Learning Institute on May 27-28<sup>th</sup>.

**Section 8:** The cover page needs to be signed by the person who is authorized by the Applicant's fiduciary agent to apply for the funds. This should be the same person who will sign the contract.

## **2. TABLE OF CONTENTS**

Provide a Table of Contents outlining the major sections of the Proposal and related pages as follows:

1. Cover Page
2. Table of Contents
3. Community Profile
4. Demonstration of High Need
5. Demonstration of High Capacity
6. Management and Staffing Plan, including Table of Organization
7. Financial Resources
8. Budget Form with Justification
9. Required Attachments

## **3. COMMUNITY PROFILE**

- The community profile must include a description of the specific geographic area to be served and engaged in the Strategic Prevention Framework process, including names of school district(s) and the community (city, town, village, and neighborhood) to be served within the geographic boundaries. Include a specific description of the boundaries of the geographic area you plan to serve. If targeting an urban community or neighborhood, include the zip codes, census tracts or the streets that form the boundaries of the target area\*. Please include the name of the county/counties in which your community is located.  
\*Targeted area may be refined during the needs assessment stage.
- Relevant demographic information, to include, but not limited to total population size, the size of the targeted age group prioritized (12-25 year olds). Describe any gender, ethnic, racial or cultural health disparities in the community. Please identify any other community factors that play a significant role in your community.
- Description of plans to serve active military, veterans and their families. Please identify any military bases that are within the geographic area you plan to serve. A letter of support from military partners should be provided.
- Description of any events or any significant factors related to prescription drug misuse/abuse or heroin abuse/overdose that have effected your community recently.

#### **4. DEMONSTRATION OF HIGH NEED**

One of the requirements of the SPF SIG is that the funding must be used to serve areas of high need. Applicants are required to provide available epidemiologic information to describe the level of prescription drug misuse and abuse and heroin abuse among persons aged 12-25 and heroin opiate overdose prevention among person's aged 12-25 in the community and related consequences. You must include a narrative (no more than 2 pages) describing the needs in your community and fill out the data table below.

The table below should be filled out with any available data that demonstrates the needs of your community. If no data is available for a particular indicator please insert N/A. If other data sources (i.e. focus groups, key informant interviews, treatment data) are available please include a paragraph describing the data and population.

<b>Archival Measure</b>	<b>Data source</b>	<b>Time period</b>	<b>Age/Age groups</b>	<b>Rate/Number/Percent (Specify)</b>
<b>Prescription drug-related emergency room visits</b>				
<i>Specify drug categories or ICD-9 codes:</i>				
<b>Drug Related Mortality</b>				
<i>Specify drug categories or ICD-10 codes:</i>				
<b>Drug-related crime</b>				
<i>Specify drug or crime categories:</i>				
<b>Drug-related car crashes and injuries</b>				
<i>Prescription opiate-related emergency room visits</i>				
<i>Other prescription drug-related emergency room visits</i>				
<i>Heroin-related emergency room visits</i>				
<i>Opiate /heroin specific crime (possession/use, sale)</i>				

<b>Survey Measure</b>	<b>Survey Source</b>	<b>Time period</b>	<b>Age/Age groups</b>	<b>Number/Percent (Specify)</b>
<b>30-day prescription opiate use</b>				

<i>30-day prescription stimulant use</i>				
<i>30-day prescription tranquilizer use</i>				
<b>30-day other prescription drug use</b>				
<b>Perception of peer disapproval</b>				
<b>Perception of parental disapproval</b>				
<i>Family communication around drug use</i>				
<i>Lifetime prescription opiate use</i>				
<i>Lifetime prescription stimulant use</i>				
<i>Lifetime prescription tranquilizer use</i>				
<i>Lifetime heroin use</i>				
<i>Age of first use</i>				
<i>Wrong for youth to use prescription opiates</i>				
<i>Ease of obtaining prescription opiates</i>				
<i>Source of last use</i>				
<i>Consequences of use</i>				

**5. DEMONSTRATION OF HIGH CAPACITY**

Sub-recipients must be high capacity community coalitions that engage key stakeholders to plan and implement sustainable evidence-based environmental strategies to create population level change in the community.

**Please include the following tables in your application. In the second column either insert the evidence into the table or list the page number where the evidence can be located.**

**a). Coalition Organizational Capacity**

Capacity Measure	Evidence of Capacity
Date coalition was started.	
Provide a brief history of the coalition (no more than a few sentences).	
Applicants must attach two (2) sets of meeting agendas and minutes. One set should be from before February 2014 and the other set should be from the coalition’s most recent meeting.	
Coalition mission statement	
<p>Applicants must attach a coalition membership list complete with names, titles and sector representation. The coalition should have members<sup>1</sup> from each of the following 12 sectors:</p> <ul style="list-style-type: none"> <li>• Youth (an individual 18 or under)</li> <li>• Parents/Youth Caregivers</li> <li>• Business Community</li> <li>• Media</li> <li>• School</li> <li>• Youth-serving Organization</li> <li>• Law Enforcement Agencies</li> <li>• Religious or Fraternal Organizations</li> <li>• Civic and Volunteer Organizations</li> <li>• Healthcare Professionals</li> <li>• Local, or Tribal Governmental Agencies with Expertise in the Field of Substance Abuse</li> <li>• Other Organization Involved in Reducing Substance Abuse</li> </ul>	
Geographical boundaries served by the coalitions (i.e., city, county school district)	
Total population served by the coalition	
List activities that the coalition is currently working on in the community	
Has the coalition received cultural competency training(s)? Is so, please provide the training title(s) with presenter and list two practices from that training(s) that the coalition has implemented.	
To demonstrate that the coalition has the	

<sup>1</sup> A coalition member is defined as a representative of the community if he/she participates in regularly scheduled coalition meetings and is an active participant and contributor to the coalition’s activities, events, and strategic planning. A sponsor or supporter is not the same as an active coalition member. For purposes of this application, an individual coalition member may not represent more than one of the above categories.

<p>community support needed to complete the objectives of the grant, please provide letters of support from (for template see Attachment F):</p> <ul style="list-style-type: none"> <li>• Superintendents of school districts within the coalition catchment area</li> <li>• Law enforcement partners</li> <li>• Public Health Department</li> <li>• Prevention Provider</li> <li>• Local Governmental Unit (LGU)</li> </ul>	
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The applicant must demonstrate that the coalition and its members/leaders have prevention experience. The applicant must briefly describe the coalition’s experience in:

**b) Prevention Experience**

Addressing prescription drug abuse in the 12-25 year old population	
Addressing heroin and opiate abuse in the 12-25 year old population	
Addressing heroin overdose prevention	
Data-driven planning	
Participating in the county prevention planning process and/or the NYC DOHMH prevention agenda and health planning process	
Implementing evidence-based prevention practices, programs or policies, including environmental strategies, e.g. policy, education, enforcement, and communication	
Implementing the SPF process	
Evaluating prevention efforts, including a description of outcomes achieved	
Involving youth and young adults in the community planning	

**c) Coalition Decision Making Process**

Does the coalition currently have a paid staff member? If yes, please list name and how long they have worked with the coalition.	
Briefly describe the coalition’s decision making process regarding which activities to undertake	
Does the coalition have (include date last revised):	
Mission statement?	
By laws?	
Written member roles?	
Written executive board roles?	
Written agreement with fiscal agent?	

Briefly describe the decision making process relating to financial management processes of the coalition and its fiscal agent (fiscal agent must be an OASAS-funded provider)	
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**d) Community Resource Assessment and Gap Analysis**

Include the following details to demonstrate the current resources of the community to address prescription drug abuse and heroin use among 12-25 year old youth and young adults.

- A description of current community capacity: the prevention infrastructure, resources, current services and other strengths specific to prescription drug abuse and heroin use prevention.
- Assessment of the community’s dynamics and readiness to act.
- A description of how populations and cultures representative of their community will be included in the community resource assessment process.
- A description of gaps in the community’s capacity and prevention infrastructure and challenges to building capacity for prescription drug abuse and heroin use prevention.

**6. MANAGEMENT AND STAFFING PLAN**

**Please include the following information in this section of your submission:**

- An Organizational Chart of the coalition structure depicting how project staff will be organized and the percentage time Full Time Equivalent (FTE) for each person in the chart.
- A description of the organizational capacity of the fiscal agent organization. A brief description of the organization’s previous experience in managing grants, overseeing projects, community level programming and working with coalitions should be included.
- Funded sub-recipients must hire a community Coalition Coordinator and Data Coordinator (See complete job descriptions in Attachment D) within the first two months of the effective date of the contract. New hires must have the approval of the State Project Director.

If the coalition currently has a candidate for either the Coalition Coordinator or the Data Coordinator position, please attach a resume (no longer than two pages) for that person(s).

## **7. FINANCIAL RESOURCES**

**Please include the following information in this section of your submission:**

- A paragraph and/or chart that explains the coalition's current fiscal situation. It must include current funding levels and any in-kind resources the coalition currently receives. In addition, please include dates for when the current funding expires. Any anticipated revenues should be listed, such as matching funds, current grants, or in-kind contributions, with sources identified.
- Provide a narrative that includes an explanation of how the PFS funding will be used to expand or enhance current efforts. Funds cannot be used to duplicate or supplant existing funding that the coalition receives. The financial resources narrative must justify the proposed expenses and clearly describe any funding that will be braided with other funding (i.e. Drug Free Communities). However, the applicant will be required to track PFS funding separately. Please also include a timeline of any funding that will be braided with the PFS funding.

## **8. BUDGET FORM WITH JUSTIFICATION**

Applicants must complete a competitive, annual budget for each year of funding requested. The budget must be divided into major categories of cost: personnel, fringe benefits, travel, supplies, contracts, other costs, and in-direct costs. See Attachment E for sample budget form with justification. Costs must be reasonable and necessary for project completion.

**Budget must include:**

- Travel expenses to Albany each year for 2, two-day trainings. Expenses should include at least one overnight stay for at least two coalition members (one must be the community coordinator) and transportation and per diems. Travel must be calculated in accordance with federal rates (gsa.gov)
- The indirect costs charged by the fiscal agent. If the organization has a federally approved indirect cost rate, a copy of the approval letter should be included as an attachment. If the organization does not have a federally approved rate and wishes to be reimbursed for indirect costs, they may choose to use a *de minimis* rate of 10 percent of Modified Total Direct Costs (MTDC).
- Funding required to administer the Youth Development Survey (YDS) (or other OASAS approved instrument) three times (Fall 2015 and Fall 2017 and Fall 2019) during the course of the grant funding.

- Sub-recipients may purchase a computer, printer, software, and Internet services that will assist them with data collection, evaluation and/or programming needs specific to the PFS project. Any such anticipated costs should be included on the budget.
- Sub-recipients are required to allocate no more than 20% of their total funding on data evaluation activities. This includes survey administration, analyses and staff hired for this purpose.
- Sub-recipients will be required to enter into a cost reimbursable agreement with the RFMH. The sub-recipient will be required to adhere to the rules and requirements that govern the Department of Health and Human Services grants (45 CFR Part 74 and 45 CFR Part 92) and the new Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“Uniform Guidance”) (2 CFR 200).

## **9. REQUIRED ATTACHMENTS**

**The following documents must be included in this section:**

- Two sets of coalition meeting agendas and minutes, one set from before February 2014 and the other from the coalition’s most recent meeting.
- Coalition membership list complete with names, titles and sector representation.
- Signed letter of support from Local Governmental Unit (LGU) (See Attachment B and Attachment F.)
- Additional letter(s) of support from prevention providers, law enforcement, public health officials and other partners (See Attachment F)
- Signed letter of agreement from the superintendent of the local school district(s) giving permission to administer the Youth Development Survey or other school survey approved by OASAS in the fall semesters of 2015, 2017 and 2019. (See Attachment F)

## **VII. Review and Rating Criteria**

A panel appointed by OASAS will objectively review all proposals. The proposals will be rated at two levels. The reviewers will assign points on a scale, from 0 if the proposal has not met the criterion, to the maximum score if the proposal surpasses the criterion.

### **LEVEL 1 REVIEW**

Once received, proposals will be screened for completeness and compliance with instructions for submission. Proposals that fail to include all required components may be deemed incomplete and removed from further review considerations.

Review criteria include:

- Completeness of application.
- Compliance with submission requirements and procedures.
- Compliance with formatting requirements.

- Compliance with eligibility requirements.
- Inclusion of required attachments
  - Coalition meeting agendas and minutes.
  - Coalition membership list complete with names, titles and sector representation.
  - Signed letter of support from LGU.
  - Additional letter(s) of support from Prevention providers, law enforcement, public health and other partners.
  - Signed letter of agreement from the superintendent of the local school district(s) giving permission to conduct school surveys as described above.

**LEVEL 2 REVIEW**

Each proposal will be scored on their *ability* to implement the grant requirements described above according to the following criteria:

- |   |     |
|---|-----|
| • Responsive and adequate Community Profile   | 10% |
| • Applicant’s demonstration of High Need to address the priority  | 30% |
| • Applicant’s demonstration of High Capacity of the coalition   | 30% |
| • Clear, detailed and adequate Management and Staffing plan   | 5%  |
| • Clear and detailed explanation of Financial Resources   | 5%  |
| • Clear, detailed and reasonable Budget and Justification   | 10% |
| • Letter(s) of support from prevention providers, school superintendent, law enforcement, LGU, public health partners and other partners. | 10% |

**VIII. Administrative Requirements**

**1. Formatting Requirements:**

- Font should be 12 pt. Times New Roman
- Line spacing-Single spaced
- All pages submitted should have 1 inch margins (top, bottom, left and right).
- Pages should be numbered consecutively from beginning to end. The cover page should be labeled page one.
- The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

**2. Submission Requirements:**

The original application and two (2) copies (including attachments) must be mailed in an envelope marked “PFS Sub-Recipient Proposal” to the address below. Electronic copies will not be accepted. The application must include the following sections:

1. Cover Page
2. Table of Contents
3. Community Profile (2 pages max.)

4. Demonstration of High Need (2 pages max. and tables)
5. Demonstration of High Capacity (5 pages max.)
6. Management and Staffing Plan, including Table of Organization (2 pages max.)
7. Financial Resources (1 page max.)
8. Budget Form with Justification
9. Required Attachments

**The entire application and copies must be sent to the following address in an envelope marked “PFS Sub-Recipient Proposal”:**

NYS Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany, New York 12203-3526  
Attn: Sarah Dakin, Ph.D., PFS Project Director

**All applications must be received by 5 p.m. on Wednesday April 1, 2015.**

3. **Bidders’ Conference:** A Bidders’ Conference will be held on **Monday March 16, 2015** from 9:00-10:30 a.m. in conference room 2B at OASAS’ main offices, located at 1450 Western Avenue, Albany, New York 12203. Attendance is not mandatory. Bidders may participate by telephone or in person at that time, and advance information will be posted and linked to the RFP posting on the OASAS web site with specific instructions. To confirm your attendance, please contact Filomena Bassotti at 518-485-6022 or [filomenabassotti@oasas.ny.gov](mailto:filomenabassotti@oasas.ny.gov) by **5 p.m. Friday March 13, 2015**.
4. **Questions regarding this RFP:** Any questions or requests for clarification about this RFP must be submitted in **writing via e-mail or US Mail** by 5 p.m. on **Wednesday, March 11, 2015** and must be directed to:

Sarah Dakin, Ph.D.  
NYS OASAS  
1450 Western Avenue  
Albany, New York 12203-3526  
[Sarah.Dakin@oasas.ny.gov](mailto:Sarah.Dakin@oasas.ny.gov)

All inquiries must be typed and include your name, organization, mailing address, phone number and email address. Please reference the **New York PFS Sub-Recipient Grant** in your mail. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by US mail or e-mail. OASAS will not entertain inquiries via telephone or fax. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date and all questions asked at the Bidders’ Conference will be posted on [www.oasas.ny.gov](http://www.oasas.ny.gov) on or about **Wednesday, March 18, 2015**.

**5. Application Deadline:** Proposals must be received by 5 p.m., **Wednesday April 1, 2015**. Proposals not received by 5 p.m. may be opened at the sole discretion of the Office of Alcoholism and Substance Abuse Services.

## **6. Reserved Rights**

OASAS through its fiscal agent, RFMH reserves the right to:

- Reject any or all proposals received in response to this RFP;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the state;  
Make awards in a culturally competent and ethnically diverse manner to best serve the interests of the state;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidders within the scope of the RFP in the best interests of the state;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation;
- Accept submissions after the due date, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submission(s).

## **IX. Attachments**

### **Attachment A - LISTING OF REGIONAL PREVENTION RESOURCE CENTERS**

#### **Western PRC**

Director: Sharon Koenig

Contact: (585)-815-1844, skoenig@gcasa.org

Host Provider: Genesee Council on Alcohol and Substance Abuse in Batavia

Counties Covered: Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, Allegany

#### **Finger Lakes PRC**

Director: Barb Christensen

Contact: (585) 719-3482, bchristensen@depaul.org

Host Provider: DePaul Inc. in Rochester

Counties Covered: Monroe, Wayne, Ontario, Livingston, Yates, Seneca, Steuben, Schuyler, Tompkins, Chemung, Tioga, Broome

#### **Central PRC**

Director: Terry Whitt

Contact: (315) 471-1359, twhitt@PreventionNetworkCNY.org

Host Provider: The Prevention Network in Syracuse

Counties Covered: St. Lawrence, Jefferson, Lewis, Herkimer, Oneida, Oswego, Onondaga, Cayuga, Cortland, Chenango, Madison, Otsego, Delaware

#### **Mid Hudson PRC**

Director: Jennifer Brien

Contact: (845) 294-9000, jbrien@adacinfo.com

Host Provider: ADAC of Orange County in Goshen

Counties Covered: Sullivan, Ulster, Dutchess, Putnam, Orange, Westchester and Rockland

#### **NYC PRC**

Director: Ronni Katz.

Contact: 917-286-1541, rkatz@childrensaidsociety.org

Host Provider: Children's Aid Society in Manhattan

Counties Covered: Richmond, Kings, Bronx, New York and Queens

#### **Suffolk County PRC**

Director: Pamela Mizzi

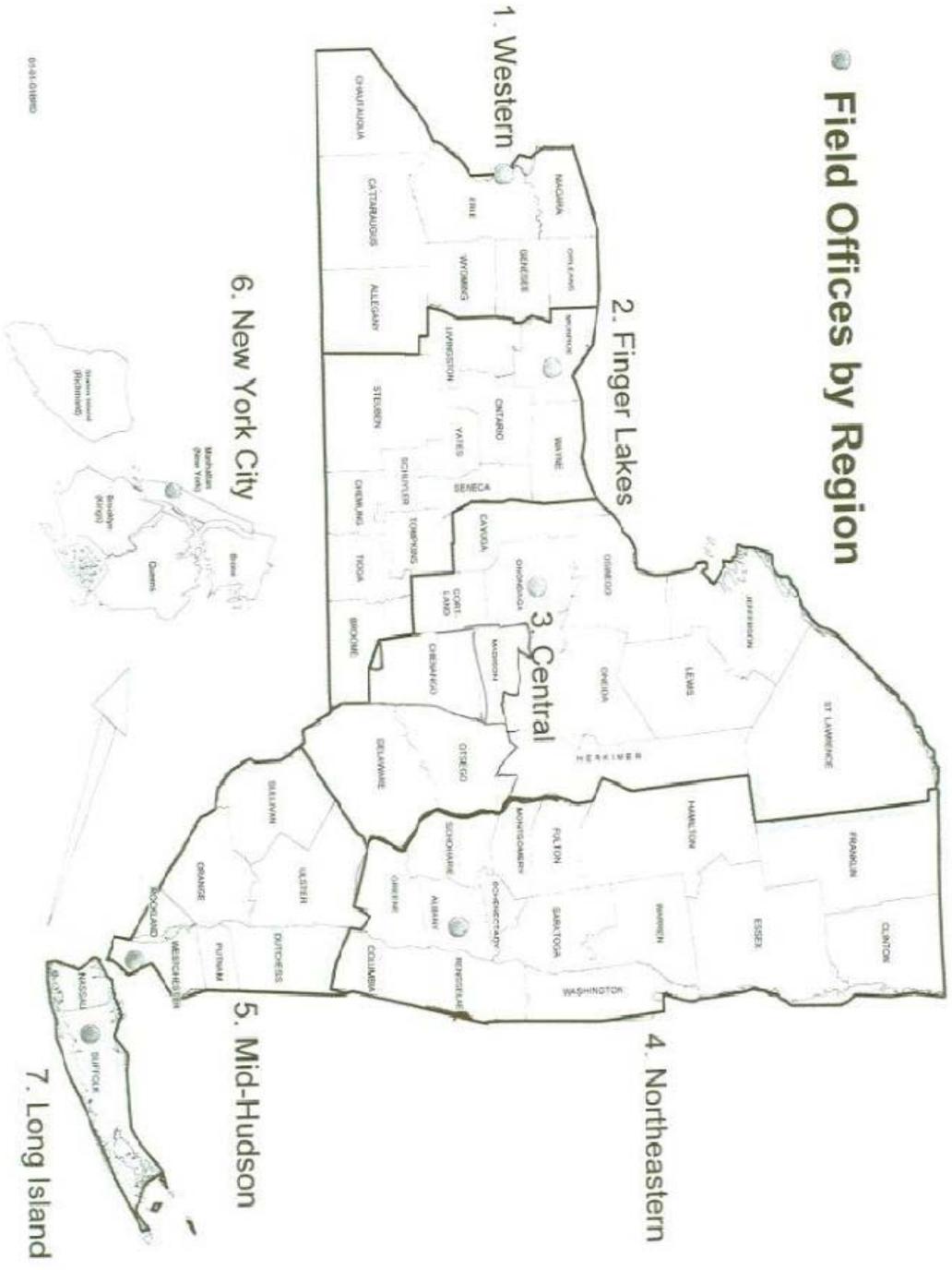
Contact: 631-608-5014, pmizzi@nshs.edu

Host Provider: South Oaks Hospital

Counties Covered: Suffolk

# New York State Office of Alcoholism and Substance Abuse Services

## Field Offices by Region



## **Attachment B - DIRECTORS OF COMMUNITY SERVICES (as of February 2015)**

### **Albany County:**

Stephen J. Giordano, Ph.D.  
Albany County Department of Mental  
Health  
(518) 447-4537  
[sgiordano@albanycounty.com](mailto:sgiordano@albanycounty.com)

### **Allegany County:**

Robert W. Anderson, Ph.D.  
Allegany County Mental Health Services  
(585) 593-1991  
[robanders6@gmail.com](mailto:robanders6@gmail.com)

### **Broome County:**

Arthur R. Johnson, LCSW  
Broome County Mental Health Department  
(607) 778-2351  
[ajohnson@co.broome.ny.us](mailto:ajohnson@co.broome.ny.us)

### **Cattaraugus County:**

Dawn Colburn, LMSW  
Cattaraugus County Community Services  
(716) 373-8040  
[dmcolburn@cattco.org](mailto:dmcolburn@cattco.org)

### **Cayuga County:**

Ray Bizzari, MPA  
Cayuga County Office of Mental Health  
(315) 253-0341  
[rbizzari@cayugacounty.us](mailto:rbizzari@cayugacounty.us)

### **Chautauqua County:**

Patricia Brinkman, LMHC, MBA  
Chautauqua County Dept. of Mental  
Hygiene  
(716) 753-4104  
[brinkmap@co.chautauqua.ny.us](mailto:brinkmap@co.chautauqua.ny.us)

### **Chemung County:**

Brian Hart, LCSW-R  
Chemung County Mental Health  
Department  
(607) 737-5501  
[bhart@co.chemung.ny.us](mailto:bhart@co.chemung.ny.us)

### **Chenango County:**

Ruth E. Roberts, LCSW-R  
Chenango County Dept. of Mental Health  
(607) 337-1604  
[RuthR@co.chenango.ny.us](mailto:RuthR@co.chenango.ny.us)

### **Clinton County:**

Peter Trout  
Clinton Co. Community Mental Health  
Services  
(518) 565-4060  
[troutp@co.clinton.ny.us](mailto:troutp@co.clinton.ny.us)

### **Columbia County:**

Mr. Michael Cole, LCSW  
Columbia County Dept. of Human Services  
(518) 828-9446  
[Michael.Cole@govt.co.columbia.ny.us](mailto:Michael.Cole@govt.co.columbia.ny.us)

### **Cortland County:**

Mark Thayer  
Cortland County Department of Mental  
Health  
(607) 758-6100  
[mthayer@cortland-co.org](mailto:mthayer@cortland-co.org)

### **Delaware County:**

Cynthia Heaney  
Delaware County Mental Health Department  
(607) 865-6522  
[cindy.heaney@co.delaware.ny.us](mailto:cindy.heaney@co.delaware.ny.us)

**Dutchess County:**

Kenneth M. Glatt, Ph.D., ABPP  
Dutchess County Department of Mental  
Hygiene  
(845) 486-2750  
[kmg@dcdmh.org](mailto:kmg@dcdmh.org)

**Erie County:**

Deborah Goldman, MBA  
Erie County Department of Mental Health  
(716) 858-8531  
[deborah.goldman@erie.gov](mailto:deborah.goldman@erie.gov)

**Essex County:**

Stephen Valley  
Essex County Mental Health Department  
(518) 873-3670  
[svalley@co.essex.ny.us](mailto:svalley@co.essex.ny.us)

**Franklin County:**

Suzanne M. Lavigne, MHA, CTRS, CASAC  
Franklin County Department of Mental  
Hygiene  
(518) 891-2280  
[suzannelavigne@citizenadvocates.net](mailto:suzannelavigne@citizenadvocates.net)

**Fulton County:**

Ernest J. Gagnon, LMSW  
Fulton County Department of Mental Health  
(518) 773-3531  
[egagnon@co.fulton.ny.us](mailto:egagnon@co.fulton.ny.us)

**Genesee County:**

Ellery Reaves, MPA  
Genesee County Mental Health Department  
(585) 344-1421  
[ereaves@co.genesee.ny.us](mailto:ereaves@co.genesee.ny.us)

**Greene County:**

Margaret Graham, RN, MSN  
Greene County Mental Health Department  
(518) 622-9163  
[mgraham@discovergreene.com](mailto:mgraham@discovergreene.com)

**Hamilton County:**

Robert Kleppang, CSW  
Hamilton County Mental Health Department  
(518) 648-5355  
[rkleppang.hccs@frontiernet.net](mailto:rkleppang.hccs@frontiernet.net)

**Herkimer County:**

Edgar Scudder, LCSW  
Herkimer County Mental Health Department  
(315) 867-1465  
[erscudder@herkimercounty.org](mailto:erscudder@herkimercounty.org)

**Jefferson County:**

Roger Ambrose, LMSW  
Jefferson County Mental Health Department  
(315) 785-3283  
[RogerA@co.jefferson.ny.us](mailto:RogerA@co.jefferson.ny.us)

**Lewis County:**

Sarah Bullock, MPA  
Lewis County Mental Health Department  
(315) 376-5858  
[sbullock@lewiscountyny.org](mailto:sbullock@lewiscountyny.org)

**Livingston County:**

Michele Anuszkiewicz, MS  
Livingston County Mental Health  
Department  
(585) 243-7250  
[manuszkiewicz@co.livingston.ny.us](mailto:manuszkiewicz@co.livingston.ny.us)

**Madison County:**

Teisha Cook  
Madison County Mental Health Department  
(315) 366-2327  
[Teisha.Cook@madisoncounty.ny.gov](mailto:Teisha.Cook@madisoncounty.ny.gov)

**Monroe County:**

Dave Putney, MS, CRC, LMHC  
Monroe County Office of Mental Health  
(585) 753-6047  
[dputney@monroecounty.gov](mailto:dputney@monroecounty.gov)

**Montgomery County:**

James Gumaer  
Montgomery County Community Services  
(518) 841-7367  
[MontyMH2@Gmail.com](mailto:MontyMH2@Gmail.com)

**Nassau County:**

James R. Dolan, Jr., DSW, LCSW  
Nassau Co. Dept. of MH, CD and DD  
Services  
(516) 227-7083  
[James.DolanJr@hhsnassaucountyny.us](mailto:James.DolanJr@hhsnassaucountyny.us)

**New York City:**

Gary Belkin, M.D., Ph.D.  
NYC Department of Health and Mental  
Hygiene  
(347) 396-7136  
[gbelkin@health.nyc.gov](mailto:gbelkin@health.nyc.gov)

**Niagara County:**

Laura Kelemen, LCSW-R  
Niagara Co. Dept. of Mental Health Services  
(716) 439-7410  
[laura.kelemen@niagaracounty.com](mailto:laura.kelemen@niagaracounty.com)

**Oneida County:**

Debra Whiteford  
Oneida County Department of Mental  
Health  
(315) 798-5676  
[dwhiteford@ocgov.net](mailto:dwhiteford@ocgov.net)

**Onondaga County:**

Robert Long, MPA  
Onondaga County Department of Mental  
Health  
(315) 435-3355  
[boblond@ongov.net](mailto:boblond@ongov.net)

**Ontario County:**

Diane L. Johnston, LCSW-R  
Ontario County Mental Health Department  
(585) 396-4363  
[diane.johnston@co.ontario.ny.us](mailto:diane.johnston@co.ontario.ny.us)

**Orange County:**

Darcie M. Miller, LCSW  
Orange County Department of Mental  
Health  
(845) 291-2601  
[damiller@orangecountygov.com](mailto:damiller@orangecountygov.com)

**Orleans County:**

Mark F. O'Brien  
Orleans Mental Health Services  
(585) 589-3292  
[mark.o'brien@orleansny.com](mailto:mark.o'brien@orleansny.com)

**Oswego County:**

Nicole D. Kolmsee, MS  
Oswego County Mental Health Department  
(315) 963-5361  
[nkolmsee@oswegocounty.com](mailto:nkolmsee@oswegocounty.com)

**Otsego County:**

Susan Matt, LCSW, CASAC  
Otsego County Mental Hygiene Department  
(607) 433-2343  
[matts@otsegocounty.com](mailto:matts@otsegocounty.com)

**Putnam County:**

Michael J. Piazza, Jr., MA  
Putnam County Mental Health Department  
(845) 225-7040  
[Michael.PiazzaJr@dfa.state.ny.us](mailto:Michael.PiazzaJr@dfa.state.ny.us)

**Rensselaer County:**

Katherine Alonge Coons  
Rensselaer County Department of Mental  
Health  
(518) 270-2807  
[kcoons@rensco.com](mailto:kcoons@rensco.com)

**Rockland County:**

Michael Leitzes, MBA  
Rockland County Department of Mental Health  
(845) 364-2378  
[leitzesm@co.rockland.ny.us](mailto:leitzesm@co.rockland.ny.us)

**St. Lawrence County:**

Angela Doe, LMHC, CASAC, HS-BCP  
St. Lawrence County Mental Health Clinic  
(315) 386-2048  
[adoe@stlawco.org](mailto:adoe@stlawco.org)

**Saratoga County:**

Michael S. Prezioso, Ph.D.  
Saratoga County Mental Health Department  
(518) 584-9030  
[mpezioso@saratogacountyny.gov](mailto:mpezioso@saratogacountyny.gov)

**Schenectady County:**

Darin Samaha  
Schenectady County Mental Health Department  
(518) 386-2218  
[darin.samaha@schenectadycounty.com](mailto:darin.samaha@schenectadycounty.com)

**Schoharie County:**

Bonnie Post, LCSW-R, CASAC  
Schoharie County Mental Health Clinic  
(518) 295-8407  
[bonniepost@co.schoharie.ny.us](mailto:bonniepost@co.schoharie.ny.us)

**Schuyler County:**

Shawn Rosno  
Schuyler County Mental Health Department  
(607) 535-8280  
[srosno@Co.Schuyler.ny.us](mailto:srosno@Co.Schuyler.ny.us)

**Seneca County:**

Scott LaVigne, LCSW-R, MBA  
Seneca County Mental Health Department  
(315) 539-1980  
[slavigne@co.seneca.ny.us](mailto:slavigne@co.seneca.ny.us)

**Steuben County:**

Henry Chapman, Psy.D.  
Steuben County Community Mental Health  
(607) 776-6577  
[hankc@co.steuben.ny.us](mailto:hankc@co.steuben.ny.us)

**Suffolk County:**

Art Flescher  
Suffolk County Department of Health Services  
(631) 853-8547  
[art.flescher@suffolkcountyny.gov](mailto:art.flescher@suffolkcountyny.gov)

**Sullivan County:**

Joseph A. Todora, MSW, LMSW  
Sullivan County Dept. of Community Services  
(845) 292-8770  
[joseph.todora@co.sullivan.ny.us](mailto:joseph.todora@co.sullivan.ny.us)

**Tioga County:**

Lori Monk, LCSW-R  
Tioga County Mental Health Department  
(607) 687-0200  
[monkl@co.tioga.ny.us](mailto:monkl@co.tioga.ny.us)

**Tompkins County:**

Susan Romanczuk-Smelcer Ph.D., LCSW-R  
Tompkins County Mental Health Department  
(607) 274-6303  
[sromanczuk@tom-pkins-co.org](mailto:sromanczuk@tom-pkins-co.org)

**Ulster County:**

Carol M. Smith, M.D., MPH  
Ulster County Mental Health Department  
(845) 340-4173  
[csmi@co.ulster.ny.us](mailto:csmi@co.ulster.ny.us)

**Warren/Washington Counties:**

Robert York, LCSW-R  
Warren/Washington Co. Mental Health Dept.  
(518) 792-7143  
[yorkr@co.warren.ny.us](mailto:yorkr@co.warren.ny.us)

**Wayne County:**

James M. Haitz, LCSW-R  
Wayne Behavioral Health Network  
(315) 946-5722  
[jhaitz@co.wayne.ny.us](mailto:jhaitz@co.wayne.ny.us)

**Westchester County:**

Sherlita Amler, M.D.  
Westchester County Mental Health Department  
(914) 995-5236  
[SAmler@westchestergov.com](mailto:SAmler@westchestergov.com)

**Wyoming County:**

Nancy Balbick, LCSW  
Wyoming County Mental Health Department  
(585) 786-8871  
[nbalbick@wyomingco.net](mailto:nbalbick@wyomingco.net)

**Attachment C - COVER PAGE**

- 1) Coalition Name:**
- 2) Outline of Geographic Area served by the Coalition including county:**
- 3) Name and Title of Programmatic/Coalition Contact Person:**
  - a) Mailing Address:**
  - b) Phone Number:**
  - c) Fax Number:**
  - d) Email Address:**
- 4) Amount of Funds Requested through this Proposal:**
- 5) Name and address of organization designated to receive funds (fiduciary agent).  
Provide Federal Employer Identification Number (FEIN) and DUNS Number.**
- 6) Name and Title of Fiscal Contact Person.**
  - a) Mailing Address:**
  - b) Phone Number:**
  - c) Fax Number:**
  - d) Email Address:**
- 7) Name contact information for the two people attending the Learning Institute.**
  - a) Mailing Address:**
  - b) Phone Number:**
  - c) Fax Number:**
  - d) Email Address:**
  
  - e) Mailing Address:**
  - f) Phone Number:**
  - g) Fax Number:**
  - h) Email Address:**
- 8) Print name of authorizing agent \_\_\_\_\_**  
**Signature of authorizing agent \_\_\_\_\_ Date \_\_\_\_\_**

## **Attachment D - REQUIRED POSITION DESCRIPTIONS**

**Note: Key staff positions require prior approval. Resume and justification for hire must be submitted to State Project Director and approved before an offer can be made to a candidate.**

### **COMMUNITY COALITION COORDINATOR**

**Job Description:** The community coalition coordinator will be responsible for the general day to day activities and organization of the coalition and its work on the Partnership for Success (PFS) objectives. The coordinator will be responsible for assessment, capacity building, planning, implementing, and evaluating activities associated with the PFS priorities. The coordinator will guide the coalition to develop and implement strategies that will lead to long-term involvement of community institutions, organizations, and individuals in prescription drug abuse and heroin use prevention. The community coalition coordinator will also be responsible for ensuring that the necessary state and federal reporting requirements, including interim reports and a final report are completed and submitted.

#### **Responsibilities:**

- Work as a team member with fiscal agent, OASAS staff, community development specialist and data coordinator to meet program goals
- Communicate with the state level evaluator and the SPF-PFS statewide coordinator
- Attend all mandated trainings as requested by the state and federal project staff
- Become proficient in the required instruments of the federal (CSAP) cross-site evaluation reporting system, specifically the Community Level and Participant Level Instruments
- Keep current, and expand their knowledge, in the areas of prescription drug abuse and heroin use, and serve as resource person for the coalition and community
- Plan and coordinate training and technical assistance for the coalition
- Conduct literature/resource reviews to identify possible evidence based programs
- Coordinate all assessment activities with data coordinator
- Work with data coordinator, state evaluator and coalition members to develop and implement data collection tools and methods for assessment and evaluation and develop evaluation measures for implementation activities
- Help coordinate and facilitate coalition meetings
- Communicate effectively and regularly with coalition members on the SPF process
- Collaborate with community sectors, OASAS and Local Governmental Units to complete the steps of the SPF-PFS process
- Serve as a consultant to the coalition to develop community partnerships
- Assist coalition members in strategic planning and developing a comprehensive action plan based on assessment results
- Direct SPF-PFS implementation activities

- Evaluate implementation activity effectiveness on an on-going basis
- Oversee the coalition mentoring process during the last two years of funding
- Document findings and progress of programs and activities in written reports to OASAS SPF coordinator and local PRC, other funding agencies, and coalition members
- Manage and oversee expenditures of coalition budget (or contract)
- Report and present coalition progress and program findings through publications and presentations at meetings/conferences

### **Qualifications for Community Coalition Coordinator**

Masters' degree and relevant experience in public health or health education, administration, policy/planning, or in community/organizational psychology; or bachelor's degree and five years of appropriate experience in managing or coordinating a community-based public health or health-related agency could be substituted for advanced degree.

- At least two years of experience with health education programs in community setting
- Proven ability to work independently and excellent organizational skills
- Public relations or marketing skills and excellent interpersonal and communication skills
- Knowledge of the Strategic Prevention Framework and the OASAS Prevention Framework
- Familiarity and comfort with reporting outcomes in web-based system

## DATA COORDINATOR

**Job Description:** The data coordinator will be an individual working on a contractual basis to accomplish the required tasks. In-kind support or braided funding is allowable. Data coordinators will be provided training to collect SPF PFS-specific data at the community level and will receive technical assistance on an as-needed basis throughout the life of the project. Data coordinators will be supervised by the community coalition coordinator and will work directly with the state level evaluators. In addition they will be required to work closely with the state SPF PFS coordinator.

### Responsibilities:

- Data coordinators will assist the coalition with needs assessment and collection of process/outcome data.
- Data coordinators will provide needs assessment and process/outcome data to state level evaluators for State-level synthesis and analyses.
  - Data coordinators will work with community coordinators, state evaluators and coalition members to develop and implement data collection tools and methods for assessment and evaluation and develop evaluation measures for implementation activities
- *Provision of data for federal and state level evaluations takes priority over any other roles.* However, communities may have the option of utilizing the data coordinator (as time allows) to participate in locally driven tasks involving data collection and/or analysis that supports the community's unique capacity building efforts.

### Qualifications for Data Coordinator

Data coordinators will be competent in basic qualitative and quantitative data collection methods to support their coalitions. Prior experience in these areas is highly recommended.

## Attachment E - SAMPLE BUDGET AND JUSTIFICATION

The budget justification is required for Year 1 which will end on September 30, 2015. Any variances for subsequent years must be explained in the justification (i.e. Surveys will only be conducted in year 1, 3 and 5). The table at the bottom of this document will reflect the full requested budget.

### Section I: Evaluation and Data Collection Expenses:

Expenses in section cannot exceed 20% of the total grant award.

#### **Personnel:** Data coordinator

Position	Name	Contractual Rate	Level of Effort	Cost
Data Coordinator	John Doe	\$50/hour	10-15 hours per month	\$5000
			<b>TOTAL</b>	<b>\$5000</b>

#### **JUSTIFICATION: Describe the role and responsibilities of each position.**

The Data coordinator will organize and assist with administration and analyses of the YDS data.

#### **Fringe Benefits:** List all components of fringe benefits rate

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		<b>TOTAL</b>	<b>\$10,896</b>

**JUSTIFICATION: Fringe reflects current rate for agency.**

#### **Supplies:** Materials costing less than \$5000 per unit and often having one time use

Category	Description	Cost/rate	Cost
Surveys	YDS	\$3.50 per survey/1000	\$3500
Software package	SAS for data analysis	\$150	\$150
Other	Survey Gizmo	\$7.99 per month /6 mo	\$47.94
		<b>TOTAL</b>	<b>\$3697.94</b>

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.** The YDS survey will be administered in the Fall of 2015, 2017 and 2019 to all 7<sup>th</sup>-12<sup>th</sup> graders in the Burlington school district. The SAS data analysis package is essential for analysis of the YDS raw data that will be supplied by Pride surveys.

## Section II: Other Expenses

**Personnel:** an employee of the Fiscal agent whose work is tied to the application

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Community Coordinator	John Doe	\$46,276	100%	\$46,276
Clerical/accountant	Mary Smith	\$43,000	10%	\$4300
			<b>TOTAL</b>	<b>\$52,765</b>

**JUSTIFICATION: Describe the role and responsibilities of each position.**

The Community Coordinator will provide daily oversight of the grant. The coordinator will coordinate project services and project activities, including training, communication and information dissemination. The clerical position will be responsible for creating the monthly voucher and maintaining all fiscal records.

**Fringe Benefits:** List all components of fringe benefits rate

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		<b>TOTAL</b>	<b>\$10,896</b>

**JUSTIFICATION: Fringe reflects current rate for agency.**

**Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

Purpose of Travel	Location	Item	Rate	Cost
Required Meeting	Albany, NY	Train	\$200 x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles@.38/mile	\$1,140
CADCA Midyear	Indianapolis	Airline	\$400 per person	\$800
			<b>TOTAL</b>	<b>\$3244</b>

**JUSTIFICATION: Describe the purpose of travel and how costs were determined.**

Cost for two staff to attend up to two required meetings in Albany, NY for each year of funding. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's policies and procedures regarding privately owned vehicle (POV) reimbursement rate. All other travel must adhere to the federal travel (gsa.gov) guidelines.

**Supplies:** Materials costing less than \$5,000 per unit and often having one time use

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer*	\$900	\$900
Printer*	\$300	\$300
Copies	8000 copies x .10/copy	\$800

Printed material (brochures, small giveaways)	Coalition brochures - 500 @ .80/copy	\$400
Pencils to complete surveys and give away at events	500 pencils with coalition logo - .20 ea.	\$100
	<b>TOTAL</b>	<b>\$3396</b>

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.**

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written. \*Provide adequate justification for purchases. Small giveaways for the purpose of coalition recognition and marketing are permitted with prior approval from Project Director.

**Contractual:** A contract can be with an individual retained to provide professional advice or services, or for a service such as a media air time for a PSA, billboards etc. The grantee must have policies and procedures governing their use of contracts that are consistently applied among all organization’s agreements. All contracts must receive prior approval by the state SPF SIG project director.

Name	Service	Rate	Time frame	Cost
Albany Co, Sheriff	Law enforcement /Party Patrols	Overtime rates vary by individual	6 months	\$5000
Time Warner	Media buy for PSA	\$ 20 per 30 sec spot	One month/75 spots	\$1500
Lamar Advertising	Billboard	\$400/mo	6 months	\$2400
Joan Doe	Marketing Consultant	\$150/day	15 days	\$2,250
Mike Smith	Training on OD Prev.	\$500/day	2 days	\$1000
			<b>TOTAL</b>	<b>\$12,150</b>

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

The marketing consultant will development a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Law enforcement partnership will increase the patrols in known drug regions. A PSA on Rx drug misuse will be aired during prime time on all major networks in the region.

**Admin/Indirect cost rate:** Indirect costs are necessary for the operation of an organization and are shared across all programs within the organization. Some examples are building occupancy (i.e. rent), equipment usage, administrative staff, audit and legal services, utilities, telecommunications (including phone and internet service), security and fire protection, and liability insurance. Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

Direct costs			Cost Rate	Total
\$99,856			10%	\$9,986

**JUSTIFICATION:** Please include a copy of your negotiated indirect cost rate agreement, if applicable. If your organization does not have a negotiated agreement, please use a *de minimis* rate of 10 percent of modified total direct costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000.

**Sample Budget Summary:**

<b>Category</b>	<b>April 1- September 30, 2015 (6 months)</b>	<b>October 1- 30-Sep-16</b>	<b>October 1 ,2016- September 30,2017</b>	<b>October 1 ,2017- September 30,2018</b>	<b>October 1 ,2018- September 30,2019</b>	<b>Total Request</b>
<b>Section I Personnel</b>		\$5,000				
Fringe		\$10,896				
Supplies		\$3,698				
<b>Section II Personnel</b>		\$50,576				
Fringe		\$10,896				
Travel		\$3,244				
Supplies		\$3,396				
Contracts		\$12,150				
Total Direct Costs		\$99,856				
Indirect Costs (10%)		\$9,986				
<b>Total Project Costs</b>	<b>\$60,000</b>	<b>109,841</b>	<b>125,000</b>	<b>182,459</b>	<b>150,000</b>	<b>\$627,300</b>

## **Attachment F: TEMPLATES FOR LETTERS OF SUPPORT**

These templates are provided for the convenience of the applicant. Applicants may utilize other language that conforms to the requirements of this RFP.

### *Opening Paragraph:*

I am pleased to offer the support of the \_\_\_\_\_ to the (YOUR COALITION NAME) in their application to become a sub-grantee of the New York State Strategic Prevention Framework Partnership for Success Grant. I understand that the goal of this project is to reduce the rates of prescription drug abuse and heroin use among the 12-25 year old population in (COALITION'S CATCHMENT AREA) through the use of evidence-based, environmental prevention strategies and the five steps of the strategic prevention framework.

### *Superintendents:*

Our school district agrees to participate in the Youth Development Survey or other school survey approved by OASAS in grades seven through twelve in the fall semesters of 2015, 2017, and 2019.

### *Law Enforcement:*

We look forward to continued involvement with the (YOUR COALITION NAME). We will work with the coalition to implement effective environmental strategies when applicable. We will help to provide available data on prescription drug and heroin crimes to assist the coalition in its assessment process.

### *Public Health:*

We look forward to working with the (YOUR COALITION NAME). We will assist the coalition and its member agencies in implementing evidence based prevention programs that will improve the health of (COALITION'S CATCHMENT AREA). We will help the coalition find data relating to the health effects of prescription drug abuse and heroin use.

### *Prevention Provider:*

We will assist the coalition in implementing evidence based prevention strategies in (COALITION'S CATCHMENT AREA). Our agency will work with the coalition to strengthen prevention efforts in our community and increase awareness of prescription drug abuse and heroin use.

### *LGU:*

We will help the coalition to disseminate information about their services and programs to providers and we will assist the coalition and its member agencies in implementing evidence based prevention strategies in (COALITION'S CATCHMENT AREA). We will provide available county data to the coalition to assist in its assessment process.

## Attachment G - RESOURCES FOR APPLICANTS

### SAMHSA Center for Substance Abuse Prevention (CSAP)

<http://www.samhsa.gov/prevention>

### Evidence-based Programs and Practices

**Center for Substance Abuse Prevention** *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program.* <http://store.samhsa.gov/product/Identifying-and-Selecting-Evidence-Based-Interventions-for-Substance-Abuse-Prevention/SMA09-4205>

**SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)**  
<http://nrepp.samhsa.gov>

### Environmental Strategies

**CSAP's Prevention Pathways Online Courses** *Environmental Strategies for Prevention: A Guide to Helping Prevention Professionals Work Effectively in the Community*  
[http://pathwayscourses.samhsa.gov/ev/ev\\_toc.htm](http://pathwayscourses.samhsa.gov/ev/ev_toc.htm)

### Strategic Prevention Framework

**SAMHSA Prevention Training and Technical Assistance Strategic Prevention Framework**  
<http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>

**Community Anti-Drug Coalitions of America (CADCA)** CADCA Primers - This series of primers consists of seven publications, each covering one element of the SAMHSA's Strategic Prevention Framework. Each of the primers provides a basic understanding of the element and provides examples of how to implement the themes into your coalition work. <http://www.cadca.org/resources/series/Primers>

### Prescription Drug Abuse Prevention

**SAMHSA Prevention Training and Technical Assistance**, Collection of webinars, decision support tools and data sources <http://captus.samhsa.gov/prevention-practice/targeted-prevention/prescription-drug-abuse>

**SAMHSA Prevention Training and Technical Assistance**, Strategies to Prevent the Non-Medical Use of Prescription Drugs: Using Prevention Research to Guide Prevention Practice <http://captus.samhsa.gov/access-resources/strategies-prevent-non-medical-use-prescription-drugs-using-prevention-research-guide>

## **Cultural Competency**

**National Center for Cultural Competence**, <http://nccc.georgetown.edu/>

## **New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS)**

### **Prevention Home Page**

<http://www.oasas.ny.gov/prevention/index.cfm#>

### **Evidence-based Programs and Practices for Prevention**

<http://www.oasas.ny.gov/prevention/evidence/evidence.cfm>

### **Needs Assessment**

<http://www.oasas.ny.gov/prevention/needs/needsassessment.cfm>

### **Environmental Strategies**

<http://www.oasas.ny.gov/prevention/evidence/EnvironmentalEBPs.cfm>

### **Prevention Resources**

<http://www.oasas.ny.gov/prevention/resources.cfm>

### **Prevention Initiatives**

<http://www.oasas.ny.gov/prevention/PI/index.cfm>

### **Combat Heroin**

<http://www.combatheroin.ny.gov/>

## **New York State Archival Data Resources**

- Kids' Well-Being Indicators Clearinghouse [www.nyskwic.org](http://www.nyskwic.org)
- NYS Department of Health Statistics <http://www.health.state.ny.us/statistics/>
- NYS Touchstones/KIDS COUNT 2013 Data Book <http://ccf.ny.gov/council-initiatives/kids-count-nys/data-books-and-special-reports/>
- NYS Department of Criminal Justice <http://www.criminaljustice.ny.gov/>
- Drug and Alcohol Warning Network (DAWN) <http://dawninfo.samhsa.gov/>