

­­­­­­KDADS Grant Request for Proposal (RFP)

Coordinated Specialty Care Initiative

Behavioral Health Services

RFP Release: June 3, 2016

RFP Applications Due: June 20, 2016

Charles Bartlett.

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# Overview

The Kansas Department for Aging and Disability Services (KDADS), Behavioral Health Services, announces the release of a Request for Proposal (RFP) to provide early episode Serious Mental Illness (SMI) interventions; including early psychotic disorders. Eligible applicants are: Community Mental Health Centers (CMHC) and Regional Recovery Centers (RRC).

Request for Proposal Timeline

|  |  |
| --- | --- |
| Release of Request for Proposal | 6/03/2016  |
| Written Questions from Potential Bidders due by 5:00 p.m. | 6/08/2016 |
| Letters of Intent are due by 5:00pm CDT |  6/10/2016 |
| Q&A Emailed & Posted by KDADS | 6/14/2016 |
| Applications Due  | 5:00 P.M. CDT on 6/20/2016503 S. Kansas AvenueTopeka, KS 66603 |
| Notification of Award(s) | 6/27/2016 |
| Grant Start-Up | 7/01/2016 |

# I. Introduction and Summary:

In February of 2016, the Kansas Department for Aging and Disability Services received the following guidance related to our Mental Health Block Grant allocation:

“The Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress through its FY 2016 Omnibus bill, Public Law 114-113, to set aside 10 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based programs that provide treatment for those with early serious mental illness (SMI) and a first episode psychosis (FEP) – an increase from the previous 5% set aside. This additional 5 percent increase to the set-aside is over the FY 2015 level. The appropriation bill specifically requires the 10 percent set-aside to fund only those evidence-based programs that target FEP[[1]](#endnote-1). The law specifically stated:

“…..the funds from set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of those that address first episode psychosis.”

Previous appropriation language (P.L. 113-76 and P.L. 113-235) allowed the use of set aside funds for individuals with early SMI, including those without psychosis. However, the new language specifically requires states to focus their efforts only on FEP.

States can implement models which have demonstrated efficacy, including the range of services and principles identified by National Institute of Mental Health (NIMH) via its Recovery After an Initial Schizophrenia Episode (RAISE) initiative.”

With this recommendation from SAMHSA, Kansas is specifying that applicants for this RFP will be building their program for this funding using the RAISE model

Studies show that early intervention has a positive impact on the prevention of psychotic disorders. The National Institute of Mental Health (NIMH) study reports:

75% of people who have psychotic episodes have their first episode before the age of 25

2-3% of these youth will develop schizophrenia or a severe, psychotic mood disorder

12 to 15% of people with schizophrenia or psychotic mood disorder will commit suicide

The NIMH supports use of the National Evidenced-Based Treatments for FEP: Components of Coordinated Specialty Care (CSC). Applicants should review the NIMH study and institute components from the study that include:

* Team Based Approach;
* Early intervention;
* Coordinated Specialty Care - and the six (6) critical functions of CSC for young people experiencing a first episode of psychosis.

The report can also be found at [www.nimh.nih.gov/RAISE](http://www.nimh.nih.gov/RAISE)

SAMHSA also recognizes the importance of this work. As evidenced by Attachment D SAMHSA provides information to states addressing the use of the Block Grant 10% set aside funds. Kansas has submitted their proposed addendum to their current Mental Health Block Grant (MHBG) application for the funds to be used specifically in developing additional FEP programs which will provide early Serious Mental Illness (SMI) interventions; including early psychotic disorders.

# II. Terms of the Grant

## Award Amounts and Length

The maximum amount available for award is $200,000 and is expected to fund one (1) grant for a fifteen (15) month period. The Agreement shall begin on July 1, 2016 and shall end on September 30, 2017 with the option for three (3) one (1) year renewals. Awards are subject to the availability of funds and any modifications or additional requirements that may be imposed by law.

**Payment**

After the agreement has been signed and funds encumbered, KDADS may issue a prospective payment. All succeeding payments shall be issued on a quarterly basis thereafter, contingent on receipt of all required program and financial reports as developed by KDADS.

## Allowable Uses of Funds

Funds shall be used solely for the development of a community or regional Early Intervention Team (EIT) which will support prevention of psychotic disorders by early detection and intervention. The EIT design should include early intervention, coordinated specialty care and a team based approach. Component interventions should include intensive case management, individual or group psychotherapy, supported employment, education services, family education and support, and low doses of select antipsychotic agents. EIT will support meeting the needs of persons with early psychotic disorders, specifically first episode psychosis, for individuals between the ages of 15 to 25. The proposal should describe how funds will be utilized to meet the needs specific to the above mentioned targeted population.

## Match Requirement

The Coordinated Specialty Care Initiative Grant does not require cost sharing or matching. Matching funds are strongly encouraged but not required.

**Confidentiality, Privacy, HIPAA and HITECH**

Grantee shall strictly comply with applicable confidentiality and privacy laws and regulations, state or federal, and shall further comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), all as amended, and all regulations implementing the same. Grantee shall, at the direction of the KDADS, sign a Business Associates Agreement ("BA Agreement"). The failure of Grantee to timely execute a BA Agreement in the form presented by KDADS shall, at the option of the KDADS, be deemed a material breach of the Agreement.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Grantee is permitted/required to use and disclose Protected Health Information and Electronic Protected Health Information (collectively referred to as "PHI") as defined by HIPAA in any activity required to ensure compliance and fulfillment of obligations in this Grant. Grantee shall not disclose information in any manner KDADS is not allowed.

Grantee shall: (1) not use or further disclose PHI other than as permitted or required by the this Grant or as required by law; (2) use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Grant; (3) report to KDADS any use or disclosure of PHI not provided for by this Grant of which it becomes aware; (4) ensure that any agents, including subcontractor, to whom it provides PHI received from, or created or received by Grantee on behalf of, KDADS agrees to the same restrictions and conditions that apply to Grantee; (5) make PHI available in accordance with § 164.524; (6) make PHI available for amendment and incorporate ay amendments to information in accordance with § 164.526; (7) make available the PHI required to provide an accounting of disclosures in accordance with § 164.528; (8) make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Grantee on behalf of, KDADS available to the Secretary of Health and Human Services for purposes of determining KDADS's compliance; (9) return or destroy all PHI received from, or created or received by Grantee on behalf of, KDADS that Grantee maintains in any form and shall not retain any copies of PHI or, if return or destruction is not feasible, extend the protections of this Grant to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of PHI infeasible.

KDADS shall be authorized to terminate this Grant if it determines that Grantee has violated a material term of this Grant.

# III. Eligibility

KDADS invites applications from Community Mental Health Centers (CMHC) and Regional Recovery Centers (RRC).

Selected applicants shall sign a Notice of Grant Award, an agreement that KDADS will provide. The application submitted to KDADS shall become part of the Notice of Grant Award.

Applicants are required to have a DUNS number at time of submission of funding proposal. This number is a unique nine-digit identification number provided by Dun & Bradstreet. It may be obtained at no cost at the following website: [www.fedgov.dnb.com/webform](http://www.fedgov.dnb.com/webform) or by calling 866-705-5711. Verification of the DUNS number must be submitted as part of the funding proposal.

# IV. Outcomes/Goal(s)

The main goal of this grant is to establish a CSC community or regional EIT that will support prevention of psychotic disorders by early detection and intervention which will include:

* Inclusion of a comprehensive array of services that can be offered and individualized to meet the needs of each participant.
* Intervention components shall include intensive case management, individual or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents, collaborative, recovery-oriented approach involving clients, treatment team members, and when appropriate, relatives, as active participants.
* Provide innovative, evidence-based, recovery-oriented treatment for young people who have recently begun experiencing psychotic symptoms. EIT will help people achieve their goals for school, work and relationships.
* Core Functions of CSC - Provide the six (6) critical functions (see below) for young people experiencing a first episode of psychosis. Logic Model will be required for this component of application.

Core Functions of Coordinated Specialty Care (CSC):

In addition to the clinical services, CSC provides six (6) critical functions for young people experiencing a fist episode of psychosis: 1) access to clinical providers with specialized training in First Episode Psychosis (FEP) care; 2) easy entrée to the FEP specialty program through active outreach and engagement; 3) provisions of services in home, community and clinical setting as needed; 4) acute care during or following a psychiatric crisis; 5) transition to step-down services with the CSC team or discharge to regular care after 2-3 years, depending on the clients level of symptomatic and functional recovery; 6) assurance of program quality through continuous monitoring of treatment fidelity.

Outcomes:

* Symptom Remission
* Vocational Functioning
* Independent Living
* Peer Relationships
* Duration > Two (2) years

Factors associated with the potential for positive clinical and functional outcomes:

Short duration of untreated psychosis

Good early response to antipsychotic treatment

Collaborative therapeutic alliance

Supportive family/caregiver

Access to comprehensive, coordinate and continuous treatment

Opportunities to engage in functional activities and receive specialized interventions

Absence of substance abuse

# V. Services to be Provided

Specialized EITteam(s) will provide services and supports to individuals with an early SMI. This shall include individuals with early psychotic disorders, specifically first episode psychosis for individuals between the ages of 15 to 25.

 Component of interventions shall include:

1. CSC Early Intervention Team (EIT) should include:
* Team Lead –overall coordinator of services, individual therapy, case management, crisis intervention, information gathering, safety plan and outreach and engagement;
* Recovery Coach – Social skills training, weekly participation group, monthly family group, school coordinator and outreach and engagement;
* Employment/Education specialists – Job development, addressing work and school related goals and/or problems and outreach and engagement;
* Psychiatrists – Prescribing, shared decision making, education.
1. Array of community-based services; intensive case management, individual or group

psychotherapy; (psycho-education about psychosis, assessment and diagnosis of early psychosis)

1. Supported employment and education services on an individual basis; ( geared towards young adults , safety plan, re-engage in work or school or pursuing new educational/work opportunities)
2. Family education and support (strengthening relationships, working with families, assessment of and planning for safety);
3. Psychiatric treatment including medication; low doses of select antipsychotic agents;
4. Collaborative, recovery-oriented approach involving clients, treatment team members, and when appropriate, relatives, as active participants;
5. Provide innovative, evidence-based, recovery-oriented treatment to young people who have recently begun experiencing psychotic symptoms;
6. Integrated treatment for mental health and substance use problems;
7. Engage young people and their families
8. Provide care with a model of mental health recovery.

# VI. Deliverables and Reporting

Grantee will submit six (6) quarterly narrative and financial reports to the KDADS Coordinated Specialty Care Initiative Manager. Quarterly reports are due no later than 15 days after the end of the month following each quarter’s end and shall include the following quarterly outcomes:

* Number of individuals served;
* Number of referrals;
* Duration of untreated psychosis;
* Individual’s retention at 3 months;
* Monitoring of antipsychotic agents
* Number of individuals supported with employment and educational services;
* Number of individuals working and/or going to school;
* Family educational and supportive intervention outcomes: (reducing intensity of anxiety, onset of negativity and criticism, adjustment in expectations and performance demands etc.)
* Individual social recovery outcomes (building relationships, external stressors, etc.);
* Number of individuals served with integrated treatment for mental health and substance abuse; and,
* Number of individuals diverted from hospital and/ or youth residential treatment facility placements such as a PRFT, crises interventions, hospital visits, inpatient episodes.

# VII. Proposal Process

In order to apply, organizations are required to submit an electronic Letter of Intent (LOI) no later than June 10, 2016. If the agency is late in turning in the LOI then the application will not be accepted.

The LOI must include the following:

1) Name and address of the applicant
2) Statement indicating intent to apply
3) Name of KDADS Grant Program
4) Telephone number and email address of the contact person.

The LOI should be emailed to charles.bartlett@kdads.ks.gov

## How to Apply

Applications shall be delivered by 5:00 p.m. CDT on June 20, 2016. Applicants are also required to submit the original and four (4) copies and one electronic copy addressed:

Attn: Charles Bartlett

New England State Office Building

 503 South Kansas Avenue

 Topeka, Kansas, 66603

 Email:

The application must be arranged in the order indicated in the “Application Checklist”. Application will not be considered if the format is not followed.

## What a Proposal Should Include

Applications must include all the components described in this section. Failure to submit an application that contains all of the specified information may negatively affect the review of the application.

### Table of Contents

Include page numbers for each of the major sections of your application and for each attachment. KDADS highly recommends a Table of Contents be included as part of the grant proposal.

Applicant Information *(5 points)*

Complete the Applicant Information Page (Attachment A). This is a standard form used for submission of proposals and related information. The Application page (attachment A) and Assurances (attachment C) must be signed by an official authorized to sign.

Program Abstract *(10 points)*

The program abstract should be no more than one double spaced page, using a standard 12-point font (Times New Roman is preferred) with not less than 1-inch margins, and should include the following:

Identify the type of applicant (government agencies, public universities and colleges, and private, nonprofit and community organizations).

Describe the proposed program for which funding is being requested (including the purpose and program outcomes, the geographic area, description of target population, services to be provided and number of clients to be served).

Program Narrative *(75 points)*

The program narrative must include five sections- Statement of the Problem, Project Design, Implementation Plan, Management Structure and a Sustainability Plan-in the order listed below. The program narrative should be double-spaced, using a standard 12-point font (Times New Roman is preferred) with not less than 1-inch margins, should not exceed 30 pages, and excludes the Logic Model if used. Please number pages “1 of XX” “2 of XX”, etc.

If the Program Narrative fails to comply with these length-related restrictions, noncompliance may be considered in peer review and in final award decisions.

The following sections should be included as part of the Program Narrative:

Statement of the Problem (10 out of 75 points) – Identify and describe the challenges or needs the program will address in the geographic area to be served. Provide data to show the nature and scope of the need. Explain previous or current efforts to address the problem, including an analysis of the outcome of these efforts. Provide a clear and concise statement of the purpose or goal of the program and how it will address the needs identified.

Project Design (30 out of 75 points) – Describe the services to be provided. Describe the specific strategies that substantiate the project as a comprehensive program. Identify the geographic boundaries of the proposed program, as well as the target population to be served. Describe outreach and referral strategies to ensure access to the target population. Describe how your program will ensure cultural competence. Describe how your program will ensure program and physical accessibility for people with disabilities. Describe any potential barriers to implementing the project and strategies to overcome them.

Implementation Plan (15 out of 75 points) – Provide a realistic and detailed implementation plan with activities or services and a timeline that indicates significant milestones in the project. Outline the specific program outcomes of the project and how they will address the problem. Describe how the project will address the allowable uses of funds and priority consideration (if applicable) outlined on pages. Applicants should identify who will collect data, who will be responsible for performance measures, and how the information will be used to evaluate and guide the program.

Management Structure (10 out of 75 points) – Describe the experience and capability of the applicant, staff, and contractors. Identify the agency that will serve as the grantee and fiscal agency responsible for the grant’s administration. Identify the staff team supporting the project including the name, title, and affiliation of each member. Provide documentation of any collaboration that has or is occurring on the initiative.

Sustainability Plan (10 out of 75 points) – Applicants should describe how the long-term financial sustainability of the project will be funded in the future, including strategies to cultivate alternate funding and community collaboration. If the project will not continue after the grant, provide a clear explanation of why. Provide Letters of Support from all key partners or other community groups, detailing the commitment to work with partners to promote the mission of the project.

Budget Detail Worksheet and Budget Narrative/Justification (10 points)

Applicants must submit a Budget Detail Worksheet and Budget Narrative outlining how grant funds will be used to support and implement the program and a Tax Clearance.

The Budget Narrative should thoroughly and clearly describe every category of expense listed in the Budget Detail Worksheet. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the completion of the proposed project. The narrative may include tables for clarification purposes but does not need to be in a spreadsheet format.

A “Tax Clearance” is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation.  Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s).

**To obtain a Tax Clearance Certificate, you must:**

* Go to [**http://www.ksrevenue.org/taxclearance.html**](http://www.ksrevenue.org/taxclearance.html)  to request a Tax Clearance Certificate
* Return to the website the following working day to see if KDOR will issue the certificate
* If issued an official certificate, print it and attach it to your signed renewal document
* If denied a certificate, engage KDOR in a discussion about why a certificate wasn’t issued

# VIII. Review and Selection Process

## Peer Review Panel

KDADS is committed to ensuring a fair and equitable process for awarding grants. Eligible applications will be evaluated, scored, and rated by a peer review process. Peer review is the process by which competitive discretionary grant applications are evaluated by internal reviewers. Peer reviewers evaluate applications to make sure the information presented is reasonable, understandable, measurable, and achievable, as well as consistent with program or legislative requirements as stated in the solicitation.

KDADS leadership uses the peer review summaries as guidance when selecting applicants for awards. The peer reviewers' ratings serve as a basis for recommending whether to consider an application for funding. Peer review evaluations are advisory only and KDADS Secretary has final determination in the selection of grantees. KDADS Secretary approval is final with no appeal or grievance rights. In addition to peer review ratings, considerations may include, but are not limited to, underserved populations, strategic priorities, past performance, geographic balance, and available funding.

## Selection Criteria

The Peer Review process uses a scoring guide when reviewing proposals. The scoring guide has a 100 points total scoring system. The Scoring Guide scores as follows:

1. Applicant Information – Attachment A (5 points)

2. Program Abstract (10 points)

3. Program Narrative (75 points total)

 A. Statement of the Problem (10 Points)

 B. Project Design (30 points)

 C. Implementation Plan (15 points)
 D. Management Structure (10Points)

 E. Sustainability (10 Points)

4. Budget Justification (10 Points)

## Proposal Checklist

The following sections must be submitted in this order:

\_\_\_ Table of Contents

*\_\_\_* Applicant Information (Attachment A)

\_\_\_ Program Abstract

\_\_\_ Statement of Problem\*

\_\_\_Project Design\*

\_\_\_Implementation Plan\*

 \_\_\_Management Structure\*

\_\_\_ Sustainability Plan\*

\_\_\_Budget Sheet (Attachment B)

\_\_\_Budget Narrative

\_\_\_ Tax Clearance

Attachments:

\_\_\_Statement of Compliance with Assurances (Attachment C)

\_\_\_Letters of Support

\_\_\_Licensing/Accreditation/Certification Documentation

\_\_\_Logic Model(Attachment E)

\* These items are considered part of the narrative and should not exceed 30 pages in length.

Attachment A – Applicant Information

|  |
| --- |
| A. Applicant Agency  |
| Name: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
|  |  |
| B. Type of Agency [ ] Public [ ] Private Non-Profit [ ] Private Profit |
|  |
| C. Official Authorized to Sign Application |
| Name: |  |
| Title: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
| Signature: |  |
|  |  |
| D. Project Director |
| Name: |  |
| Title: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
|  |
| E. Financial Officer |
| Name: |  |
| Title: |  |
| Address: |  |
| City, ST Zip: |  |
| Telephone: |  | Email: |
|  |
| F. Type of Application [ ] New [ ] Revision [ ] Continuation of Grant # \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| G. Title of Project:  |
|  |
| H. Geographic Area to be Served and Target Population |
| Area: |  |
| Population |  |
|  |
| I. Federal Identification Number (FEIN): |
|  |
| J. DUNS Number:  |
|  |
| K. Applicant’s Fiscal Year: |
|  |
| L. Project Costs |
| Grant Funds Requested: | $ |
| Local Funds/Cash Match | $ |
| In-Kind | $ |
| Total Cost | $ |

# Attachment B - Budget Sheet



# Attachment C - Assurances

**Supplantation of Grant Funds**

The grantee shall not replace or supplant funding of another existing program with funds provided for in this Grant. Funds awarded under this Agreement may not be used for any purpose other than the one defined in this document.

**Debarment**

As part of the Code of Federal Regulations (45 C.F.R. Part 76), all governmental entities receiving funding from the Federal Government must participate in a government wide system for non-procurement debarment and suspension. A person or entity that is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. Debarment or suspension of a participant in a program by one agency shall have government wide effect. The Secretary of KDADS is authorized to impose debarment. Before any person or entity enters into an agreement, grant or contract with KDADS, the Excluded Parties Lists@ shall be researched for potential debarred persons or entities (located at <http://epls.arnet.gov>).

**Compliance With Laws and Regulations**

The Grantee agrees that it will comply with all federal, state, and local laws and regulations in effect at any time during the course of this Grant. The Grantee shall certify to KDADS that it will provide a drug-free workplace and as a condition of the Grant, the Grantee will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the Grant.

**Nondiscrimination and Workplace Safety**

The grantee agrees to abide by all state, federal and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules and regulations may result in termination of this Grant.

ADA Compliance

The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et. seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-111 et seq.) and the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101 et. seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase “Equal Opportunity Employer; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

**Audit Requirements/ Cost Principles**

Awards containing Federal funds are subject to the Audit Requirements listed in 2 C.F.R. Chapter 1, Chapter 11, Part 200, et. al Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. For more information on the Office of Management and Budget (OMB) Circular, visit: www.whitehouse.gov/omb.  Organizations expending Federal award funds in excess of $750,000 during their fiscal year must have an audit completed in accordance with this Circular.  Organizations spending less than $750,000 annually in Federal awards may be subject to other audit requirements which will be established at the time of the award.

If selected as the sub- recipient of this award, I agree on behalf of Agency Name to abide by the assurances described in this document.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Officer’s Name and Title*  |   | *Date* |

**Attachment D:**



1. The following resources are few examples of FEP Evidence Based Programs and information that States may find pertinent to service design, implementation and monitoring:

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

<http://www.nimh.nih.gov/news/science-news/2015/team-based-treatment-is-better-for-first-episode-psychosis.shtml>

<http://www.nasmhpd.org/sites/default/files/Rural-Fact%20Sheet-_1.pdf>

<http://www.nasmhpd.org/sites/default/files/Building-Fact%20Sheet-_1.pdf> [↑](#endnote-ref-1)