

Behavioral Health Mini-Grants Program Proposal Template

Applicants: Use this guide to prepare for your online submission by end of business on Friday, August 2, 2019 at <https://www.surveymonkey.com/r/BHMiniGrants>

It is recommended that you prepare your responses in Microsoft Word. Please use 12-point font, and adhere to the word count guidelines as indicated for the proposal narrative. You may use the word count function (in Microsoft Word) to ensure you are within the word count guidelines. Then, copy and paste your responses from Word into the online application.

A. Applicant Information

1. Applying Organization's Name and Address:
2. Tax ID Number
3. Primary Contact: First, Last Name & Title
4. Primary Contact Email Address
5. Primary Contact Phone Number
6. Person Authorized to Sign Grant Agreement (if different from primary contact listed prior):
First, Last Name
7. Total Number of Employees
8. Total Operating Budget for most recent fiscal year
9. How is your organization designated? (Check all that apply)
 - a. Primary Care Provider
 - b. Mental Health Provider
 - c. Addiction Treatment Provider
 - d. Consumer Run Organization
 - e. Nursing Facility for Mental Health
 - f. Social Service Agency
 - g. Health Department
 - h. Hospital
 - i. Other: (Describe)
10. When your organization completed the Tobacco Guideline Self-Assessment, what was your total score (between 0 – 65)? *Please note that an applicant's score is not used as review criteria or weighted in any way. This information is only used for documentation purposes.*

B. Proposal Narrative

Please address each of the following items.

Executive Summary

11. Project Title: Please provide a name for your proposed project (e.g., Provider Training Project, etc.):
12. What is your organization's requested funding amount (consideration up to \$5,000):
13. In which of the following Behavioral Health Tobacco Guideline area(s) does your funding request focus? (Please check all that apply to your proposed project)
 - a. Promote wellness by integrating evidence-based tobacco treatment into routine clinical practice.
 - b. Build staff capacity to provide care.
 - c. Adopt a tobacco-free environment.
 - d. Engage in tobacco cessation and prevention efforts among youth.

Please address each of the following items, paying attention to the noted space limitations. No words entered beyond the word maximum will be reviewed. Please use 12-point font.

Applicant Capacity and Experience

14. Please briefly describe your organization's mission and how the proposed project relates to this mission: *(250 words maximum)*
15. Please briefly describe your organization's relevant experience working with individuals experiencing serious mental illness and/or substance use disorders: *(250 words maximum)*
16. Which staff positions will oversee the proposed project, and what is the staff members' relevant experience? *(150 words maximum)*

Tobacco Guideline Understanding & Applicant Priorities

17. Please describe the applicant organization's current approach to addressing tobacco use among the targeted population, highlighting lessons learned, and any major successes or challenges experienced to date *(400 words maximum)*
18. How will a Mini-Grant help your organization implement the Behavioral Health Tobacco Guideline (e.g., funding to pilot efforts, leverage to attract other funders, opportunities to cover activities not usually funded, etc.)? *(250 words maximum)*
19. Beyond the term of the Mini-Grant, what plans does the applicant organization have for sustaining its efforts in implementing the Tobacco Guideline? *(250 words maximum)*

Proposed Project

20. Please describe your proposed project, in detail, including the following: 1) The focus and primary strategies for implementing the organization's Tobacco Guideline priorities; 2) How your organization's Tobacco Guideline Self-Assessment results are addressed through the proposed project; 3) Who your project will engage and benefit; and 4) How your organization will use the grant over the duration of the Mini-Grant year. *(Maximum of 650 words)*

Proposed Project Objectives

Please list project objectives that reflect what your organization expects to achieve and measure over the grant year (November 1, 2019 - October 31, 2020). Objectives should align with the applicant's identified Tobacco Guideline gaps and priorities. Please choose at least two objectives for the yearlong, proposed project. Objectives should be SMART (specific, measurable, attainable, relevant, time-bound). For each Objective, describe how it will be measured and monitored (Measurement).

Note that if awarded a Mini-Grant, grantees will be asked to report at 6 months and at the end of the year on their efforts to reach their proposed objectives.

You are only required to list 2 objectives and related measures. If you would like to list more, feel free to do so for the additional response lines. If not, after listing 2 objectives and related measurement, please move to the next item.

21. **LIST AT LEAST 2 OBJECTIVES and RELATED MEASURES:** Example: Objective 1: Train 2 Case Managers to become Tobacco Treatment Specialists in the first 6 months. Measurement for Objective 1: Document 2 staff certifications. Objective 2: Use Tobacco Treatment Specialists to educate additional staff about tobacco cessation strategies for clients in months 6 - 12. Measurement for Objective 2: Tobacco Treatment Specialists will track time spent educating staff, track # of staff engaged, and capture staff feedback.

Objective 1:

Measurement for Objective 1:

Objective 2:

Measurement for Objective 2:

Objective 3:

Measurement for Objective 3:

Objective 4:

Measurement for Objective 4:

22. If you want to comment on your identified objectives and measures further, please feel free to do so here. If not, skip to the next and final section.

Proposed Project Budget and Justification

23. Please respond to the items below. All applicants must conform to this budget section for consideration. If a line item is not applicable, skip. Be sure to describe your budget clearly in the narrative section that follows. *If you propose purchasing supplies greater than 10% of your total request, please provide copies of the cost estimate and send to minigrants.namikansas@gmail.com by August 2, 2019.*

Please use the table below to present your overall project budget. If a line item is not applicable, please skip. For each "other" category, please label and present the line item total (e.g., Other 1: Tobacco Treatment Specialist Trainings = \$2,000; Other 2: KanCare Benefits' (Group Counseling Code) Sessions = \$1,000)

Personnel:

Project Supplies:

Other 1:

Other 2:

Other 3:

Other 4:

Other 5:

Other 6

Other 7:

TOTAL BUDGET: Be sure your line items sum to this total:

24. BUDGET NARRATIVE: Please provide additional detail about each line item and clarify how the Mini-Grant request will be directed (250 word maximum).
25. Please list any additional grant requests your organization has made to other funders for this project. If no other requests have been made, please skip this item.
26. Please describe any collaborations with other agencies that may inform the design and implementation of this project (e.g., membership in coalitions, service sharing within certain networks, etc.). If your organization will be working with any other service providers to implement the proposed project, please name the other providers and describe this relationship. If these collaborative questions are not applicable to your organization or proposed project, please skip to "Done" to submit the application.

Thank you for your Mini-Grants Program proposal submission. If you have any questions about this process or this online form, please email your questions to minigrants.namikansas@gmail.com

Submission Process Checklist and Timeline

Proposal Requirement Checklist

- ✓ Online Proposal Submission at <https://www.surveymonkey.com/r/BHMiniGrants>
- ✓ Applicant's Tobacco Guideline Behavioral Health Care Self-Assessment – saved with applicant name and emailed to minigrants.namikansas@gmail.com
- ✓ Applicant's Tobacco Guideline Behavioral Health Endorsement – saved with applicant name and emailed to minigrants.namikansas@gmail.com
- ✓ Applicant's (copy of) tax incorporation ruling letter: Applicants must provide proof of status as either 501 (c) 3, or 509 (a) (1), or 509 (a) (2), or as a government entity with a Federal Employer Identification number and emailed to minigrants.namikansas@gmail.com
- ✓ If applicant is requesting supplies over 10% of the total request, provide supply estimate and email to minigrants.namikansas@gmail.com

Timeline

| Behavioral Health Mini-Grants Program Process | Timing |
|---|-------------------------------------|
| Behavioral Health Tobacco Project Mini-Grants Program Announced | April - May 2019 |
| Request for Proposals: Eligibility Criteria and Proposal Package Distributed (Online and via the Behavioral Health Tobacco Project's Network) | June 24, 2019 |
| Technical Assistance Call for interested applicants <i>Check Project Website for call-in details</i> | July 9, 2019: noon – 1 p.m. central |
| Proposal Deadline: Applications and supporting materials due by end of business | August 2, 2019 |
| Award Decisions Made & Grantees Notified | October 7, 2019 |
| Start of Mini-Grants Program Year | November 1, 2019 |
| Mid Year Grant Reports Due | May 1, 2020 |
| Final Grant Reports Due | November 30, 2020 |

Scoring Process

A review committee of experts and knowledgeable stakeholders from the Behavioral Health Care Tobacco Project Working Group will review all proposals and make recommendations for funding. Proposals meeting all proposal requirements and receiving the highest overall scores will be eligible for funding. Point values for scoring are outlined below.

| Proposal Section | Maximum Score |
|--|----------------------|
| Executive Summary | Not Scored |
| Applicant Capacity and Experience | 10 |
| Tobacco Guideline Understanding & Applicant Priorities | 10 |
| Proposed Project | 20 |
| Project Objectives | 5 |
| Budget | 5 |
| Total | 50 |

If you have any other questions regarding the online application process, please contact minigrants.namikansas@gmail.com