

Idaho Office of Drug Policy

Substance Abuse Prevention Services Grant Announcement and Detailed Application Instructions



State Fiscal Year 2017

(July 1, 2016 – June 30, 2017)

Proposals due: March 25, 2016

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Substance Abuse Prevention Services Grant Announcement

PART I. INVITATION TO APPLY

A. GRANT ANNOUNCEMENT

The Idaho Office of Drug Policy (ODP), with funding from the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, is offering this Grant Application for Substance Abuse Prevention Services for State Fiscal Year 2017 (*July 1, 2016 – June 30, 2017*). The SAPT Block Grant is the cornerstone of the state's substance abuse-related programs. This application is intended for the following **Substance Abuse Prevention Services**:

- 1) **SFY2017 Direct Service Programs**
To be used by prevention providers seeking funding to provide substance abuse prevention services *directly* to youth, families and other at-risk individuals of Idaho.

- 2) **SFY2017 Coalition Programs/Activities**
To be used by community coalitions seeking funding to employ environmental strategies designed to reduce the impact of substance abuse on the communities of Idaho.

Applicants assume all costs associated with the preparation of this grant application.

The schedule for the Grant Application process is as follows:

<u>Action</u>	<u>Date</u>
1. Application Released	February 12, 2016
2. Pre-Application Tele-Conferences	February 16, 2016 1:00 PM (MST) February 18, 2016 4:00 PM (MST)
3. Application Due	March 25, 2016
4. Application Review	March 26 – May 20, 2016
5. Grant Recipients Notified	May 31, 2016
6. Grant Awards Finalized	July 1, 2016
7. Grant Award Period	July 1, 2016 – June 30, 2017

Submit questions to:

Marianne King, Grant Project Director 208.854.3043
Marianne.king@odp.idaho.gov

B. SUBMISSION OF APPLICATION

Each applicant shall:

- Complete an online application by clicking [here](#).
- Follow the required format as outlined in this grant announcement. Submissions that do not follow this format or include the required elements will be deemed unresponsive and will not be considered for funding.

The deadline for submission of completed applications is 5:00 PM (MST) on Friday, March 25, 2016. Late proposals will not be accepted.

C. PRE-APPLICATION CONFERENCES

Two sessions of a Pre-Application Conference Webinar will be held on the following dates and times:

February 16, 2016, 1:00 PM (MST)

February 18, 2016, 4:00 PM (MST)

CALL IN NUMBER: 1 (888) 706-6468

PARTICIPANT CODE: 8543045

Note: Space is limited. Please RSVP by 5:00 PM (MST) on Monday, February 15, 2016 to: Marianne.king@odp.idaho.gov

D. REVIEW AND AWARD PROCESS

Applications will be evaluated based on the application components described in Part III.

- A review committee, inclusive of regional representatives familiar with substance abuse issues, will review and score each application.
- Each section of the application will be scored. Maximum points for each section are listed in this application. Maximum points are given for an outstanding response. Points are deducted for non-response, missing information, or an inadequate response. Points are deducted for not following the formatting and length criteria.
- If an applicant is not awarded, that applicant can request a summary of the review.

E. NOTIFICATION OF OUTCOME

ODP will notify each applicant of the outcome of the award process in writing by **May 31, 2016**.

F. FUNDING AVAILABILITY

Grant awards are contingent upon funds appropriated by federal funding agencies and the Idaho Legislature. Total anticipated funding available for community prevention grants in SFY 2017 is approximately \$1,250,000. Funds are targeted for alcohol, tobacco and other drug abuse prevention strategies in Idaho in accordance with the Substance Abuse Block Grant (SABG).

This funding may not be used for substance abuse treatment. Prevention service(s) provided prior to the signing of a grant award document will not be eligible for reimbursement.

PART II. ESSENTIAL ELEMENTS

A. ODP VISION

The Idaho Office of Drug Policy supports a comprehensive system of prevention services that are community driven, strategically focused, research based and culturally relevant to Idaho's individuals, families and communities. Prevention services are designed to contribute to the health, safety and well-being of Idahoans by reducing the incidence of alcohol, tobacco and other drug abuse and related problems.

The Idaho Office of Drug Policy envisions an Idaho free from the devastating social, health and economic consequences of substance abuse.

B. PURPOSE

The purpose of the Substance Abuse Block Grant program is to support substance abuse primary prevention efforts at both state and local levels. It empowers states to design solutions to specific drug and alcohol problems that are experienced locally.

Three types of projects will be funded through this grant award:

- Direct Service Evidence-Based Prevention programming for parents and families;
- Direct Service Evidence-Based Prevention programming for youth;
- Coalition-Based Environmental Prevention Strategies targeting community level change.

Applicants may submit an application for one or more types of programs.

C. BASIC PRINCIPLES

ODP is soliciting grant applications from both established and new prevention providers to address substance abuse prevention priorities in their region based upon the following principles:

- **Community-Based:** Applicants are encouraged to collaborate with existing prevention efforts involving all sectors of the community including law enforcement, education, local government, health care providers, private business, faith-based organizations, youth and family service organizations, and organizations representing diverse populations which include youth, parents, seniors, military families, etc.
- **Evidence-Based/Best Practices:** All proposed strategies **MUST** be based on sound principles of prevention science – principles that have been demonstrated through evaluations to effectively reduce risk factors, enhance protective factors, and achieve the desired outcomes of decreased youth substance use and abuse. The following is a partial list of websites that may be used to find more information on evidence-based strategies:
 - [Blueprints](#)
 - [Idaho Approved Evidence-Based Practice List](#)
 - [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#)
 - [Centers for the Application of Prevention Technologies](#)

- **Data-Driven:** The processes to establish priorities, identify gaps in resources, and choose evidence-based practices must address specific needs, which were identified based on available data and conditions.
- **Accountable:** Evaluation of all the programs and strategies included in this application allows the providers to track project results. Evaluation also provides the necessary outcome measures, known as National Outcome Measures (NOMS) that are reported to SAMHSA under the Federal SABG requirements.
- **Sustainable:** In order for prevention efforts to be effective in the long-term, the action plan must include strategies that will ensure the community will continue to see the benefits of prevention services beyond the life of the grant. For example, a comprehensive alcohol policy, if enforced, will continue well beyond a grant funding cycle.

D. APPLICANT ELIGIBILITY

Eligible applicants include any governmental entity (including tribal entities), such as counties, cities, schools and school districts, local law enforcement agencies, other public entities and non-profit private entities such as community-based organizations, coalitions, and faith-based organizations. Federal regulations (Section 96.135, HHS) prohibit the awarding of Block Grant funds to any entity other than a public or nonprofit entity.

E. FUNDING

Competitive awards made to eligible entities will be based on quality of the proposal to address statewide and/or regional needs as well as available funding.

F. ASSURANCES

The Applicant must assure ODP that all activities performed under this grant will conform to the following ODP Substance Abuse Prevention Services program standards:

1. Assurance of Compliance with Record Keeping/Data Collection Standards

The Applicant will maintain detailed records on all grant funded activities, which indicate the date, time, number of participants and nature of services delivered under the grant award. Grantees will be required to collect evaluation data on **all projects** and submit that data to ODP via an on-line data management system. These records shall be subject to inspection by ODP. ODP has the right to audit reimbursement requests both before and after payment and to contest any billing or portion thereof.

2. Assurance of Compliance with Idaho State Laws

The Applicant must assure ODP of its commitment to abide by all State laws, rules, regulations, and executive orders of the Office of the Governor of the State of Idaho, pertaining to equal opportunity. Pursuant to all such laws, rules, regulations, and executive orders, the Applicant assures ODP that no person in the State of Idaho shall, on the grounds of race, color, religion, sex, national origin, age, or disability, be excluded from employment with or participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity performed under a grant award(s) entered into pursuant to this Grant Application.

3. Assurance of Compliance with Parental Consent Policy

The Applicant must assure ODP that all activities conducted with Grant Funds to provide services to minors will comply with the Parental Consent Policy. Click [here](#) to see ODP's Parental Consent Policy. All applicable staff will be fully informed of, and will abide by, the policies and requirements set forth therein.

4. Assurance of Compliance with Charitable Choice Policy

The Applicant must assure ODP of Faith-Based Status and Policy Compliance. Click [here](#) to view the Charitable Choice Policy.

5. Assurance of Compliance with Lobbying Policy

The Applicant must assure ODP that lobbying activities **will not** be conducted using grant funds.

6. Assurance of Compliance with Federal Law regarding Supplanting of Funds

The Applicant must assure ODP that Federal Block Grant Funds **will not** be used to [supplant](#) expenditures from other Federal, State, or local sources.

A Statement of Assurance (STATEMENT) is attached as **Appendix A** to this application. This Statement must be initialed and signed electronically, and submitted online with the completed application, indicating the intent of the Applicant to comply with the stated terms and conditions listed above. Failure to complete and sign this Statement will result in ODP deeming the application unresponsive and rejection of the application. This Statement must be signed by a person authorized to bind the Applicant.

PART III. SUBSTANCE ABUSE PREVENTION SERVICES
GRANT APPLICATION INSTRUCTIONS

ALL APPLICATIONS SHALL BE DIVIDED INTO THREE (3) SECTIONS

SECTION I. ORGANIZATION BUSINESS INFORMATION (Pass/Fail)

- A. Organization Information**
- B. Fiscal Agent Information**

SECTION II. STRATEGIC PREVENTION FRAMEWORK (150 points)

- A. Community Needs Assessment (30 points total)**
- B. Capacity Building (15 points total)**
- C. Planning (40 points total)**
 - Logic Model Process
 - Strategy and Program Selection/Justification
 - Goals
 - Objectives
- D. Implementation (10 points total)**
 - Action Plan
 - Implementation Justification
- E. Evaluation Methods (15 points total)**
 - Evaluation Tool
 - Barriers
 - Effectiveness
- F. Sustainability/Cultural Competence(10 points total)**
 - Sustainability
 - Cultural Competence
- G. Budget Worksheet/Written Justification (30 points total)**

SECTION III. PROGRAM ADMINISTRATOR ASSURANCES (Pass/Fail)

Completed applications will be evaluated on the quality of the information provided in each section. Applications will be considered based on the organization's substance abuse prevention experience, its fit with the current ODP Strategic Prevention Plan, administrative costs, and overall prevention value. Special consideration may be given to underserved communities and identified target populations with special needs.

SECTION I. ORGANIZATION BUSINESS INFORMATION

- A. Please provide all information requested under **Organization Information**.
- B. If the proposed services will use an external fiscal agent (e.g., a school district, city/county government, etc.) applicants **must** complete the information in the *Fiscal Agent Information* section to be considered for funding.

SECTION II. STRATEGIC PREVENTION FRAMEWORK (SPF)

Applicants will be required to demonstrate the ability to implement the Strategic Prevention Framework (SPF), which includes the five-step process outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The five step process is represented by the following illustration:



Step 1: Assessment – Collect data to define problems, resources and readiness within a community to address needs. Identify the substance use problem(s) and the community conditions that contribute to the problem(s).

Step 2: Capacity – Mobilize and/or build capacity (resources like people, products and materials) to change the conditions and address the substance use problem(s).

Step 3: Planning – Develop a comprehensive strategic approach that includes goals and objectives, a logic model and action plan to address problems identified in your assessment.

Step 4: Implementation – Implement evidence-based/environmental prevention strategies, programs, policies, and practices.

Step 5: Evaluation – Monitor, measure and identify outcomes of your prevention efforts.

Cultural competency and sustainability should be constant throughout each step and should lead to the creation of a long-term strategy to sustain policies, programs and practices.

Additional information about the SPF model can be found [here](#).

A. COMMUNITY NEEDS ASSESSMENT (30 points)

For your community needs assessment you are to collect data to provide a brief community profile and describe the substance abuse problems, causes, and readiness to address needs.

Support all responses with cited data points. (You may refer to **Appendix B** for recommended sources of data. *Each of the four short narratives should be limited to 350 words*).

A1. Demographics (5 points) Limit 350 words

Provide a community profile, including **demographics** and aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion and sexual orientation. Describe what it is like to live and work in your community.

A2. Problems (10 points) Limit 350 words

Describe the nature of the youth substance abuse **problem** in your community. This could include alcohol use by youth such as binge drinking or other problems including increasing marijuana use; or consequences of abuse data such as underage drinking accidents, drug and alcohol related arrest data. Include quantitative information, such as school survey results, number of school incidents, juvenile arrest rates, etc. *See Appendix B – for sources of data.*

A3. Causes (10 points) Limit 350 words

Describe the perceived **causes** of youth substance abuse problems in your community. These may include the availability of alcohol, lack of enforcement of underage drinking laws, lack of prevention education, poor parental controls, social norms, etc.

A4. Current Efforts (5 points) Limit 350 words

Describe the **current efforts** to address the substance abuse problem in your community. Include efforts outside your agency/organization to provide the reader with a comprehensive view of the strategies currently used. Identify what is needed in your community to address these behaviors and attitudes around substance use.

B. CAPACITY BUILDING (15 points total)

Applicants must demonstrate that they have the capacity- that is, the resources and readiness- to support the prevention programs, policies, and strategies they propose. Describe your organization's experience in the following areas:

B1. Agency Qualifications (5 points)

Describe the qualifications of the applicant agency/organization. (*Limit 350 words*)

- Include a brief history of the organization or coalition;
- Include information concerning substance abuse prevention experience (e.g., prevention focus, years of experience, strategies used), cultural specialties, and evidence-based program delivery.

B2. Staff Qualifications (5 points)

Fill out the form to provide information about the experience level of each key staff in administering the type of project proposed. Indicate whether your key staff has administered evidence-based programs previously or similar grant projects, policies, or strategies. Please include staff education level as well as their qualifications and years in the prevention field.

B3. Agency Coordination (5 points)

How will the proposed project be coordinated with others? Provide a list of specific partners who will be involved in helping to implement this proposed prevention plan in your community (e.g. coalitions, law enforcement, schools, civic organizations, youth, etc.).

C. PLANNING (40 points)

In this section you must develop a comprehensive strategic approach through a logic model process that begins with problem identification. The strategies and programs you propose should adequately address these problems and their causes. Define goals, objectives and an action plan to address the problems identified.

C1. Logic Model Process (10 points)

Complete the **Logic Model Process** that will provide a picture of how you will work to improve your community problem(s). A logic model is a systematic process to identify a problem, determine the root causes of the problem, and understand the data that measures the problem and causes. Provided are examples of the process for both Direct Service Programs (DS) and Coalition Programs (CP).

C1. SECTION 1: Identify the Problem(s) (5 points)

Identify the specific substance abuse **problem(s)** in your community, and then cite objective **data** that supports your concern. This should mirror your response from **A2 – Problems**. Applicants are encouraged to use local, county or regional data to help define your specific community problems. Use **Appendix B** for recommended data sources. You may provide a maximum of three (3) problems.

*DS Example: Problem: Underage Drinking
Data: Juvenile alcohol citations have increased by 30% in the last three years (Local Police Department Juvenile arrest record, 2010-2013).*

*CP Example: Problem: Underage Drinking
Data: 36% of high school students had at least one drink of alcohol during the 30 days prior to the survey (YRBS, 2013).*

C1. SECTION 2: Identify the Root Causes of the Problem(s) (5 points)

Why is the problem a problem in your community? Please list the perceived cause(s) that you believe contribute to the problem(s) identified. This should mirror your response from **A3- Causes**. Then cite objective data that supports each of these causes.

DS Example: Problem: Underage Drinking
Root Cause: Low youth perception of harm
Data: 60% of youth report “no or slight risk” for harm associated with taking one or two drinks of an alcoholic beverage nearly every day (Standard 16, 2014, Local High School).

CP Example: Problem: Underage Drinking
Root Cause: Alcohol is Accessible
Data: 44% of high school students, who reported drinking alcohol in the previous 30 days, usually were given the alcohol (YRBS, 2013).

C2. Strategy and Program Selection (20 Points)

C2. SECTION 1: Strategy Selection (5 points)

Select the strategy(ies) you will use to address the problems and causes you listed. The Center for Substance Abuse Prevention (CSAP) promotes the following six (6) Prevention Strategies:

- 1. Information Dissemination:** This strategy provides information about the nature and extent of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information about the availability of prevention and treatment services. *Examples include: Media Campaigns, Brochures, Public Service Announcements, Speaking Engagements, Health Fairs, etc.*
- 2. Prevention Education:** This strategy involves interactive education and training that provides specific skills to participants. Activities include education to affect critical life skills, social skills, decision making, career planning, refusal skills etc. *Examples include: Parent and Family Management Classes, Education programs for youth, Peer Leader/Helper Programs, Groups for Children of Substance Abusers, etc.*
- 3. Alternatives:** This strategy provides for the participation of youth in activities that exclude drug use and promote healthy lifestyles. *Examples include: Drug Free Social and Recreational Activities, Youth and Adult Leadership Activities, Community Service Activities, Mentoring Programs, etc.*

- 4. Community-Based Process:** This strategy aims to enhance the ability of the community to more effectively provide prevention services. *Examples include: Community Organizing, Systematic Planning and Coalition Building, Multi-Agency Coordination, Assessment Services, Community Team Building.*
- 5. Environmental Strategies:** This strategy seeks to establish or change community standards, codes, laws, policies, procedure, norms and attitudes thereby influencing Alcohol Tobacco and Other Drugs (ATOD) consumption in communities. *Examples include: Establishment and Review of ATOD Policies in Schools, Technical Assistance to Assist Communities to Maximize Law Enforcement Procedures Regarding ATOD, Modification of ATOD Advertising, Product Pricing Strategies, etc.*
- 6. Problem Identification and Referral:** This strategy aims to identify those who may be misusing or abusing substances in order to provide resources and refer them to treatment, if necessary. This strategy, more specifically, is Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is used in the primary healthcare setting for both adult and youth populations. *Examples include: DUI and DWI Education, Employee Assistance Programs, Student Assistance Programs, etc.*

C2. SECTION 2: Evidence-Based Program Selection and Institute of Medicine (IOM) Category (5 points)

Select the evidence-based program(s) you will use to address the problems and causes you identified (e.g., *Active Parenting, Al's Pals, Project Towards No Drug Abuse*, etc.).

If you are applying as a coalition, please select "Coalition Activities" in the dropdown menu and briefly describe your strategies in the "Coalition Activities Description" space provided. If the evidence-based program you have chosen is not listed, please select "Other" in the dropdown menu and briefly describe the program in the "Other" space provided.

If you are applying for more than one program or strategy, click "Add" to enter additional programs separately.

Which Institute of Medicine (IOM) category does this program or strategy fall into?

Select the appropriate IOM category for each of the evidence-based programs you have identified:

- **Universal** preventive interventions are targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
- **Selective** preventive interventions are targeted to individuals or a subgroup of the population whose risk is significantly higher than average.
- **Indicated** preventive interventions are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms but who do not meet diagnostic levels at the present time.

For more information about IOM categories and definitions, click [here](#).

C2. SECTION 3: Strategy and Program Justification (10 points)

Provide evidence that the strategy(ies) **AND** program(s), activities, environmental strategies that you have selected or described above address the substance abuse problems and causes in your community. If you are a Direct Service Provider, cite data and research which support your proposal in meeting the needs of your community. Coalitions and environmental strategies may detail new research which supports their efforts as “promising” practices in substance abuse prevention. If you have previously implemented this program or activity in your community and can detail positive outcomes, do so here.

Use sources such as:

- [Blueprints](#)
- Program Specific Websites (e.g., [Program Alert](#), [Project Towards No Drug Abuse](#), etc.)
- [SAMHSA CSAP](#) (Center for Substance Abuse Prevention)
- [CAPT](#) Prevention Approaches (Collaborative for the Application of Prevention Technologies)
- [CADCA, Resources and Research](#)
- [“The Coalition Impact: Environmental Prevention Strategies”](#) CADCA
- Or other applicable research studies

C3. Goals (5 Points)

Write a goal statement for each of the problem(s) you identified in **C1-Logic Model Process**. A goal statement explains what you wish to accomplish. It sets the basic, long-range direction of your effort, and is usually a very broad, general statement.

DS Example: If a problem in your community is underage drinking the goal statement may read:

GOAL: Reduce underage drinking

CP Example: If a problem in your community is underage drinking the goal statement may read:

GOAL: Reduce underage drinking

C4. Objectives (5 Points)

Based on your identified goals, write at least one (1) objective for each goal. An objective breaks down the goal into smaller parts that provide specific, measurable actions through which the goal will be accomplished. Objectives define what you expect to achieve through your efforts; they are meant to be realistic targets.

One way to develop well-written objectives is to use the **SMART** approach.

SMART stands for:

Specific – “What exactly are we going to do for whom?”

Measurable – “Is it quantifiable and can we measure it?”

Attainable/Achievable – “Can we get it done in the proposed time frame?”

Relevant – “Will this objective have an effect on the desired goal?”

Time bound – “When will this objective be accomplished?”

DS Example: Objective: To reduce the number of youth reporting “no or slight risk” for harm associated with taking one or two drinks of an alcoholic beverage nearly every day (specific and relevant) from 60% to 50% (measurable & achievable) as measured by the Standard 16 by June 2017 (time bound).

CP Example: Objective: Pass a policy mandating TIPS training for 100% (measurable & achievable) of the licensed alcohol retailers in the community (specific & relevant) by June 30, 2017 (time bound).

D. IMPLEMENTATION (10 points)

D1. Action Plan (5 Points)

Based on your identified strategy(ies), program(s), goals and objectives, please specify which actions and activities you intend to perform. Then assign the tasks and activities to a staff member. Each action must tie directly to one or more of your identified goals and objectives. If you do not know who will be responsible for which activities at this time, enter STAFF. The action plan should detail specifics such as the target audience, number of sessions, location, as well as a timeline for implementation and completion.

Open the Proposed Action Plan Worksheet by clicking [here](#), fill out the table, and then upload your completed document. To upload a document, save the file on your computer, click “select a file” in Section D1. on the [online application](#), and click on your saved Proposed Action Plan Worksheet.

Please fill out one worksheet per goal identified in **C3. Goals**.

Example Action Plan

Goal:	Prevent adolescent non-users from experimenting with substances		
Objective	Reduce initiation of marijuana use (specific and relevant) by 15% (measurable and achievable) by February 2, 2017 as measured by Youth Risk Behavior Survey.		
Action Plan			
CSAP Strategy	Action	Who? Role?	When?
Prevention Education	Deliver 11 classroom sessions of Project Alert to 7 th Graders at West Middle School	J. Jones Class Facilitator	Start: 09/30/2016 Complete: 02/01/2017

D2. Implementation Justification (5 Points)

If you are a Direct Service Provider, describe how this action plan correctly follows the evidence-based programs implementation guidelines for details such as the age range, number of sessions, length of sessions, projected outcomes, updated materials etc. (*Limit 350 words*)

The Office of Drug Policy understands variance in funds, challenges in implementation and other obstacles presented with substance abuse prevention in Idaho. If your plan makes changes to your selected program’s implementation guidelines, please detail and justify those changes in this section.

If you are a Coalition, please describe your plan to leverage partnerships in the implementation of your environmental strategy. (*Limit 350 words*)

E. EVALUATION (15 points)

When awarded, each program will be asked to evaluate its effectiveness. Evaluation is the systematic collection and analysis of information about program activities and outcomes to improve effectiveness and make programmatic decisions. Grantees will be required to collect survey pre and post evaluation data on all projects and submit that data to ODP.

E1. Evaluation Tool (5 Points)

It is required that Direct Service Providers utilize the evaluation [pre/post-surveys](#) provided by ODP (*Parent Survey*, *Younger Youth Survey* (Grades 4-5), or *Older Youth Survey* (Grades 6-12)). Identify who will be responsible for the collection of data and quarterly reporting to the Office of Drug Policy. Remember the goal of evaluation is to measure how successful you were in meeting your stated objectives. (If needed, be sure to include material/printing costs in your budget **Table 5- Other Expenses**)

Coalitions should develop and describe specific evaluation plans tailored to their environmental strategies and activities proposed. For a foundation on evaluating environmental change, click [here](#).

E2. Barriers (5 Points)

Describe, citing specific examples, barriers and challenges to data collection and evaluation and your plans to overcome them for the next funding cycle.

E3. Effectiveness (5 points)

Describe the difference you expect your project will make in your community. Consider the problem statement(s), goals, and objectives previously identified and how you hope implementation of the programs you have selected will fit your community's needs.

F. SUSTAINABILITY & CULTURAL COMPETENCE (10 points)

F1. Sustainability (5 Points)

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Describe your current level of **sustainability** based on the definition above, as well as your intended plan for maintaining and/or strengthening sustainability.

(Limit 350 words)

F2. Cultural Competence (5 Points)

Cultural Competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, religious and linguistic backgrounds. For prevention efforts to be truly effective, diverse representation is needed early in the planning process, as well as throughout the implementation of the Action Plan.

Describe your proposed procedures to ensure challenges with cultural competence will be addressed in your community based on the definition above.

(Limit 350 words)

G. PROPOSED BUDGET AND WRITTEN JUSTIFICATION (30 Points)

Use the **Proposed Budget Worksheets** to create a separate budget for each evidence-based prevention program or strategy for which you are applying.

Direct Service Providers must download the Excel spreadsheet “Direct Service Provider Proposed Budget” by clicking [here](#). Fill out Tables G1-G6 (see colored tabs at bottom of spreadsheet), provide justifications for each line item, and then upload the completed document to the online application. If you are proposing to implement more than one evidence-based program, you must upload a separate Excel file for each program.

Coalitions must download the Excel spreadsheet “Coalition Activities Proposed Budget” by clicking [here](#), complete Table G7 and justifications for each line item, and then upload to the online application. Coalitions only need to fill out one Coalition Activities Proposed Budget.

The totals and some ODP targeted fields will be automatically calculated where appropriate. The totals from each section will then be used to create the overall proposed budget.

Once again, Direct Service Providers should use **G1-G6 with Tables 1-6** to provide a **budget and justification** that will allow the project to operate efficiently.

Coalition applicants should use **G7- Table 7: Coalition Activities Budget**.

You must detail and justify the need for each line item cost on the Excel spreadsheet under each table. The budget description must demonstrate that expenses are reasonable, necessary, and allocable to the project. Be sure to double check your math in all sections of the budget.

Substance abuse prevention funding in Idaho is based on a reimbursement model. Should a grant be awarded, reimbursement will be made **after** each service is delivered, the data for that service is entered, and an invoice is submitted. No other reimbursement method will be available.

Evidence-based program training and program materials may be invoiced separately after the training has occurred or material purchased and documentation of payment has been submitted to ODP.

ODP may adjust the requested budget rates for each prevention service as final prevention program funding decisions are made to ensure fair compensation and statewide substance abuse prevention coverage.

G1. Staff Budget (5 Points)

G1 SECTION 1: Table 1- Staff

Use **Table 1 – Staff** on the Excel spreadsheet to list the names and positions of all individuals who will receive income for delivering substance abuse prevention services. It is not necessary to list support staff who are not directly involved in program coordination or delivery (e.g., office support, data entry, janitorial, etc.) in Table 1. Then enter the hourly rate and fringe benefits for each staff member. Fringe benefits are real costs paid by the prevention provider in addition to the salaries and wages paid to your employees.

Typical costs include:

- Social Security – FICA: As of 2016, the combined [FICA tax for employers](#) was 7.65%
- Workers’ Compensation: This rate varies depending on the type of work performed. You can contact the [Idaho State Insurance Fund](#) to determine the appropriate rate.
- Unemployment Insurance: The Standard Rate is the Unemployment Insurance Tax Rate that is assigned to new employers until they have participated in the program enough to have an insurance rate calculated for them. Use the rate that was calculated for you or the Standard Rate. For information on the Standard Rate, click [here](#).
- Retirement contributions, health insurance, etc.

If your company uses **contracted labor**, no fringe benefits apply. In the budget, simply list the Hourly Rate and Total Hourly Rate for that person. If you have subcontracted positions that have not yet been filled, list the position as “To Be Determined” (TBD). While you may use subcontracted staff for service delivery, you may not subcontract the prevention service administration itself. The hourly rate for subcontracted labor in **Table 1- Staff** should be fully inclusive of all allowable expenses.

Administrative costs are calculated at the end of the Budget Worksheet and should not be included in **Table 1 - Staff**. The administrative costs are used to cover non-delivery aspects of program delivery, such as planning, coordination, supervision, data entry, invoicing, contract monitoring visits, etc. Administration costs, those costs not directly attributable to direct service delivery, are covered at a rate of 20% of the “Total Program Cost” from **Table 6- Final Budget Totals**.

G1: Table 1 – Staff

	Name	Role	Hourly Rate (1.1)	Fringe Benefit Rate (%) (1.2)	Fringe Benefit Cost per Hour (1.3)	Total Hourly Rate (1.1+ 1.3 = 1.4)
1	<i>J. Jones</i>	<i>Facilitator</i>	<i>\$15.00</i>	<i>20.00%</i>	<i>\$3.00</i>	<i>\$18.00</i>
2						

G1. SECTION 2: Staff Justification

Please detail and justify the need and role for each staff member listed in **Table 1- Staff**. The budget description must demonstrate that expenses are reasonable, necessary, and allocable to the project.

G2. Program Cohorts for Each Evidence-based Program (5 Points)

G2. SECTION 1: Table 2- Program Cohorts

Use **Table 2 – Program Cohorts** on the Excel spreadsheet to indicate preparation and delivery time for each program cohort proposed. A “cohort” is a group of people who take the series of program classes together, usually in the same location. Typical cohorts might include all the students in a school classroom (Ms. Johnson’s Third Grade), the parents taking a parenting class together (Wednesday night Strengthening Families), etc.

Do not include staff training time in Table 2. Staff training time for evidence-based program training may be included in **Table 5 – Other Expenses**.

Table 2 – Program Cohorts divides service delivery into three parts: delivery hours, preparation hours, and round trip travel hours.

- (2.1) *Delivery hours for one session*– describes the time that program staff are actually providing services to the program’s participants.
- (2.2.) *Preparation hours for average session* – describes the time needed to get ready for a typical session. Prep time may be up to 1/2 of delivery time per session or 15 minutes, whichever is greater.
- (2.3) *Round trip travel time per session* – includes travel time from the staff person’s place of work to service delivery locations, but does not include travel time from the staff person’s home to their workplace. Mileage for travel to remote locations should be listed on **Table 4 – Mileage**.
 - Provider employees may receive mileage and time reimbursement when traveling from their workplace to and between the delivery sites.
 - For contracted labor, costs associated with travel should be included in the fully burdened rate presented in **Table 1- Staff**

G2: Table 2—Program Cohorts for Evidence-Based Programs: *Life Skills*

Cohort, Location	Staff Person	Delivery Hours for 1 Session (2.1)	Prep Hours for Average Session (2.2)	Total Hours for 1 Session (2.1+2.2+2.3 = 2.4)	Total # Sessions (2.5)	Total Time (2.4*2.5 = 2.6)
1 7 th grade, East Junior High	S. Smith	1.00	0.5	0.00	1.5	12.0
2 Health Class, West Junior High	J. Jones	1.00	.05	0.5	2.0	22
3						

G2: SECTION 2: Program Cohorts Justification

Please detail and justify the need for each cohort proposed in **Table 2- Program Cohorts**. The budget description must demonstrate that expenses are reasonable, necessary and allocable to the project.

G3. Program Delivery Time Totals (5 Points)

G3: SECTION 1: Delivery Time Totals

Use **Table 3- Delivery Time Totals** on the Excel spreadsheet to calculate the “Total Time” each staff member spends for all cohorts proposed. Then, multiply this by their hourly rate from **Table 1 – Staff (1.4)** to calculate the total dollars spent per staff for the delivery of the program.

Table 2 – Program Cohorts for all cohorts for each staff member listed in **Table 2 – Program Cohorts**. Then transfer the “Total Hourly Rate” for each person from **Table 1 – Staff**. Finally, calculate the “Total Dollars per Staff Person” for each staff person and add up the “Total Dollars per Staff Person” to calculate the “Total Delivery Costs for All Staff” at the bottom of **Table 3 – Delivery Time Totals**.

G3:Table 3 – Delivery Time Totals

Staff Person	Total Hours for All Cohorts Delivered (2.6 +2.6 ... = 3.1)	Total Hourly Rate (1.4 = 3.2)	Total Dollars per Staff Person (3.1 * 3.2 = 3.3)
S. Smith	12.0	\$18.00	\$216.00
J. Jones	22.0	\$20.00	\$440.00
Total Delivery Cost for All Staff (3.4)			\$656.00

G3: SECTION 2: Delivery Time Justification

Please detail and justify the need for the delivery time totals proposed in **Table 3 – Delivery Time Totals**. The budget description must demonstrate that expenses are reasonable, necessary, and allocable to the project.

G4. Mileage (5 Points)

Travel related to direct service provision can be included in the program cost. Each row in **Table 4 – Mileage** should correspond with a cohort indicated as requiring travel in **Table 2 – Program Cohorts**.

G4. SECTION 1: Table 4 – Mileage

Use accurate round trip mileage to complete **Table 4** on the Excel spreadsheet.

Reimbursable mileage includes travel time from the staff person’s place of work to service delivery locations but does not include travel time from the staff person’s home to their workplace. Mileage for travel to remote locations should be listed on **Table 4 – Mileage**. [Google Maps](#) provides an easy and usually accurate method to determine round trip mileage. Any and all travel conducted for program administration and supervision can also be listed as a single line item in **Table 4**.

For all travel, the State of Idaho SFY 2017 mileage reimbursement rate is \$.540 per mile.

G4: Table 4 – Mileage

Trip Purpose (specify program and cohort)	# of Round Trips (4.1)	Round Trip Mileage (4.2)	2017 Rate per Mile	Total (4.1*4.2*0.550 = 4.3)
<i>Life Skills, East Junior High</i>	<i>11</i>	<i>20.0</i>	<i>\$0.540</i>	<i>\$121.00</i>
			<i>\$0.540</i>	
			<i>\$0.540</i>	
			<i>\$0.540</i>	
Total Mileage Cost (4.4)				\$121.00

G4: SECTION 2: Mileage Justification

Please detail and justify the need for the mileage totals proposed in **Table 4 – Mileage**. The budget description must demonstrate that expenses are reasonable, necessary, and allocable to the project.

G5. Other Expenses (5 Points)

This section is for the budget and justification for all of the other expenses indirectly associated with providing prevention services proposed. Please fill out **Table 5- Other Expenses** on the Excel spreadsheet. These can include costs such as evidence-based program materials, evidence-based training and training materials, etc. Indirect expenses might include liability insurance, space rent, office supplies, etc.

If rent, utilities, insurance and other business expenses are included, the amount should reflect the portion of the business’s operating expenses dedicated to delivering substance abuse prevention services. That is, if 20% of the business activities involve substance abuse prevention services, then only 20% of these operating expenses should be charged to the Substance Abuse Prevention Program. Provide a brief description of any unusual expenses on a separate budget explanation page.

G5: SECTION 1: Table 5 – Other Expenses

Purchasing Evidence-based Program Materials – Quotes and Receipts: If the applicant intends to purchase evidence-based program materials, the application **must** include a current, written program materials quote or bid from the evidence-based program vendor to receive consideration for funding. If a contract is awarded, documentation of payment such as a paid receipt **must** be submitted to the Office of Drug Policy prior to reimbursement.

Food costs – *Food costs should be included in Table 5 – Other Expenses.* Only food costs for programs where food plays a meaningful role in service delivery are allowed. For existing programs, the calculation will be based on the average number of attendees in the prior year.

For new programs, food costs will be based on anticipated participation. Should a contract be awarded or extended The Office of Drug Policy will negotiate funding for food expenses prior to contract finalization.

Table 5—Other Expenses

Item #	Item Description	Units (5.1)	Unit Cost (5.2)	Total (5.1 * 5.2 = 5.3)
1.	<i>Life Skills Training for Staff</i>	1	\$2,000	\$2,000.00
2.	<i>Travel & per diem for Life Skills Trainer</i>	1	\$1,000	\$1,000.00
3.	<i>Training Supplies</i>	1	\$100.00	\$100.00
4.	<i>Life Skills Program Materials</i>	6	\$225.00	\$1,350.00
5.	<i>Office Supplies, Copying, etc.</i>	4	\$50.00	\$200.00
6.				
Total Other Expenses (5.4)				\$4,750.00

G5: SECTION 2: Other Expenses Justification

Please detail and justify the need for each item listed in **Table 5**. The budget description must demonstrate that expenses are reasonable, necessary, and allocable to the project.

G6. Final Budget Totals (5 Points)

After completing each table of your budget, use **Table 6** on the Excel spreadsheet to determine the total funding being requested for *each* evidence-based prevention program. Re-enter these calculations on the online application and upload your completed budget spreadsheet. Remember to do a separate spreadsheet for each program you have proposed to implement.

G6. SECTION 1: Table 6 – Final Budget Totals

The Budget Worksheet should transfer the final totals from Tables 3, 4, and 5 to *Table 6 – Final Budget Totals* and add them to calculate the “Total Program Cost.”

- Multiply the “Total Program Cost” by 20% (by .20) and enter that figure as the “20% Standard Administration” in *Table 6 – Final Budget Totals*.
- Finally, add the “Total Program Cost” and “20% Standard Administration” to get the “Final Budget Total” for this evidence-based program.

Table 6—Final Budget Totals

Total Delivery Costs for All Staff (3.4)	<i>\$656.00</i>
Total Mileage (4.4)	<i>\$121.00</i>
Total Other Expenses (5.4)	<i>\$4,750.00</i>
Total Program Cost (3.4+4.4+5.4 = 6.1)	<i>\$5,527.00</i>
20% Standard Administrative Fee (Multiply Total Program Costs (6.1*0.20)	<i>\$1,105.40</i>
Final Budget Total (Add Total Program Cost + 20% Administrative fee)	<i>\$6,632.40</i>

Appendix A: STATEMENT OF ASSURANCES

Please review the following Statement of Assurances. Complete and sign this document on the online application. The online application will also require you initial each assurance as appropriate. Compliance with all assurances is mandatory in order to receive consideration for funding.

1. Assurance of Compliance with ODP Substance Abuse Program Standards

I hereby assure the following:

- I will maintain detailed records on all grant funded projects, which indicate the date, time and nature of services delivered under the grant award. Grantees will be required to collect evaluation data for **all projects** and submit that data to ODP via an on-line data management system. Grantees providing direct services will be required to collect and submit survey data for **all** program participants. These records shall be subject to inspection by ODP. ODP has the right to audit billings both before and after payment and to contest any billing or portion thereof.

2. Assurance of Compliance with State Laws

I hereby assure the following:

- I will abide by all State laws, rules, regulations, and executive orders of the Governor of the State of Idaho, pertaining to equal opportunity. Pursuant to all such laws, rules, regulations, and executive orders, the Applicant assures ODP that no person in the State of Idaho shall, on the grounds of race, color, religion, sex, national origin, age, or disability, be excluded from employment with or participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity performed under a grant award(s) entered into pursuant to this Grant Application.

3. Assurance of Compliance with Parental Consent Policy

I hereby assure the following:

- All program(s) conducted with Grant Funds to provide services to minors will comply with the Parental Consent Policy ([found here](#)). All applicable staff will be fully informed of and will abide by the policies and requirements set forth therein.
- Based upon that policy (choose one):
 - none** of the proposed programs provide services to minors.
 - some** or **all** of the proposed programs provide services to minors.

4. Assurance of Faith-Based Status and Policy Compliance

I hereby assure the following:

- I have read the Substance Abuse Prevention & Faith-Based Providers training document along with the Federal Regulation code ([found here](#)).
- Based upon that information (choose one):
 - Our organization **does not** classify itself as a faith-based organization.
 - Our organization **does** classify itself as a faith-based organization, and agrees to comply with the regulations outlined in the above-referenced documents and have all applicable staff fully informed of and trained on those policies and regulations.

5. Assurance of Compliance with Federal Lobbying Policy

I hereby assure the following:

- I understand that lobbying activities will not be conducted using grant funds.

6. Assurance of Compliance with Federal law regarding Supplanting of Funds

I hereby assure the following:

- I have read the definition below and understand Federal Block grant funds, if awarded, will not be used to supplant expenditures from other Federal, State, or local sources.

Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General – Definition: Supplant is to replace funding of a recipient’s existing program with funds from a Federal grant.

The above assurances will be effective at the time a Grant Award Agreement is signed between the Grantee and Office of Drug Policy, and will remain in effect for the grant term for which funding is being sought.

Appendix B: DATA SOURCES

Listed below are some suggested data resources for national, state and local substance use and abuse statistics and their consequences. Be aware that this is not an exhaustive list! It is also highly suggested that you conduct your own research into local data as many law enforcement agencies, hospitals, schools and public departments conduct their own research and publish reports on similar topics.

SOURCE	TYPE OF INTERVENTION	COMMUNITY/ REGIONAL DATA	LOCATION
Census Bureau	National survey including multiple metrics including age, sex, education level, poverty, median income, etc.	Yes	http://factfinder.census.gov/faces/nav/jsf/pages/guided_search.xhtml
Idaho Youth Risk Behavior Survey, Idaho Department of Education (YRBS)	Statewide survey of 9 th -12 th grade students on substance use and abuse and school climate issues	No	http://www.sde.idaho.gov/sectr/shared/2015-Youth-Risk-Behavior-Survey-Results.pdf
Idaho Vital Statistics, Department of Health and Welfare	Tobacco Mortality, Drug-induced Mortality, Alcohol-induced Mortality	Yes	http://www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/VitalStatistics/tabid/914/Default.aspx
Behavioral Risk Factor Surveillance System (BRFSS)	Health survey of adults ages 18+ in Idaho which includes substance use prevalence	Yes	http://healthandwelfare.idaho.gov/Portals/0/Users/074/54/1354/Idaho_BRFSS_Annual_Report_2013.pdf
National Survey on Drug Use and Health (NSDUH)	Health survey of adults ages 12+ in Idaho which includes substance use prevalence	No	http://www.samhsa.gov/data/sites/default/files/NSDUHsaeShortTermCHG2014/NSDUHsaeShortTermCHG2014.pdf
National Survey on Drug Use and Health (NSDUH)	Health survey of adults ages 12+ in Idaho which includes substance use prevalence	Yes	http://archive.samhsa.gov/data/NSDUH/substate2k12/NSDUHsubstateStateTabSID2012.htm
Idaho Statistical Analysis Center, Idaho State Police	Survey of the prevalence, patterns and consequences of alcohol, tobacco, and illegal drug use and abuse in Idaho youth and adults aged 12+	Yes	http://www.isp.idaho.gov/pgr/Research/sac.html 2006-2013 Idaho Drug and Alcohol Arrests and Charges Publication: https://www.isp.idaho.gov/pgr/inc/documents/AlcoholandDrugTrendReport06-13Final.pdf
Idaho Treatment Episode Data Set (TEDS)	Law enforcement agencies submit reports to ISP related to crime, illegal drugs, victim services and the administration of justice. Contains publications, databases, interactive state/county maps on all incidents, offense information, victim information, offender information and arrestee information. Contains all Idaho publically funded substance abuse treatment episodes	Available upon request to Department of Health & Welfare	http://www.dasis.samhsa.gov/webt/newmapv1.htm
Idaho Traffic Crashes, Idaho Transportation Department	Collision and fatality statistics including impaired driving	Yes	http://www.itd.idaho.gov/ohs/2014Data/2014Impaired.pdf

Idaho youth Risk Behavior Survey (IYPS) 2014 Regional Reports

Regional fact sheets related to youth use

Yes

Region 1:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%201%20Report.pdf>

Region 2:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%202%20Report.pdf>

Region 3:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%203%20Report.pdf>

Region 4:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%204%20Report.pdf>

Region 5:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%205%20Report.pdf>

Region 6:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%206%20Report.pdf>

Region 7:

<http://odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%207%20Report.pdf>