



**Office of Alcoholism and  
Substance Abuse Services**

**Youth Clubhouse  
Planning Supplement**

[www.oasas.ny.gov](http://www.oasas.ny.gov)

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**GENERAL INFORMATION**

**Expected Timetable for Key Events:**

Release Date.....Monday, June 8, 2015  
Closing Date for Submission of Bidder Inquiries.....Wednesday, July 1, 2015 at 5:00PM  
Answers to Bidder's Inquiries on or about.....Wednesday, July 8, 2015  
Closing Date for Receipt of Bidder's Proposals.....Friday, August 28, 2015 at 5:00 PM  
Anticipated Evaluation and Selection.....Thursday, October 1, 2015

**All Inquiries to:**

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor  
Albany, New York 12203-3526  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)  
Reference: "Clubhouse Planning Supplement"

**Submission of Proposal to:**

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor  
Albany, New York 12203-3526  
Reference: "Clubhouse Planning Supplement"

**Please be aware that any expenses your agency incurs in the preparation and submission of the application will not be reimbursed by the State.**

**FUNDING AVAILABLE:** OASAS anticipates funding up to six (6) programs. All budgets submitted should not exceed \$250,000 in annual State aid funding

**ELIGIBLE APPLICANTS:** Local Governmental Units as defined in Mental Hygiene Law.

## **I. INTRODUCTION AND BACKGROUND**

### **A. Purpose**

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) has developed this Planning Supplement (PS) for Local Governmental Units (LGUs) interested in developing and implementing a Youth Clubhouse for adolescents (12 – 17 years of age) and/or Young Adults (18- 21 years of age), who have or are at risk of a substance use disorder. LGUs can choose to implement the Clubhouse or work with a community-based program. The Clubhouse should be built upon elements of the International Center for Clubhouse Development Model ([www.iccd.org](http://www.iccd.org)) and OASAS's Recovery Centers. The purpose of the Clubhouse is to provide a safe and inviting place for youth and young adults to develop pro-social skills that promote long-term health, wellness, recovery and a drug-free lifestyle. **Applicants who plan to serve both adolescents and young adults need to provide a plan for how the two populations' activities will be kept separate and developmentally appropriate.**

### **B. Vision for Youth Clubhouse**

OASAS is committed to the development of a Recovery-Oriented System of Care for all New Yorkers. The Youth Clubhouse enhances the development of that system for young people, by:

- Providing a community-based, non-clinical setting that is safe, welcoming, and alcohol/drug free.
- Offering participants the opportunity to work with each other to achieve personal and common goals related to recovery from addiction.
- Promoting long-term recovery through skill building, recreation, education, wellness, evidence based prevention activities and a number of other pro-social activities

The model is built upon a core of peer-driven supports and services that encourage and promote a drug-free lifestyle. Through participation in a Clubhouse, youth and young adults gain the opportunity to rejoin the worlds of friendships, family, community, employment, and education. The Clubhouse will also offer the services and support youth and young adults may individually need to progress in their recovery. The model provides a restorative environment for youth whose lives have been disrupted because of their substance use disorder and who would like the support of others in recovery. It would also offer a safe environment for youth who are looking for a safe, drug-free environment to engage socially with peers.

Activities at the Clubhouse should be a balance between structured skill building activities that are developmentally appropriate for the population being served and provide for opportunities for peer engagement to foster friendships, self-esteem, and self-worth in an environment of mutual respect and support. The activities and services offered through the Clubhouse should assist the youth and/or young adult in developing a sense of responsibility to self and community, building skills necessary to achieve personal and recovery-oriented goals and encouraging positive family, peer and community involvement.

### **C. Funding**

OASAS anticipates funding up to six (6) programs whose operating budget does not exceed \$250,000 in annual State Aid funding. This Planning Supplement does not and will not allow for funding for Capital Projects.

### **D. Availability of the Planning Supplement**

The Planning Supplement will be mailed to all Local Governmental Units (LGUs).

## II. PROPOSAL REQUIREMENTS AND SUBMISSIONS

### A. Inquires Related to the Planning Supplement

OASAS will not be hosting a bidders' conference. However, questions from the LGUs will be accepted through Wednesday, July 1, 2015 at 5:00 pm. Only questions received from a LGU will be answered and all responses to the questions will be emailed to all Local Governmental Units on or about Monday, July 8, 2015. All questions should be directed to:

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor  
Albany, New York 12203-3526  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)

Reference: "Clubhouse Planning Supplement"

### B. Key Events/Timeline

Release Date.....Monday, June 8, 2015

Closing Date for Submission of Bidder Inquiries.....Wednesday, July 1, 2015 at 5:00PM

Answers to Bidder's Inquiries on or about.....Wednesday, July 8, 2015

Closing Date for Receipt of Bidder's Proposals.....Friday, August 28, 2015 at 5:00 PM

Anticipated Evaluation and Selection..... October 1, 2015

### C. Eligible Applicant

OASAS is seeking applications from county Local Governmental Units (LGUs) interested in pursuing the Clubhouse either through direct provision of the service or in collaboration with qualified not-for profit organizations. LGUs that do not plan to directly operate the program may subcontract with a not-for-profit organization that will operate all or part of the program. Subcontractors include but are limited to not-for-profit organizations such as OASAS-certified treatment programs, OASAS prevention programs, or other not-for profit organizations.

Applicants are advised that OASAS may not fund an application where it identifies a subcontractor as an OASAS-certified treatment provider that is not in good standing at the time an award is made.

The following definitions apply throughout this solicitation:

- **Local Governmental Unit:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit "means the unit of local government given authority in accordance with this chapter by local government to provide local services."
- **In Good Standing:** All of a provider's operating certificates which are subject to a compliance rating must have a current compliance rating of partial (2 years) or substantial (3 years) compliance.

- **OASAS Certified:** Pursuant to Article 32 of the New York State Mental Hygiene Law, possession of operating certificate(s) issued by the OASAS commissioner to engage in the provision of Chemical Dependence Withdrawal and Stabilization Services, Chemical Dependence Inpatient Rehabilitation Services, Chemical Dependence Residential Rehabilitation Services for Youth, Chemical Dependence Residential Services, or Chemical Dependence Outpatient and Opioid Treatment Services as defined in 14 NYCRR Parts 816, 818, 817, 819 and 822, respectively.

#### **D. Format for the Proposal and Instruction for Submission**

One proposal for each LGU will be accepted. Applications from multiple LGUs working together will be accepted; however, no LGU can be part of more than one response to the Planning Supplement. The proposal should be typed and double-spaced on both sides of 8 ½ by 11 paper. Pages should be numbered. The proposal will be evaluated based on the content and how closely the applicant followed the instructions in this document. Each response should contain:

1. Proposal Cover Letter -A Proposal Cover Letter will transmit the LGU's Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the LGU. If there is, a subcontractor that will be providing services the packet should include a Non-Binding Letter of Commitment from the subcontractor.
2. The Non-Binding Letter of Commitment should include an identified lead for the subcontractor contact name, phone number and e-mail address. The letter should speak to the subcontractor's ability to provide the services offered through the Clubhouse and their ability to begin to provide those services by the timeframes stipulated in the Planning Supplement. **Note: This letter is only needed if the county is choosing to subcontract the Clubhouse services.**
3. Proposal Narrative- The narrative should be concise (no more than 20 pages, not including attachments).
4. An outline of policies and procedures as to how the Clubhouse will operate (these will not be considered as part of the project narrative, but can be considered an appendix and should be labeled as such).
5. An organizational structure of how the Clubhouse fits within its host organization.
6. Resumes and/or Job Descriptions, which detail qualifications for key staff as well as proposed salaries.
7. Attestations regarding how the Clubhouse will conduct background checks of employees and volunteers.
8. If a subcontractor is being used, documentation demonstrating not-for-profit status.
9. Budget Narrative and Justification (Attachment B)
10. Initiative Funding Request (IFR) for Start-up and Fully Annualized Budget (Attachment C)

#### **E. Submission Process**

**ONE ORIGINAL AND FOUR COPIES** of complete proposals must be mailed in a sealed envelope, sent via delivery service or hand delivered by the organization or the organization's representative to the address below:

**Karen Stackrow**  
**New York State Office of Alcoholism and Substance Abuse Services**  
**1450 Western Avenue, 5<sup>th</sup> Floor**  
**Albany, New York 12203-3526**  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)

Reference: "Clubhouse Planning Supplement"

**All applications must be received by Friday, August 28, 2015 at 5 pm.**

## **F. Reserved Rights**

OASAS reserves the right to:

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

### **G. Funding Availability and Awards**

As part of this Planning Supplement, OASAS is seeking to fund up to six (6) applications to develop a Youth Clubhouse with a programmatic budget not to exceed \$250,000 in annual State Aid funding. Additionally, up to one-quarter of the full annual State Aid may be requested for one-time start-up costs (see Attachment C). LGUs that do not plan to directly operate the program may subcontract with a not-for-profit organization that will operate all or part of the program (“subcontractor”). Such subcontractor includes but is not limited to OASAS-certified treatment programs; OASAS prevention programs; or other not-for profit organizations.

It is anticipated that any application accepted for funding will be able to begin operation within 90 days of receiving the award. If they are not able to meet this requirement, OASAS will reserve the right to select another qualified applicant.

## **III. Scope of Work**

### **A. Needs Assessment**

A needs assessment is a systematic, rational process for collecting and analyzing data to describe the needs of a specific population concerning substance abuse and related problems within that population. Data for needs assessment falls into four categories: population surveys; archival indicators; focus groups; and key informant interviews. The needs assessment allows the LGU or its subcontractor to focus on the geographical area and the target population(s) where the most significant problems caused by substance abuse are, and to identify the risk and protective factors that are predictive of substance use and related problem behaviors impacting recovery. This information can then be used to inform policy and program selection with the goal of assisting youth and young adults to maintain recovery by offering a wide array of services and skill building activities to maintain a healthy lifestyle, reducing those highest risk factors, while enhancing the lowest protective factors to positively impact the problem behavior. In addition, the data collected serves as a baseline for monitoring the effectiveness of policies and programs and community efforts to address the problem behaviors.

### **B. Target Population**

The target population is the population who will receive the Clubhouse services. For the purposes of this Planning Supplement, the primary target population is youth and young adults (ages 12-21) living within the community who are in need of Recovery Support Services due to a substance use disorder. Applicants may also provide services to youth and young adults who are seeking a safe, drug-free environment who are not in recovery.

Applicants may choose to serve the adolescent population (ages 12-17) and/or the young adult population (ages 18-21). If you are planning to serve both age groups, please include a detailed plan as to how you will keep populations separated and how potential safety issues will be addressed.

### **C. Program Approach and Services**

The Clubhouse is designed to be a safe and welcoming facility located in place where youth naturally congregate in the community, separate from a treatment facility. The Clubhouse should be compliant with all County Building codes, including guidelines for accessibility established by

the American with Disabilities Act (ADA). The Clubhouse will agree to monitoring and inspection as appropriate by OASAS and the LGU.

The Clubhouse should develop a program of services/activities designed to assist youth in maintaining a drug-free lifestyle and strengthening Recovery. The activities should include recreation, education, support, appropriate evidence-based practices related to drug-free lifestyle, and other activities identified by the Program.

The Clubhouse facility should provide adequate space for meetings and recreational activities. The environment should be regularly monitored and improved to adapt to youth lifestyle trends as they relate to the population being served. The Clubhouse should provide for necessary security based on the area and needs of their community and the level of security should be described in this proposal and will be subject to approval by the LGU and OASAS.

The Clubhouse will not provide direct clinical services but may host community meetings and groups such as Alcoholics Anonymous or Narcotics Anonymous. The Clubhouse should be open during hours that meet the needs of the youth and young adults in the community and should be determined by the individual community's need. The response to this request should include a description of the facility and proposed hours of operation. **The Clubhouse will not under any circumstances provide for overnight accommodations.**

An organization operating a Clubhouse must establish an advisory board to guide the selection and implementation of programs and services as well as to consult on issues as they may arise. The majority of the board (51% or greater) must be comprised of representatives of the local recovery community including youth and their families. The State reserves the right to send representatives to advisory board meetings to monitor operations and progress.

The operator of the Clubhouse will hire and maintain appropriate staff and volunteers to meet the goals set out in their design and proposed model of services and service delivery. All staff and volunteers with regular or routine contact with individuals under the age of 21 must have the appropriate background checks conducted. All paid and/or volunteer staff must have the appropriate training and credentials, as applicable. Clubhouse staff will participate in all trainings as deemed necessary by the LGU and/or OASAS.

The Clubhouse will create clear Policies and Procedures for all paid and volunteer staff. Policies and Procedures may be subject to review and approval by OASAS. Policy and procedures should include how they will handle background checks of employees and volunteers and address their process for incident management.

The Clubhouse will create clear Rules of Conduct for Clubhouse participants that promote tolerance, acceptance, and sensitivity to diverse pathways to recovery and diverse cultures. The Rules of Conduct will be clearly posted at the facility and shared with all participants. The Rules of Conduct may be subject to review and approval by OASAS.

The Clubhouse will utilize sign-in sheets for skill building groups and workshops facilitated at the Clubhouse and/or organized by the Clubhouse to document the number of participants utilizing the service and facility. A sign-in sheet should also be utilized during the drop in times as well. Signing in may create a problem for certain groups, because of the level of anonymity. In those

instances, please include a headcount of the group attendees to ensure accountability to support the Clubhouse.

The Clubhouse staff and volunteers need to maintain a relationship with and have an understanding of existing community resources.

The operator of the Clubhouses will cooperate with OASAS in further developing the program model by attending meetings and participating in programmatic evaluation. The applicant will refer to Attachment (A) - *Expectations for a Successful Youth Clubhouse* when developing the schedule and format for the Clubhouse. This document should provide guidance on setting the tone for the Clubhouse and the types of services offered.

#### **IV. Review and Rating Criteria**

##### **A. Threshold Review Criteria**

Following the opening of bids, a preliminary review of all proposals will be conducted by the issuing officers or a designee to determine whether the application meets specific threshold criteria. The following “threshold criteria” will be rated either yes or no. If any of the criteria are rated *no* the application will be considered disqualified.

1. Was the application received by OASAS by the submission deadline date set forth by in the OASAS Clubhouse Planning Supplement?
2. Does the applicant meet the eligibility criteria set forth in this Planning Supplement?
3. Is the proposal letter completed, signed, and dated?
4. Is a non-binding letter of agreement included with the subcontractor’s identified lead, contact name, phone number, non-for-profit status and e-mail address, where appropriate?
5. Is the program Budget Narrative and Justification Attachment B completed?
6. Is the IFR for Start-up and Fully Annualized Budget Attachment C completed?

##### **B. Review Criteria**

Proposals passing the threshold review will be assessed, rated, and ranked in order of highest score based on an evaluation of each applicant’s written submission. The evaluation will apply points in the following categories:

• Statement of Need	10 points
• Approach to service delivery/ project description	35 points
• Staffing	20 points
• Budget Narrative	15 points
• Marketing	10 points
• Data and Reporting	10 points
<b>Total Possible Points</b>	<b>100 points</b>

## **V. Application Proposal**

When submitting proposals for funding under this Planning Supplement, your narrative should be brief (no more than 20 pages, excluding attachments) and address all of the components listed below, in the following order:

### **A. Statement of Need (2 page max)**

Please clearly describe the unmet service needs in your community for youth and young adults working towards long-term recovery, including the population(s) you wish to serve. The statement of need should include but not be limited to the following:

- A description of the nature of the problem in the community and documentation of the extent of need (e.g., current prevalence/relapse rates and incident data) for the population.
- A description of the target population(s) you wish to serve, and how the following issues within the population(s) will be addressed:
  - Demographics-race, ethnicity, religion, gender, age, socioeconomic status, language, literacy
  - Sexual identity/sexual orientation and gender identity
  - Trauma
  - Transportation
  - Clearly establish a projected number of youth to be served as part of this project; include information on how this projection was formulated

### **B. Approach to Service Delivery/ Project Description (8 page max)**

Interested applicants should clearly describe their project approach, which should include a philosophy of youth substance use and recovery support services and their vision of peer involvement in recovery and demonstrate their experience with this population. Applicants should also identify an array of activities and services that are developmentally appropriate to the target population(s). Please refer to Attachment (A) – *Expectations for a Successful Youth Clubhouse*. The project description and approach should include but not be limited to:

- Location and description of facility, including hours and days of operation for the population(s) served
- Mission statement, including specific goals and objectives
- Description of activities and services that will be provided, including other resources that can be leveraged to support the project
- Existing relationships with and understanding of community resources
- Plan of peer involvement in recovery support services
- Organizational structure chart and how Clubhouse will fit within its host organization
- If choosing to serve both age groups (12-17) and (18-21); please include a detailed plan which addresses safety issues and concerns and how populations will remain separated.
- Please include a copy of or an outline for your Policy and Procedures Manual as an attachment to your application.

### **C. Staffing (2 page max)**

The Clubhouse should employ individuals who are dedicated, culturally competent, understand the unique needs of youth, and can effectively assist the youth/young adult in reaching their individualized goals. If the applicant envisions volunteers and the utilization of peers, these positions should be included in the staffing pattern. The staffing pattern should account for the population(s) served and may include but not be limited to:

- Identification of key staff (paid and volunteer) and their roles and responsibilities
- Proposed staff to client ratio
- Staff job descriptions and/or required trainings for positions identified
- Building security and plans to address safety issues that may arise in relation to the population(s) served

It is also expected that an advisory board be developed and sustained. The advisory board should include but not be limited to youth, their families, and members of the community, which will help to inform the program about needs within their community. Please clearly describe:

- The role of the advisory board and potential tasks that the board will perform
- Plans to recruit members and sustain the advisory board
- Key individuals and/or community organizations that would best represent the population(s) served

### **D. Marketing/Community Integration Plan (2 page max)**

Since the Clubhouse Model has not yet been implemented in New York State, marketing will be a key factor in recruiting youth and raising awareness within the community about the Clubhouse. In order to assist the target population(s) with increasing community involvement, integration with outside community agencies and/or schools is necessary. Please clearly describe in the marketing plan:

- Detailed plans as to how program will be marketed, including use of media and potential referral sources
- How relationships with community organizations/agencies would relate to the Clubhouse to assist clients in long-term recovery and the steps the program would take to foster those relationships
- Strategy to raise awareness with affected population and youth within the community

### **E. Budget Narrative (4 page max)**

Working within the cost parameters of \$250,000 in State Aid funding, applicants must provide the Budget Narrative and Justification (Attachment B) along with a completed Initiative Funding Request Form (Attachment C):

- Personal Services – detailed by position and salaries to include the percentage of time devoted to this project
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

Applicants are required to use the budget worksheets provided in Attachment B –Budget Narrative and Justification, and Attachment C- Initiative Funding Request Form when completing this section. Please note that applicants are asked to provide a unit cost for each of the services defined in the program narrative and then to project a target number of those services to be provided during a one year time period.

**F. Data and Reporting Requirements (2 page max)**

The operator of the Clubhouse will make any/all documents and records available for audit and evaluation to entitled Federal, State and County officials upon request. OASAS will establish and conduct regular program monitoring site visits and record reviews, health and safety reviews, fiscal, data information, and quality management of services processes.

The Clubhouse will collect data and provide a monthly report to be submitted by the close of business on the 10<sup>th</sup> business day of the following month to OASAS Program Staff responsible for the Clubhouse Model development. The report will include the following:

- Total unique participants for the reporting period
- Average unique participants per week
- Types of services provided
- Frequency of services provided
- Number of service provided overall
- Number of participants attending each service provided
- Any changes in staff and/or hours of operation
- Other issues to be identified
- Number of clients who did not return and reasons why

OASAS reserves the right to adjust and change data and reporting requirement as the project evolves. Additionally, the Clubhouse will conduct annual youth and family satisfaction surveys. The Clubhouses and OASAS will work together to determine the content of the survey. The proposal should include how the Clubhouse will monitor services and who will be responsible for working with OASAS on data collection.

## **Attachment A: Expectations for Successful Youth Clubhouse**

All individuals participating in the Clubhouse may receive recovery support services and have access to activities offered by the program. As a non-clinical program and facility, the focus should be on how youth will sustain recovery through a robust array of services and pro-social activities. The services and activities offered may include, but not be limited to:

- Recovery support groups facilitated by staff focused on coping with day-to-day challenges for the youth and family, including asset development, “Opportunistic” problem solving, and guidance and enhancement of effective communication skills
- Age and developmentally appropriate, alcohol and drug free recreational activities and/or field trips
- Peer support services for youth which may include promoting skills for coping and managing substance use symptoms, wellness and recovery support, linkage to formal and informal resources, as well as advocacy and assistance with navigating the service system
- Gender specific groups should be available and will allow youth to achieve long-term recovery through a process of discovery without the distraction of members of the opposite sex. Gender issues as they pertain to Lesbian, Gay, Bisexual, Transgender and questioning (LGBTQ) youth will also be addressed in both support and educational groups
- Family Engagement activities and events focused on the whole family which may include family dinners, family movie night, adventure based activities, and/or an evidence based program that addresses family needs
- Tutoring and job readiness services for youth in all stages of schooling and work preparedness to assist the youth with obtaining skills to succeed in school and/or obtaining employment
- Independent living skill development to prepare the older adolescent for leaving home or other non-familial settings
- Volunteer and service opportunities

The county and its subcontractor (where applicable) are required to adhere to all requirements set forth by the Office of Alcoholism and Substance Abuse Services (OASAS) in this request for applications and all relevant local, state, and federal laws and regulations. In addition, they must be able to demonstrate cultural and linguistic competence in delivery of services to a diverse population of youth.

## Attachment B: Budget Narrative and Justification

### A. Personnel:

An employee is anyone in the applicant's organization whose work is associated with the project. Please note if existing staff are to be part of the project these funds should not be used to supplant their salaries.

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Agency Executive Director	John Doe	75,000	10%	In-kind
			<b>TOTAL</b>	<b>\$</b>

### JUSTIFICATION:

**B. Fringe Benefits:**

List all components of fringe benefits rate

<b>Component</b>	<b>Rate</b>	<b>Wage</b>	<b>Cost</b>
FICA			
Workers Compensation			
Insurance			
		<b>TOTAL</b>	<b>\$</b>

**JUSTIFICATION:**

**C. Non-Personal Services - Training:**

Please list the cost of any training (e.g., Mandated Reporter Training, etc.) that Clubhouse Staff will be required to obtain.

<b>Training</b>	<b>Unit Cost</b>	<b># of individuals to be trained</b>	<b>Total Cost</b>
		<b>TOTAL</b>	<b>\$</b>

**JUSTIFICATION:**

**D. Non- Personal Services - Supplies**

Please list supplies needed to support the project and associated costs.

Item(s)	Rate	Cost
	<b>TOTAL</b>	<b>\$</b>

**JUSTIFICATION:**

**E. Non –Personal Service – Services/Activities**

For each of the program services described and defined in your program narrative please identify the activity/service, the unit cost and the targeted number of units to be delivered.

<b>Activity/Service</b>	<b>Unit Cost</b>	<b>#Targeted Number of Units of Services</b>	<b>Cost</b>
		<b>TOTAL</b>	<b>\$</b>

**JUSTIFICATION:**

**F. Non-Personal Services - Other:**

Costs related to marketing and community integration. Provide a breakdown of costs for each additional item requested and provide a justification. Explain the use of each item requested.

Item(s)	Rate	Cost
	<b>TOTAL</b>	<b>\$</b>

**JUSTIFICATION:**

### G. Budget Summary

Category	Start Up	Yearly	Total Request
Personnel			
Fringe			
Non-Personal Service - Training			
Non-Personal Service - Supplies			
Non-Personal Service - Services/Activities			
Non-Personal Service - Other			
Total:			



## **Instructions for Completing the Initiative Funding Request Form (IFR) (Start-up and Annual Operating Budgets)**

### **PROVIDER INFORMATION**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity's local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
3. **Applicant's OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.
- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

### **PART II – OPERATIONAL FUNDING REQUEST**

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

### **Requested Operating Budget for Proposal**

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET**: The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State aid. Start-up costs may include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will

be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

**ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.**

2. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering \$0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.
5. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.
6. **Full-Time Equivalent (FTE) Staff Requested** – Enter the number of FTE's requested as part of this initiative in Columns A and B.

**Applicant Official** – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

**Signature and Date** – The IFR must be signed and dated by the applicant agency representative.