

**Request for Proposal
High Acuity Psychiatric Hospitalization for Youth (HAPHY)**

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Request For Proposal

Overview

The Kansas Department for Aging and Disability Services (KDADS), division of Behavioral Health Services (BHS) announces the release of a Request for Proposal (RFP) for the provision of inpatient psychiatric stabilization treatment services for youth ages 6 to 18 years. KDADS is seeking proposals for a geographically responsive equitable provision of these services. This request for proposal is consistent with and moves forward KDADS Behavioral Health Mission which includes partnering to promote prevention, treatment and recovery to ensure Kansans with behavior health needs live safe, healthy, successful and self-determined lives in their communities.

Eligible applicants are:

- Licensed Community Hospitals
- Private Psychiatric Hospitals
- Dually licensed psychiatric hospital and psychiatric residential treatment facility
- Community Mental Health Center or Psychiatric Residential Treatment Facility that can either provide the services directly or through subcontract.

Request for Proposal Timeline

Release of Request for Proposal	05/28/2015
Letters of Intent are due by 5:00 p.m.	06/15/2015
Written Questions from Potential Bidders	06/18/2015
Pre-bid Conference	06/23/2015
Q&A Emailed & Posted by KDADS	06/25/2015
Applications Due	5 P.M. CDT on 07/02/2015 at 503 S. Kansas Avenue Topeka, KS 66603
Notification of Award(s)	On or before 07/20/2015
Grant Start-Up	Date of Award

I. Introduction and Summary

Historically, the previously state run facilities of Rainbow and Larned State Hospitals provided Kansas youth with inpatient psychiatric hospitalization and treatment in their respective catchment areas.

Over the last decade Kansas has kept pace with current treatment trends' moving beyond prolonged inpatient treatment stays to focused inpatient stabilization. As an alternative to state psychiatric hospitalization, the state contracted with private owned businesses or organizations for the provision of inpatient psychiatric treatment services. Grant funds ensure availability of

services for vulnerable youth who are screened and meet medical necessity criteria specific to an acute hospital.

KDADS currently has a grant agreement to provide youth inpatient mental health stabilization and treatment services in an acute psychiatric hospital for youth in eastern Kansas, those formerly served by the state’s Rainbow Mental Health Facility. Similarly, a grant agreement provides acute psychiatric inpatient services for youth in western Kansas formally served by Larned State Hospital.

The current grant agreements end June 30, 2015. KDADS is currently seeking proposals for geographically responsive, equitable, statewide capacity for high acuity psychiatric hospitalization (HAPH) services for youth. Providers may apply to serve by county, area or statewide. Please submit all-inclusive per diem cost proposals for provision of services outlined herein.

The primary goal of this grant is to provide statewide capacity for youth needing inpatient psychiatric stabilization and treatment that either (1) have no known payer source or otherwise is uninsured and/or (2) have failed other treatment programs and/or no other hospital or psychiatric residential treatment facility will admit. Grantee will provide stabilization treatment under a “no eject, no reject” policy. High Acuity Psychiatric Hospitalization supports a portion of the recovery continuum of care by guaranteeing availability for youth with no known payer source and/or those who cannot be served by other psychiatric facilities.

Youth must meet medical necessity for admission under the state funded grant and should be admitted within the ‘home’ catchment area whenever possible.

- Youth is a danger to self or others and cannot safely and effectively be served in the community
- Youth has marked high acuity behaviors or are in jeopardy of, or have been, ejected or rejected by another facility
- Youth has no known payer source and meets admission requirements

(Data for 2014 admissions are as follows):

* Total State Hospital Alternative and Acute Admissions

	SHA	Acute
Allen	8	5
Anderson	3	5
Atchison	3	7
Barber	4	7
Barton	33	17
Bourbon	9	19
Brown	16	21
Butler	39	43
Chase	1	2

Chautauqua	2	1
Cherokee	9	11
Cheyenne	1	0
Clark	0	2
Clay	0	2
Cloud	4	2
Coffey	4	8
Comanche	5	1
Cowley	3	17
Crawford	11	51
Decatur	3	0
Dickinson	2	3
Doniphan	6	7
Douglas	28	99
Edwards	3	1
Elk	1	1
Ellis	54	4
Ellsworth	2	1
Finny	8	3
Ford	8	10
Franklin	14	38
Geary	19	9
Gove	2	1
Graham	0	0
Grant	0	5
Gray	0	1
Greeley	0	0
Greenwood	1	0
Hamilton	0	2
Harper	3	7
Harvey	6	15
Haskell	2	2
Hodgeman	0	0
Jackson	17	17
Jefferson	5	15
Jewell	1	2
Johnson	81	350
Kearny	1	0
Kingman	6	3
Kiowa	0	0
Labette	6	18
Lane	0	0
Leavenworth	18	54
Lincoln	0	3

Linn	1	5
Logan	7	2
Lyon	23	21
Marion	4	3
Marshall	1	5
McPherson	8	12
Meade	1	1
Miami	2	37
Mitchell	2	3
Montgomery	13	39
Morris	0	3
Morton	1	4
Nemaha	4	5
Neosho	16	31
Ness	0	1
Norton	4	2
Osage	5	11
Osborne	3	1
Ottawa	2	8
Pawnee	1	3
Phillips	15	1
Pottawatomie	5	7
Pratt	1	5
Rawlins	3	0
Reno	36	52
Republic	0	2
Rice	5	4
Riley	8	19
Rooks	8	3
Rush	3	0
Russell	14	3
Saline	15	36
Scott	2	2
Sedgwick	142	325
Seward	2	3
Shawnee	121	370
Sheridan	1	0
Sherman	10	3
Smith	2	0
Stafford	2	5
Stanton	0	0
Stevens	0	1
Sumner	9	20
Thomas	9	1

Trego	2	1
Wabaunsee	0	1
Wallace	0	0
Washington	0	2
Wichita	2	1
Wilson	9	13
Woodson	1	0
Wyandotte	76	224
Total	1053	2193
Total State Hospital Alternative and Acute Admissions	3246	

II. Terms of the Grant

Award Length

The Grant Agreement shall begin on or before January 1, 2016 and shall end on June 30, 2018 with the option of two, one-year extensions. Awards are subject to the availability of funds, capacity of services and any modifications or additional requirements that may be imposed by law.

Upon execution of the grant agreements, once no other known payer source has been established by facility for youth, billing invoices will be received by KDADS from grantees and will be reimbursed at the all-inclusive per diem and are to be paid within 30 days of invoice approval by KDADS. The monthly invoices shall reflect expenditures for grant related activities.

Allowable Uses of Funds

Funding shall be used solely for the purpose of per diem reimbursement for those youth with no known payer source. Those eligible under the terms of this grant RFP may submit a proposal by **July 2, 2015**. The proposal should describe how these funds will be utilized to meet the inpatient stabilization treatment process and community-based service transition and purpose outlined in this section. KDADS will review the proposals and make a determination based on need, number of individuals impacted, and merit.

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 any 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 by **July 2, 2015**

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 by calling 866-705-5711. Verification of the DUNS number must be submitted as part of the proposal.

IV. Outcomes/Goal(s)

- The goal of this grant is to provide youth 6 to 18 years of age with culturally competent, trauma free, guardian engaged, “no eject, no reject” high acuity psychiatric inpatient stabilization treatment services. These services are inclusive of transitional discharge services that provide a necessary bridge to community based services. Youth neither can be ejected nor rejected from facility as a result of behavior severity or lack of payer source. Utilization management/ review for youth admitted under grant provisions will be provided by managed care organizations and a contracting entity. Utilization review and management will begin Day 1 of hospitalization and continue through to discharge. Data related to utilization review are reported to KDADS and are reviewed by KDADS Program and Quality Oversight staff on a quarterly basis. The data is utilized to indicate opportunities for improvement and to assess compliance with utilization policies and procedures. If the utilization review process identifies issues with program integrity, follow up with providers may require recoupment of overpayments or report of abusive or fraudulent claims.

Goals of this project include:

- Average length of stay is less than eight (8) days
- Readmission rate is less than seven (7%) percent within 30 days of discharge
- Discharge planning that includes:
 - Bridging hospital supportive services with community resources, both natural and structured, to provide community support; and,
 - Services in place to surround youth/family in home as necessary at time of discharge.
- Reduce system induced trauma for youth by family/guardian accompaniment at admission and discharge.
- On-going, new/current staff training in trauma, cultural competency and positive behavioral support treatment
- Family/guardian participation from day 1 in plan of care, medication management, active

treatment, transition and discharge planning.

- Youth will have daily contact with family/guardian. (as contracted with youth/guardian at admission)
- Provide a broad spectrum of wellness and educational programming services that are transferable and able to be integrated to community based providers. These are further outlined in services to be provided.
- Provision of expressive therapies with strengths-based focus (therapies transitioned with youth upon discharge to community).
- Ensure use of tele-behavioral health technology for families/guardian unable to visit or participate regularly in daily treatment processes.
- Introduce youth/families to technology tools and devices (self-directing apps, use of face time consultation, behavior recording) which utilize self-actualizing tools and techniques to divert future need for hospitalization.

V. Services to be Provided

Services shall be provided in a hospital setting that is properly licensed and accredited by the Joint Commission to provide such services and will ensure all staff involved with youth care, supervision and treatment will have completed necessary and required training. Facility must be a trauma informed organization incorporating trauma informed systems of care and positive behavioral supports philosophies in all active treatment planning.

Services to be provided:

- A. Provide inpatient psychiatric stabilization treatment services in a culturally competent, trauma informed, positive behavior support trained active treatment environment that supports youth with mental health or co-occurring diagnoses, i.e., mental health and intellectual/developmental disorders or mental health and substance use disorders.
- B. Services provided to youth of 6 to 18 years meeting acute screening criteria for psychiatric admission who have no known payer source or have been rejected by current facility treatment as a result of behavior.
- C. Youth will be served close to their homes, fostering community reintegration through bridging services to both natural and structured community supports.
- D. Require in-person family/guardian accompaniment for admission processing and discharge integration, supporting youth, minimizing trauma, and disengagement.
- E. Youth has daily documented contact with guardian as appropriate and required by contract signed at admission, via in-person, telephone, or tele-behavioral technology systems.
- F. Integrate family, natural and structured community resources in discharge planning which begins at admission.

- G. Develop plan of care providing active treatment that is unique to youth and is family driven, solidifying parental role and engagement.
- H. Organizational commitment to trauma. The facility will demonstrate:
- 1) Commitment to trauma informed systems of care and treatment as part of its mission and values.
 - 2) Clear evidence of implementation of trauma informed principles through policies, procedures and daily operations throughout system
 - 3) Commitment to on-going staff development and training related to trauma.
 - 4) Treatment practice patterns will demonstrate services (such as groups and individual interventions) that reflect a trauma informed environment.
- I. Positive Behavioral Supports Plan must be part of active treatment process for discharge planning.
- J. Inpatient treatment to include individual, family and group therapies, with integration of educational and experiential wellness programming, nutritional education, therapeutic movement (exercise) and best practice expressive therapies.
- K. Ensure all medication including psychotropic prescriptions for youth have sound psychiatric/physical health rationale documented for youth with any changes or dosage communicated and consented to youth and guardian prior to medication adjustment.
- L. Provide youth and family/guardian with medication list and education regarding rationale for utilization of each medication. Facilities must provide dosage information and any modifications along with description of potential temporary and permanent side effects, including drug interactions. Guardians and any youth 12 years of age or older must initial documentation acknowledging they have received this information.
- M. Youth 12 years and older are required to participate in Informed Medication Compliance (IMC) and documentation as follows:
1. Youth is required to be informed of each medication and dose at each distribution.
 2. Youth echo's name of medication/dose to medical staff at each medication distribution.
 3. Youth must participate in documentation of compliance.
 4. Documentation is a collaborative event initialed individually by both staff and youth.
 5. Non-compliance will be seen as either medication refusal
(or)
 6. Refusal to participate in shared decision making medication compliance.
- N. Arrange with Department of Education for any required educational services and support for youth.
- O. Facilities to provide or facilitate provision of fully supportive in home youth/family services during transitioning and discharge to community. (Intake and Medication appointments do not qualify for the above mentioned service provision on Day 1 of discharge.) In-home services are to accompany youth and are to be provided day of

discharge by facility, providing bridging services, as integration with community based providers assume the service provision role as defined in youth's discharge plan.

- P. Treatment team to include all parties throughout treatment and discharge planning who can provide supports to youth /family in community. Facility to provide documentation of participation.
- Youth (as appropriate)
 - Family member /guardian and/or custodial case manager
 - Clinical team
 - Community Mental Health Center Liaison or other knowledgeable representative
 - Managed Care Organization Care Coordinator or Discharge Planning Specialist (if enrolled)
 - School liaison
 - Any other individuals that know the youth and may support recovery
- Q. Facility will allow KDADS access to patient data including Plan of Care to provide tracking and oversight of treatment and discharge planning.

VII. Deliverables.

Performance Measures and Reporting

Daily census reports, (due electronically same day)

Name, Admit date, custody, gender, age, date of birth, County of Origin, State, Screening location, length of stay (to date), Discharge/placement, In-home support services/number of hours provided day of discharge

Reporting shall include each of these areas:

Monthly, Quarterly and year to date reports

- a. Number of youth admitted, custody,
- b. Number of youth admitted accompanied by guardian
- c. Number of patient days
- d. Average length of stay
- e. Report number of days youth had family/guardian contact. (as compared to number of patient days)
- f. Number of youth picked up for discharge at facility by family/guardian
- g. Number of individuals discharged from inpatient to incarceration
- h. Number of youth readmitted within 30 days, custody, screening, county of origin
- i. Seclusions: Number of times and length of time
- j. Restraints/Safety Holds
- k. Informed Medication Compliance documentation
 1. No of Youth
 2. No of Youth refusing medication/percentage of time
 3. No of Youth taking medication/ percentage of time

4. No of Youth taking medication and participation in shared decision making, IMC, percentage of time
5. No of Youth taking medication but refusing participation in informed medication compliance / percentage of time

Quarterly and year to date reports

- a) Number of youth transferred to step down facility
 1. Total number of youth transferred, custody breakdown of total, age
 2. By Type (e.g., PRTF, YRC, etc.)
 3. No of youth to what facility
- b) Technology use (contacts per youth)
 1. tele-behavioral structured therapeutic
 2. personal apps (expressive therapies, journaling, recording, therapeutic games)
 3. contact with family

Grantee(s) shall:

- a. Submit monthly reports to KDADS.
- b. Submit invoices due to KDADS 3 months following discharge.
- c. Provide a copy to KDADS of Medicaid denial letters
- d. Provide a copy to KDADS of signed parental refusal to submit Medicaid application for payment.
- e. Provide the total number of youth billed for reimbursement from State Grant Funds
- f. Provide the total number of days billed to State Grant Funds
- g. Provide a monthly and cumulative spreadsheet to KDADS to include grant invoice billing, total overall cost by month, and year to date.

****Please use both graphing and numerical formats**

Program reports shall be submitted electronically no later than 15 days following end of month

Quarterly reports shall be submitted electronically within 15 days of end of quarter

Cumulative yearly reports shall be submitted electronically 15 days following end of fiscal year

Billing/ Invoicing

Upon execution of the grant, once no other known payer source has been established by facility for youth, billing invoices will be received by KDADS and reimbursed at the agreed upon all-inclusive per diem rate to be paid within 30 days. The monthly invoices shall reflect expenditures for grant related activities.

KDADS will reimburse on a per diem per child served under this Grant when upon exhaustion of all other resources the youth is deemed uninsured.

VIII. Proposal Process

In order to apply, organizations are required to submit an electronic Letter of Intent (LOI) no later than **June 15, 2015**

The LOI must include the following:

- 1) Name and address of the applicant
- 2) Statement indicating intent, (listing counties to be provided services)

- 3) Name of KDADS Grant Program
- 4) Telephone number and email address of the contact person.

The LOI should be emailed to George Van Hoozer at George.VanHoozer@kdads.ks.gov

Pre-Bid Conference

A pre-bid conference will be held on **June 23, 2015**.

The pre-bid conference will be held from 2:00 PM to 3:00 PM at:
New England Building
Third Floor Conference Room 331W
503 S. Kansas Avenue
Topeka, KS 66603

Attendance is not required at the pre-bid conference but is encouraged. Due to space limitations, vendors should attend with no more than two (2) representatives. Impromptu questions will be permitted and spontaneous unofficial answers provided, however bidders should clearly understand that the only official answer or position of the State of Kansas will be in writing.

Onsite participation is preferred. However, participants may take part in the meeting remotely by calling:

Conference Number: (866) 620-7326
Conference Code: 2646419508

How to Apply

Applications shall be delivered by **5 p.m. July 2, 2015** Applicants are also required to submit the original and **four (4)** copies and one electronic copy addressed:

Attn: George VanHoozer
New England State Office Building
503 South Kansas Avenue
Topeka, Kansas, 66603
Email: George.VanHoozer@kdads.ks.gov

The application must be arranged in the order indicated in the “Application Checklist”.

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); and,

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, and should not exceed 30 pages. 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 6-7. 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.

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 need not be in a spreadsheet format. As with the Budget Detail Worksheet, the Budget Narrative should be broken down by year.

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

Attachments:

- ___ Statement of Compliance with Assurances (Attachment C)
- ___ Letters of Support (Optional)
- ___ Licensing/Accreditation/Certification Documentation

* These items are considered part of the narrative and should not exceed 30 pages

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:		

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



Copy of Budget
Format.xls

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 grantor 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.

Parties to this contract understand that the provisions of this paragraph Ae.@ (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting state agency cumulatively total \$5,000 or less during the fiscal year of such agency.

Audit Requirements

Awards containing Federal funds are subject to the Audit Requirements listed in OMB Circular A-133. Organizations expending Federal award funds in excess of \$500,000 during their fiscal year must have an audit completed in accordance with this Circular. Organizations spending less than \$500,000 annually in Federal awards may be subject to other audit requirements which will be established at the time of the award.

Cost Principles

Funds awarded through this agreement are subject to the following requirements as established by the Office of Management and Budget:

- OMB Circular A-102 – Grants and Cooperative Agreements with State and Local Governments
- OMB Circular A-110 – Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education and Other Non-Profit Organizations
- OMB Circular A-21 – Cost Principles for Educational Institutions
- OMB Circular A-87 – Cost Principles for State, Local and Indian Tribe Governments
- OMB Circular A-122 – Cost Principles for Non-Profit Organizations

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