

**Request for Proposals  
New York State Strategic Prevention  
Framework State Incentive Grant  
*Prevention First-NY!*  
Sub-Recipient Grant**

**December 2010**

**Submissions should be sent to:**

**New York State Office of Alcoholism and  
Substance Abuse Services  
1450 Western Ave  
Albany, NY 12203  
ATTN: Dr. Sarah Dakin**

**Due Date: January 19, 2011**



New York State  
Office of Alcoholism & Substance Abuse Services  
*Addiction Services for Prevention, Treatment,  
Recovery*

*Governor David A. Paterson  
Commissioner Karen M. Carpenter-Palumbo*

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## I. Letter of Introduction

Dear Colleague:

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) has awarded New York State through the Research Foundation for Mental Hygiene, Inc. (RFMH), a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG). The Governor has designated the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to lead the *Prevention First – NY!* SPF SIG. I am pleased to notify you that OASAS will provide a funding opportunity for community coalition development in alignment with the SPF SIG, *Prevention First-NY!* requirements.

*Prevention First-NY!* aims to build a sustainable prevention infrastructure by capitalizing on New York's evidence-based, risk and protective factor-focused prevention framework, incorporating all five stages of the federal Strategic Prevention Framework (SPF) to reduce underage drinking and increase prevention capacity across the state. This will be achieved through community coalition development; community needs assessments, strategic planning, training in evidence-based prevention, and the utilization of OASAS Prevention Resource Centers (PRCs).

Up to ten sub-recipient communities will be funded. Communities in New York State that have prevalence rates above the state average for underage drinking among ninth through twelfth graders are eligible to participate in a competitive Request for Proposal (RFP) process. The successful applicants will follow the SPF prescriptive process, implement evidence based environmental strategies, and comply with all state and federal reporting requirements throughout the funding period.

The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, state/tribal and community levels. The capacity-building activities and strategies that the sub-recipient communities will implement help to improve the New York State prevention system and its communities by creating a stronger infrastructure in which to implement more evidence-based practices (EBPs) and policies that bring about population-level change. The SPF requires states and communities to systematically: 1) assess their prevention needs based on current local data; 2) build their prevention capacity; 3) develop a strategic plan; 4) implement evidence-based community prevention programs, policies and practices; and 5) evaluate their efforts for outcomes. Cultural competence and sustainability are incorporated throughout each step of the SPF. For more information on the SPF process please visit SAMHSA's website at: <http://prevention.samhsa.gov/about/spf.aspx>

Completed grant applications and required supporting documents must be received no later than close of business on **Wednesday January 19, 2011**. Contact information and other details about the process are described in the RFP.

Thank you for your interest in working with OASAS in this important endeavor.

Sincerely,

Karen M. Carpenter-Palumbo  
Commissioner

## II. Background

Based on an assessment conducted by the New York State Epidemiological Outcomes Workgroup (SEOW) and approved by the Strategic Prevention Framework (SPF) Prevention First-NY! Advisory Council, the priority selected to be addressed in this grant opportunity is the prevention of underage drinking and its related consequences among high school aged youth (ninth-twelfth graders). The evidence-based programs and strategies available to address this priority have shown success in reducing underage drinking and should result in lower levels of problem drinking in the future young adult population. In addition to addressing the priority target population described above, sub-recipients will be required to address at least one of the two state selected priority risk factors: parental attitudes and/or youth access to alcohol. Sub-recipients may also choose to address one additional community identified risk or protective factor.

## III. Grant Requirements

The Strategic Prevention Framework (SPF) must serve as the planning model for applicants responding to this RFP to address underage drinking among ninth through twelfth graders. Communities in New York State that have prevalence rates above the state average (or for those in NYC above the city average) for 30 day use rates in the ninth through twelfth grade population are eligible to participate in the competitive Request for Proposal (RFP) process. New York City applicant communities must be equal to or above the 2008 New York City YDS prevalence rate of 30 percent and the rest of the state's communities must be above the 2008 YDS statewide prevalence rate of 36 percent.

Applicants that receive funding will be required to complete the following five steps of the Strategic Prevention Framework.

The Five Steps of SAMHSA's Strategic Prevention Framework are:

- Step 1: Assessment** – Profile population needs, resources, and readiness to address needs and gaps.
- Step 2: Capacity Building** – Mobilize and/or build capacity to address needs.
- Step 3: Planning** – Develop a comprehensive strategic plan.
- Step 4: Implementation** – Implement evidence-based prevention programs, policies, and/or practices.
- Step 5: Evaluation** – Monitor, evaluate, sustain, and improve or replace those components that fail.

### SPF Step 1: Assessment

*Community Profile of population needs, resources, and readiness to address the problems and gaps in service delivery.*

Funded sub-recipient community coalitions will be expected to conduct additional assessments of alcohol related problems after the award is made to identify and better understand the

underlying causes and contextual factors associated with underage drinking in the ninth through twelfth grade population in that particular community. The YDS survey (or other OASAS approved instrument) must be conducted in the Fall of 2011 and 2013 after the SPF award is made. The epidemiological data must identify the geographic areas or sub-populations where the problem is greatest, consequences of the problem, and risk and protective factors to be addressed.

Upon funding, grantees are required to hire a local Data Coordinator who will support the collection and management of the community needs assessment data. The grantee and the local Data Coordinator will be trained by and collaborate with the statewide evaluation contactor, the Pacific Institute of Research and Evaluation (PIRE), to develop a more comprehensive local needs and resource assessment profile.

A Community Development Specialist (CDS) will be assigned to each community coalition, funded by OASAS through the PRC and/or existing state funding. The CDS will provide training to the coalition staff on needs and resource assessments and community readiness.

If the applicant coalition is located in a county that is not served by an existing OASAS funded Prevention Resource Center, (See Attachment A) they can request up to an additional \$40,000 for technical assistance and training.

## **SPF Step 2: Capacity Building**

*Mobilize and/or build capacity to address needs.*

Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; leveraging resources; and engaging stakeholders to help sustain the activities.

The CDS will assist the community with implementation of the SPF steps, providing and/or arranging training and technical assistance throughout the duration of the funding period. The CDS will help to assess the readiness and capacity of the community to implement the SPF to prevent/reduce underage drinking among ninth through twelfth graders, and to develop and implement a plan to increase community capacity to implement evidence-based strategies.

The state will also provide mandatory training/learning institutes for all the funded sub-recipients throughout the funding cycle. At a minimum, the Coalition Coordinator and local Data Coordinator will be required to attend. These trainings may be in person, via teleconference or webinar.

Sub-recipients are expected to seek and purchase (with grant funds) training from specialists in the environmental evidence based practices, policies and programs that are appropriate for their strategic plan.

### **SPF Step 3: Planning**

#### *Develop a Comprehensive Strategic Plan and Logic Model*

Upon funding, grantees will be required to develop a strategic plan addressing the five steps of the SPF and the prevention/reduction of underage drinking among ninth through twelfth graders, as well as to implement the plan using **evidence-based environmental strategies**

Communities must develop a strategic plan that articulates not only a vision for their efforts, but also strategies for organizing and implementing prevention/reduction efforts. The strategic plan must include a logic model. The strategic plan will be based on documented needs, build on identified resources/strengths, set measurable objectives, and include the performance measures and baseline data against which progress will be monitored. Plans must be adjusted as the result of ongoing needs assessment and monitoring activities. The issues of **cultural competency and sustainability** will be addressed throughout each step of planning and implementation and should lead to the creation of culturally appropriate long-term strategy to sustain policies, programs and practices. The strategic plans must be data-driven and focused on addressing the most critical needs in the community. The comprehensive plan must be approved by the state prior to implementing any strategies. Receipt of a SPF award through the grant process does not infer /imply approval of a preliminary logic model.

### **SPF Step 4: Implementation**

#### *Implement evidence-based strategies to prevent/reduce underage drinking among ninth through twelfth graders.*

Upon funding and approval of their logic model and strategic plan, and with guidance from the Local or Regional Prevention Resource Centers, Community Development Specialist, state evaluators and state Evidence Based Practices Review Panel grantees will implement evidence-based environmental strategies to prevent/reduce underage drinking among ninth through twelfth graders. All grantees proposed strategies must be approved by the state's Evidence Based Program and Practices Review Panel prior to implementation. Community implementers must ensure that when needed, culturally competent adaptations are made without sacrificing the core elements of the program. The Evidence Based Program and Practices Review Panel must approve all adaptations prior to implementation. Sub-recipients will also be expected to purchase training from specialists in the evidence based practices that they choose to implement.

(For more information please refer to; **Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program** at: [http://download.ncadi.samhsa.gov/csap/SMA09-4205/evidence\\_based.pdf](http://download.ncadi.samhsa.gov/csap/SMA09-4205/evidence_based.pdf) )

### **SPF Step 5: Evaluation**

#### *Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail*

Monitoring and evaluating prevention efforts and continuous quality improvement will be operational at both the state and community levels in accord with the SPF. Ongoing monitoring

and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. Communities must provide performance data to the data coordinator on a regular basis. The statewide evaluator (PIRE) contracted through the fiscal intermediary of the Research Foundation for Mental Hygiene, Inc. (RFMH) at OASAS, will be responsible for working with the local data coordinators, assessing program effectiveness, ensuring service delivery quality, identifying successes, encouraging needed improvement and promoting sustainability of effective policies, programs and practices both at the state and sub-recipient level. Grantees will be required to work with the state and local data coordinator to develop and implement a plan to evaluate the effectiveness of their efforts. Grantees will be required to comply with all state and federal reporting requirements.

There are several CSAP online assessment tools that grantees will be required to complete-- typically twice a year. The Community Level Instrument (CLI) is one example and it is used to collect data about each of the interventions chosen. In addition, grantees will complete fidelity assessment forms for each intervention for PIRE, and participate in interviews with PIRE staff as a means of assessing progress with the SPF steps and providing feedback to the OASAS on ways to improve project support. Grantees will also work with PIRE to create an evaluation plan and will submit data on the chosen contributing factors on a regular basis (annually, if possible).

The local community data coordinator will work with the statewide evaluator and supply him/her with local data and/or progress reports on a monthly basis. Sub-recipients will also be required to complete necessary reporting requirement for OASAS staff and administration, at monthly, quarterly, and annual intervals; and at the end of the project cycle (final report). Sub-recipients will be required to participate in both the state and SPF SIG National Cross Site Evaluation and submit all required process and outcome data required by the state and National Cross Site evaluations.

Funded sub-recipients must allocate funding to administer the Youth Development Survey (YDS) (or other OASAS approved instrument) two times (Fall 2011 and Fall 2013) during the course of the grant funding.

**Cultural Competence:** Cultural competence is a major element in the SPF SIG. Gender, race, ethnicity, and sexual orientation significantly affects all aspects of personal and societal life. The SPF SIG addresses these issues in its core service design principles and standards. Cultural competence is defined as a set of behaviors, attitudes, skills, and policies that allow individuals and organizations to increase their respect for, and understanding and appreciation of, cultural differences and similarities within and among groups. Coalitions are expected to adhere to the principles of cultural competence when engaging community members including considerations such as ethnicity, race, age, gender/gender identity, primary language spoken/English proficiency, sexual orientation, immigration status, acculturation factors, spiritual beliefs/practices, physical abilities/limitations, family roles, community networks, literacy (to include limited or low health literacy), employment, and socioeconomic status/factors. Other considerations may include criminal justice involvement, physiology, level of education, and the presence of returning military veterans in the community. For prevention strategies and collaborations to be successful, they must be inclusive of the cultures of the participating groups.

Sub-recipients will be required to develop appropriate cultural competence plans that will outline how they will ensure that populations and cultures representative of their community are included in each of the Strategic Prevention Framework Steps. Specifically, grantees will be asked to include cultural competence in the assessment, capacity building, planning, implementation and evaluation of their initiatives.

**Sustainability:** Sub-recipients will be required to develop a sustainability plan after the first 12 months of funding. A sustainability plan will not be required for completion of the application. Each sub-recipient will receive substantial sustainability training from their assigned community development specialist and/or their regional or local Prevention Resource Center (PRC). The PRCs will be a permanent part of the prevention system in New York State and therefore will continue to ensure available and affordable resources and provide the capacity and infrastructure necessary for local needs assessment, capacity building activities, strategic planning, implementation and evaluation needs. The selected community coalitions will be the driving force for statewide population level change, beginning at the local level, and the plan is that these 10 communities and their coalition leaders will serve as mentors to newly established community coalitions in the years to come. When the funding period ends, the regional PRC will continue to provide technical assistance and any needed trainings and it is expected that the prevention providers, along with the assigned CDS, will continue their participation and help secure other funding for the coalitions.

## IV. Description of Funding

**Funding Source:** The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) has awarded New York State through the Research Foundation for Mental Hygiene a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG).

**Funding Available:** Applicants in PRC regions may request up to \$831,800 for the grant period. Applicants in non-PRC regions may request up to \$871,800 for the grant period (an additional \$40,000 is available during the grant period to support training and technical assistance needs). See Attachment A for the counties that are served by each of the Prevention Resource Centers.

**Grant Period:** The grants will begin on or about February 14, 2011 and grant activities must be completed by June 30, 2014. Sub-recipients' activities and progress will be reviewed on an annual basis and funding will be continued based on documented program success and funding availability. Final reporting and expenditures of funds may be required prior to June 30, 2014.

**Funding Restrictions:** One application per coalition may be submitted.

Applicants must submit a support letter from their Local Governmental Unit (LGU) (See Attachment B).

OASAS reserves the right to award grants to ensure applicable geographic representation. Grant recipients who are unable to expend funds budgeted for the first six months may jeopardize funding for subsequent grant periods.

## V. Eligible Applicants

To be eligible for funding an applicant must be a not-for-profit community coalition\* in New York State whose principal mission is the goal of reducing substance abuse among youth. ***If the coalition does not have 501c 3 status or does not have an established fiscal agent with 501c 3 status, an OASAS-funded prevention provider must act as the fiscal agent for the community coalition. In addition, the applicant must have or obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) Number prior to receiving a contract.***

\*A community coalition may be defined by geographic boundaries, political boundaries, or demographic characteristics (e.g., urban neighborhoods, counties, towns, school districts, military bases or faith-based communities)

To be eligible for funding, applicants must demonstrate that past 30-day alcohol use rates for their ninth through twelfth grade population is equal to or above the New York State 2008 Youth Development Survey (YDS) prevalence rate. New York City applicant communities must be equal to or above the 2008 New York City YDS prevalence rate communities. (See #4 under Instructions for Completing the Proposal below.)

## **VI. Instructions for Completing the Proposal**

### **1. COVER PAGE**

The Cover Page must be completed, signed and placed on top of the Proposal.  
(See Attachment C)

**Section 1:** Indicate the Name of your coalition.

**Section 2:** County and catchment area of coalition. List all towns, regions, military bases, Native American reservations, school districts, etc. that will be recipients of the coalition's services.

**Section 3:** Name, title, mailing address, telephone number, e-mail address, and fax number of programmatic contact person.

**Section 4:** Amount of Funds Requested through this Proposal. List the annual amount(s) and total amount of funds requested.

**Section 5:** Name and address of organization designated to receive funds (fiduciary agent). Provide Federal Employer Identification Number (FEIN) and DUNS Number.

**Section 6:** Name, title, mailing address, telephone number, e-mail address, and fax number of fiscal contact person.

**Section 7:** The cover page needs to be signed by the person who is authorized by the Applicant's fiduciary agent to apply for the funds. This should be the same person who will sign the contract.

### **2. TABLE OF CONTENTS**

Provide a Table of Contents outlining the major sections of the Proposal and related pages as follows:

1. Cover Page
2. Table of Contents
3. Community Profile
4. Demonstration of High Need
5. Demonstration of High Capacity
6. Proposed Preliminary Steps of the SPF
7. Management and Staffing Plan, including Table of Organization
8. Financial Resources
9. Budget Form with Justification
10. Required Attachments

### **3. COMMUNITY PROFILE**

- The community profile must include a description of the specific geographic area to be served and engaged in the Strategic Prevention Framework process, including names of school district(s) and the community (city, town, village, neighborhood) to be served within the geographic boundaries. Include a specific description of the boundaries of the geographic area you plan to serve. If targeting an urban community or neighborhood, include the zip codes, census tracts or the streets that form the boundaries of the target area\*. Please include the name of the county/counties in which your community is located.  
\*Targeted area may be refined during the needs assessment stage.
- Relevant demographic information, to include, but not limited to total population size, the size of the targeted age group prioritized (ninth-twelfth grade students). Describe any gender, ethnic, racial or cultural factors affecting underage drinking in the community. Please identify any other community factors that play a significant role in your community.
- Special consideration will be given to communities that propose to serve active military, veterans and their families. Please identify any military bases that are within the geographic area you plan to serve. A letter of support from military partners should be provided.
- Description of any recent events or any other significant factors in your community that have had an impact (positive or negative) on underage drinking problems in the ninth through twelfth grade population.

### **4. DEMONSTRATION OF HIGH NEED**

One of the requirements of the SPF SIG is that the funding must be used to serve areas of high need. Applicants must demonstrate how their community exhibits high need for prevention services to address the priority of underage drinking in the ninth through twelfth grade population. Applicants are required to provide available epidemiologic information to describe the level of underage drinking among ninth through twelfth grader students in the community and related consequences. The review and rating process will give preference to communities of high need when awarding grants to sub-recipients

#### **Required Alcohol Use Population Prevalence Data**

To be eligible, applicants must demonstrate in the narrative that current underage drinking prevalence among students in grades 9-12 in the proposed community to be served by the coalition is equal to or higher than the state average.

Archival data, focus group and key informant interview results on youth and young adult alcohol use and consequences may also be included, but alcohol use prevalence data collected through a representative population survey is required.

To be eligible for funding, applicants must submit recent survey data (collected within the past three years) demonstrating that past 30 day alcohol use rates for their ninth through twelfth grade population is equal to or above the New York State 2008 Youth Development Survey (YDS) prevalence rate:

36 percent of New York State ninth through twelfth graders reported drinking alcohol in the past 30 days (2008 YDS).

New York City applicant communities must be equal to or above the 2008 New York City YDS prevalence rate:

30 percent of New York City ninth through twelfth graders reported drinking alcohol in the past 30 days (2008 YDS).

## **5. DEMONSTRATION OF HIGH CAPACITY**

Sub-recipients must be high capacity community coalitions and engage key stakeholders to plan and implement successful and sustainable evidence-based environmental strategies that will create population level change in the community.

Applicants must describe the community resources that are currently addressing the problem and evidence of community readiness to increase prevention efforts

### **a) Coalition Organizational Capacity**

- The coalition must demonstrate that it is operational and has collaborated to prevent substance abuse in the community for a period of at least one year prior to submitting this application. Include a brief history of the coalition (no more than a few sentences)
- Applicants must attach up to four (4) examples of the coalition's most recent meetings' agendas and meeting minutes. Examples must be from within the last two years. (See required attachments section below.)
- The proposal must include a coalition membership list complete with names, titles and sector representation. (See required attachments section below). The coalition should have member representation from its targeted community and include members\* from each of the following 12 sectors:
  - Youth (an individual 18 or under);
  - Parents/Youth Caregivers;
  - Business Community;
  - Media;
  - School;
  - Youth-serving Organization;
  - Law Enforcement Agencies;
  - Religious or Fraternal Organizations;

Civic and Volunteer Organizations;  
Healthcare Professionals;  
Local, or Tribal Governmental Agencies;  
Local prevention provider(s) in the community

\*A coalition *member* is defined as a representative of the community if he/she participates in regularly scheduled coalition meetings and is an active participant and contributor to the coalition's activities, events, and strategic planning. ***A sponsor or supporter is not the same as an active coalition member.*** For purposes of this application, an individual coalition member may not represent more than one of the above categories.

- Applicants must describe how the membership of the coalition/collaborative reflects the diversity of their community and how this is addressed in the planning and activities of the coalition.
- Evidence that the membership of the community coalition has attained the knowledge, skills and attitudes to enable it to provide for diverse populations, including an understanding of the any sub-populations' language, beliefs, norms and values as well as socioeconomic and political factors that may have a significant impact on the assessment of needs and subsequent implementation of prevention services to the targeted population.
- Please describe the services that the coalition is currently providing in the community.
- The applicant must demonstrate that the coalition and its members/leaders have prevention experience. The applicant must describe the coalition's experience:
  - in underage drinking prevention
  - in data-driven planning
  - in implementing evidence-based prevention practices, programs or policies, including environmental strategies e.g., policy, education, enforcement, communication and collaboration;
  - in implementing the SPF process
  - evaluating prevention efforts, including a description of outcomes achieved in the area of substance abuse prevention and how these findings have been used; and
  - in involving youth, young adults in the community planning.

**b) Community Resource Assessment and Gap Analysis**

The narrative must include the following details to demonstrate the current resources of the community to address underage drinking in ninth through twelfth grader students.

- A description of current community capacity: the prevention infrastructure, resources, current services and other strengths specific to the state priority of underage drinking prevention.
- Assessment of the community’s cultural dynamics and assessment of readiness to act.
- A description of how populations and cultures representative of their community are included in the community resource assessment process.
- A description of gaps in the community’s capacity and prevention infrastructure and challenges to building capacity for underage drinking prevention.

## **6. PROPOSED PRELIMINARY STEPS OF THE SPF**

The applicant must include a proposed plan for implementing the Strategic Prevention Framework in the target community. A successful funded application does not automatically guarantee approval of these proposed activities—coalitions will work closely with their assigned community development specialist to work through the SPF steps.

The key points to address are as follows:

### Step 1 Assessment

- Applicants must provide a description of their proposed process/plan for conducting a more comprehensive assessment if funded.

### Step 2 Capacity building

- Using the information described above in your community profile describe the coalition’s preliminary ideas about how it will build the capacity of its partners and the community to implement the SPF and prevent/reduce underage drinking among ninth through twelfth graders
- Using the description of gaps in the community’s capacity and prevention infrastructure and challenges to building capacity described above propose a plan to deal with those gaps and challenges if funded. **Cultural Competence.** Briefly describe how the coalition has addressed cultural competency in the past and describe some ideas to incorporate cultural competency throughout the 5 steps of the SPF once funded.

## **7. MANAGEMENT AND STAFFING PLAN**

An Organizational Chart of the coalition structure depicting how project staff will be organized and the percentage time Full Time Equivalent (FTE) for each person in the chart.

The organizational capacity of the fiscal agent organization must be included in this section. A brief description of the organization’s previous experience in managing grants, overseeing projects, community level programming and working with coalitions should be included.

Funded sub-recipients must hire a community Coalition Coordinator and Data Coordinator (See complete job descriptions in Attachment D) within the first two months of the effective date of the contract. New hires must have the approval of the State Project Director.

If an applicant coalition currently employs a Coordinator and Data Coordinator, a full description of their current duties and salaries must be included along with a description of how the duties of the SPF grant will be integrated into their current responsibilities.

## **8. FINANCIAL RESOURCES**

In this section the applicant must include a paragraph and/or chart that explains the coalition's current fiscal situation. It must include current funding levels and any in-kind resources the coalition currently receives. In addition, please include dates for when the current funding expires. Any anticipated revenues should be listed, such as matching funds, current grants, or in-kind contributions, with sources identified.

In addition you must provide a narrative that includes an explanation of how the SPF SIG funding will be used to expand or enhance current efforts. Funds cannot be used to duplicate or supplant existing funding that the coalition receives. The financial resources narrative must justify the proposed expenses and clearly describe any funding that will be braided with other funding (i.e. Drug Free Communities [DFC], Enforcing Underage Drinking Laws [EUDL] etc). However, the applicant will be required to track SPF-SIG funding separately. Please include a timeline of any funding that will be braided with the SPF SIG funding.

## **9. BUDGET FORM WITH JUSTIFICATION**

Applicants must complete a competitive, annual budget for each year of funding requested. The budget must be divided into major categories of cost: personnel, fringe benefits, travel, supplies, consultants, contracts, other costs, and in-direct costs. See Attachment E for sample budget form with justification. Costs must be reasonable and necessary for project completion.

### **Budget must include:**

- Travel expenses for three trips to Albany each year for two-day trainings. Expenses should include at least one overnight stay for at least two coalition members (one must be community coordinator) and transportation and per diems. Travel must be calculated in accordance with federal rates ([gsa.gov](http://gsa.gov))
- The indirect costs charged by the fiscal agent. If the organization has a federally approved indirect cost rate, a copy of the approval letter should be included as an attachment. If the organization does not have a federally approved rate and wishes to be reimbursed for indirect costs, they may negotiate a rate with the RFMH.
- Funding to administer the Youth Development Survey (YDS) (or other OASAS approved instrument) two times (Fall 2011 and Fall 2013) during the course of the grant funding.

- Sub-recipients are expected to seek and purchase (with grant funds) training from specialists in the environmental evidence based practices, policies and programs that are appropriate for their strategic plan.
- Sub-recipients may purchase a computer, printer, software, and Internet services that will assist them with data collection, evaluation and/or programming needs specific to the SPF SIG project.
- Sub-recipients may not exceed \$88,864 over the life of the grant for the grant cost of the data coordinator.
- Sub-recipients will be required to enter into a cost reimbursable agreement with the RFMH. The sub-recipient will be required to adhere to the rules and requirements that govern the Department of Health and Human Services grants (45 CFR Part 74 and 45 CFR Part 92).

## **10. REQUIRED ATTACHMENTS**

- Coalition meeting agendas and minutes
- Coalition membership list complete with names, titles and sector representation.
- Signed letter of support from Local Governmental Unit (LGU) (See Attachment F.)
- Additional letter(s) of support from Prevention providers and other partners
- Signed letter of agreement from the superintendent of the local school district(s) giving permission to administer the Youth Development Survey or other school survey approved by OASAS in the Fall semesters of 2011 and 2013.

## **VII. Review and Rating Criteria**

A panel appointed by OASAS will objectively review all proposals. The proposals will be rated at two levels. The reviewers will assign points on a scale, from 0 if the proposal has not met the criterion up to the maximum score if the proposal surpasses the criterion.

### **LEVEL 1 REVIEW**

Once received, proposals will be screened for completeness and compliance with instructions for submission. Proposals that fail to include all required components may be deemed incomplete and removed from further review considerations.

Review criteria include:

- Completeness of application.
- Compliance with submission requirements and procedures.
- Compliance with formatting requirements.
- Compliance with eligibility requirements listed on page 12 of this document.
- Inclusion of required attachments
  - Coalition meeting agendas and minutes.
  - Coalition membership list complete with names, titles and sector representation.
  - Additional letter(s) of support from Prevention providers and other partners.

- Signed letter of agreement from the superintendent of the local school district(s) giving permission to conduct school surveys as described above.
- Signed letter of support from LGU (See Appendix F.)

## **LEVEL 2 REVIEW**

Each proposal will be scored on their *ability* to implement the grant requirements described above according to the following criteria:

- |   |     |
|---|-----|
| • Responsive and adequate Community Profile   | 10% |
| • Applicant’s demonstration of High Need to address the priority                                      | 20% |
| • Applicant’s demonstration of High Capacity of the coalition   | 20% |
| • Responsive and adequate proposed preliminary steps to implement the Strategic Prevention Framework; | 10% |
| • Clear, detailed and adequate Management and Staffing plan   | 15% |
| • Clear and detailed explanation of Financial Resources   | 5%  |
| • Clear, detailed and reasonable Budget and Justification   | 10% |
| • Letter(s) of support from Prevention providers and/or military partners                             | 10% |

## **VIII. Administrative Requirements**

### **Formatting Requirements:**

- Font should be 12 pt. Times New Roman
- Line spacing-Single spaced
- All pages submitted should have 1 inch margins (top, bottom, left and right).
- Pages should be numbered consecutively from beginning to end

### **Submission Requirements:**

The original application and three copies, consisting of:

1. Cover Page
2. Table of Contents
3. Community Profile (2 pages max.)
4. Demonstration of High Need (2 pages max.)
5. Demonstration of High Capacity (5 pages max.)
6. Proposed Plan to Implement the SPF (2 pages max.)
7. Management and Staffing Plan, including Table of Organization (2 pages max.)
8. Financial Resources (1 page max.)
9. Budget Form with Justification
10. Required Attachments

**The entire application must be sent to the following address in an envelope marked “SPF SIG Sub-recipient Proposal”:**

NYS Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany, New York 12203-3526  
Attn: Sarah Dakin, Ph.D., SPF SIG Project Director

*All applications must be received by 5 p.m. on Wed. January 19, 2011*

**Bidders’ Conference:** A Bidders’ Conference will be held on **December 16, 2010** from 9-10:30 a.m. in conference room 2B at OASAS’ main offices, located at 1450 Western Avenue, Albany, New York 12203. Attendance is not mandatory. Bidders may participate by telephone, conference, or in person at that time, and advance information will be posted and linked to the RFP posting on the OASAS web site with specific instructions. Instructions will be directly e-mailed to all interested parties. To confirm your attendance, please contact Filomena Bassotti at 518-457-4384 or [filomenabassotti@oasas.state.ny.us](mailto:filomenabassotti@oasas.state.ny.us) **by 2 p.m. on Wednesday, December 15, 2010.**

**Questions regarding this RFP:** Any questions or requests for clarification about this RFP must be submitted in writing via e-mail or US Mail by 5 p.m. on **Wednesday, December 15, 2010** and must be directed to:

Sarah Dakin, Ph.D.  
NYS OASAS  
1450 Western Avenue  
Albany, New York 12203-3526  
[sarahdakin@oasas.state.ny.us](mailto:sarahdakin@oasas.state.ny.us)

All inquiries must be typed and include your name, organization, mailing address, phone number and email address. Please reference the **New York State Strategic Prevention Framework State Incentive Grant Prevention First-NY! Sub-Recipient Grant** in your mail. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by US mail or email. OASAS will not entertain inquiries via telephone or fax. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date and all questions asked at the Bidders’ Conference will be posted on [www.oasas.state.ny.us](http://www.oasas.state.ny.us) on or about Monday December 20, 2010.

**Application Deadline:** Proposals must be received by 5 p.m., Wednesday January 19, 2011. Proposals not received by 5 p.m. may be opened at the sole discretion of the Office of Alcoholism and Substance Abuse Services.

### **Reserved Rights**

OASAS through its fiscal agent, RFMH reserves the right to:

- Reject any or all proposals received in response to this RFP;

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the state;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- 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 a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation;

## **Attachment A - LISTING OF REGIONAL PREVENTION RESOURCE CENTERS**

### **Western PRC**

Director: Jen Zambito

Contact: (585)-815-1870, [jzambito@gcasa.org](mailto:jzambito@gcasa.org)

Host Provider: Genesee Council on Alcohol and Substance Abuse in Batavia

Counties Covered: Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, Allegany

### **Finger Lakes PRC**

Director: Barb Christensen

Contact: (585) 719-3480, [bchristensen@depaul.org](mailto:bchristensen@depaul.org)

Host Provider: DePaul Inc. in Rochester

Counties Covered: Monroe, Wayne, Ontario, Livingston, Yates, Seneca, Steuben, Schuyler, Tompkins, Chemung, Tioga, Broome

### **Central PRC**

Interim Director: Faith Mary Moore

Contact: (315) 471-1360, [fmmoore@PreventionNetworkCNY.org](mailto:fmmoore@PreventionNetworkCNY.org)

Host Provider: The Prevention Network in Syracuse

Counties Covered: St. Lawrence, Jefferson, Lewis, Herkimer, Oneida, Oswego, Onondaga, Cayuga, Cortland, Chenango, Madison, Otsego, Delaware

### **Mid Hudson PRC**

Director: Danielle Jordan

Contact: (845) 294-9000 [djordan@adacinfo.com](mailto:djordan@adacinfo.com)

Host Provider: ADAC of Orange County in Goshen

Counties Covered: Sullivan, Ulster, Dutchess, Putnam, Orange, Westchester and Rockland

### **NYC PRC**

Interim Director: Sandra Morales-Tavares.

Contact: 917-286-1565, [sandram@childrensaidsociety.org](mailto:sandram@childrensaidsociety.org)

Host Provider: Children's Aid Society in Manhattan

Counties Covered: Richmond, Kings, Bronx, New York and Queens

### **Suffolk County PRC**

Director: Pamela Mizzi

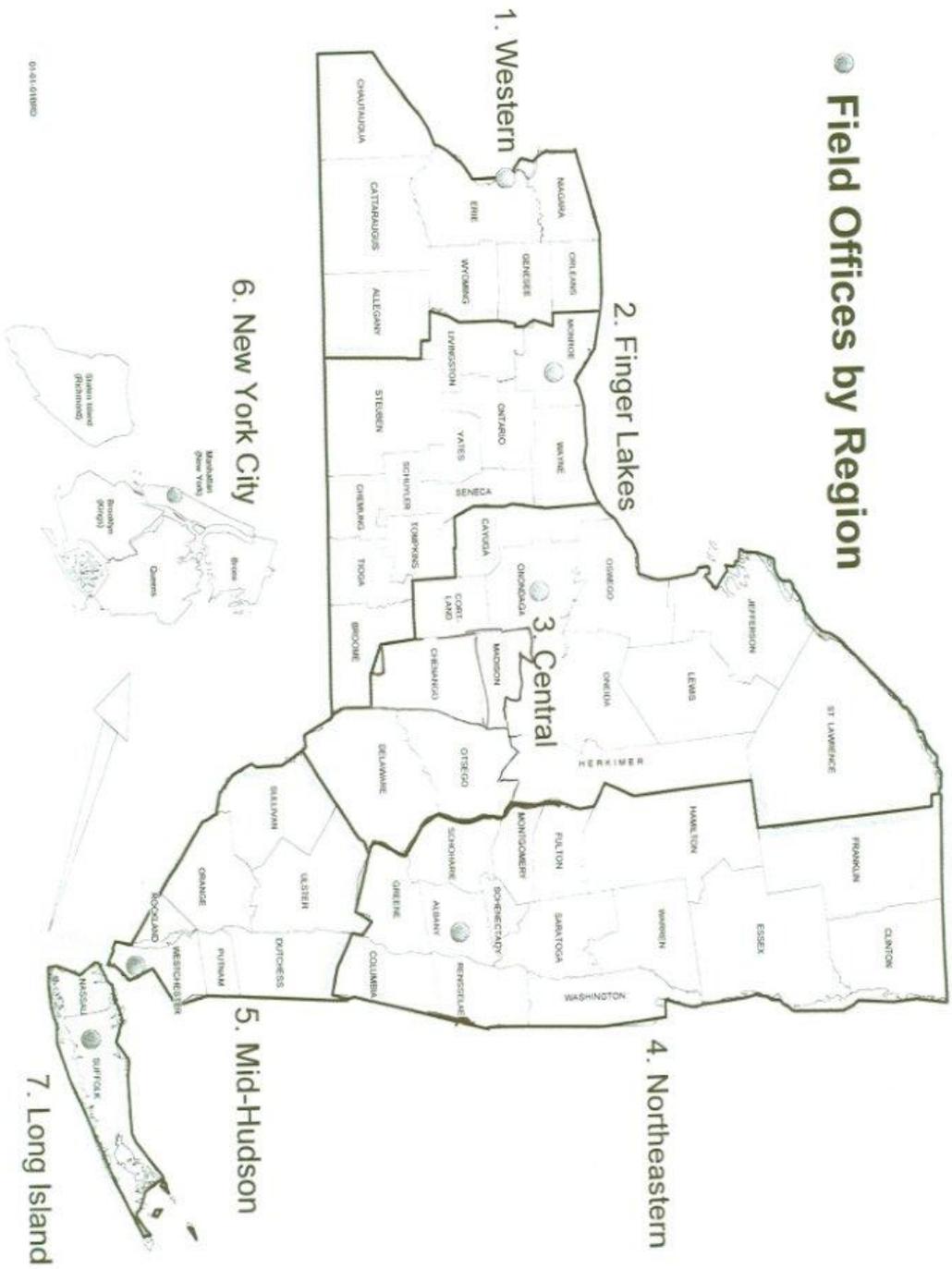
Contact: 631-608-5014, [pmizzi@south-oaks.org](mailto:pmizzi@south-oaks.org)

Host Provider: South Oaks Hospital

Counties Covered: Suffolk

# New York State Office of Alcoholism and Substance Abuse Services

## ● Field Offices by Region



01-01-01800

## **Attachment B - DIRECTORS OF COMMUNITY SERVICES (as of November 2010)**

### **Albany County:**

Robin Siegal, Ph.D.  
Albany County Department of Mental Health  
(518) 447-4537  
[Rsiegal@AlbanyCounty.com](mailto:Rsiegal@AlbanyCounty.com)

### **Allegany County:**

Robert W. Anderson, Ph.D.  
Allegany County Mental Health Department  
(585) 593-1991  
[robanders6@gmail.com](mailto:robanders6@gmail.com)

### **Broome County:**

Arthur R. Johnson, LCSW  
Broome County Mental Health Department  
(607) 778-2351  
[ajohnson@co.broome.ny.us](mailto:ajohnson@co.broome.ny.us)

### **Cayuga County:**

Katharine O'Connell  
Cayuga County Mental Health Department  
(315) 253-2746  
[koconnell@cayugacounty.us](mailto:koconnell@cayugacounty.us)

### **Chautauqua County:**

Patricia Brinkman, LMHC, MBA  
Chautauqua County Mental Health  
Department  
(716) 753-4104  
[brinkmap@co.chautauqua.ny.us](mailto:brinkmap@co.chautauqua.ny.us)

### **Chemung County:**

Brian Hart, LCSW-R  
Chemung County Mental Hygiene  
Department  
(607) 737-5501  
[bhart@co.chemung.ny.us](mailto:bhart@co.chemung.ny.us)

### **Chenango County:**

Ruth Roberts  
Chenango County Dept. of Mental Hygiene  
(607) 337-1604  
[RuthR@co.chenango.ny.us](mailto:RuthR@co.chenango.ny.us)

### **Clinton County:**

Sherrie Gillette, MA, CASAC  
Clinton County Mental Health Department  
(518) 565-4000  
[Gillettes@co.clinton.ny.us](mailto:Gillettes@co.clinton.ny.us)

### **Columbia County:**

Mr. Michael Cole, LCSW  
Columbia County Dept. of Human Services  
(518) 828-9446  
[Michael.Cole@govt.co.columbia.ny.us](mailto:Michael.Cole@govt.co.columbia.ny.us)

### **Cortland County:**

Paul LeBlanc, LCSW  
Cortland County Mental Health Department  
(607) 758-6100  
[pleblanc@cortland-co.org](mailto:pleblanc@cortland-co.org)

### **Delaware County:**

Patricia Thomson, LCSW-R  
Delaware County Mental Health Department  
(607) 865-6522  
[patricia.thomson@co.delaware.ny.us](mailto:patricia.thomson@co.delaware.ny.us)

### **Dutchess County:**

Kenneth M. Glatt, Ph.D., ABPP  
Dutchess County Department of Mental  
Hygiene  
(845) 486-2750  
[kmg@dcdmh.org](mailto:kmg@dcdmh.org)

### **Erie County:**

Philip R. Endress, ACSW, LCSW  
Erie County Department of Mental Health  
(716) 858-8531  
[Endressp@erie.gov](mailto:Endressp@erie.gov)

### **Essex County:**

Stephen Valley  
Essex County Mental Health Department  
(518) 873-3670  
[svalley@co.essex.ny.us](mailto:svalley@co.essex.ny.us)

**Franklin County:**

Suzanne Goolden  
Franklin County Department of Mental  
Hygiene  
(518) 891-2280  
[suzannegolden@citizenadvocates.net](mailto:suzannegolden@citizenadvocates.net)

**Fulton County:**

Ernest J. Gagnon, LMSW  
Fulton County Department of Mental Health  
(518) 773-3531  
[egagnon@co.fulton.ny.us](mailto:egagnon@co.fulton.ny.us)

**Genesee County:**

Ellery Reaves, MPA  
Genesee County Mental Health Department  
(585) 344-1421  
[ereaves@co.genesee.ny.us](mailto:ereaves@co.genesee.ny.us)

**Greene County:**

Margaret Graham, RN, MSN  
Greene County Mental Health Department  
(518) 622-9163  
[mgraham@discovergreene.com](mailto:mgraham@discovergreene.com)

**Hamilton County:**

Robert Kleppang, CSW  
Hamilton County Mental Health Department  
(518) 648-5355  
[rkleppang.hccs@frontiernet.net](mailto:rkleppang.hccs@frontiernet.net)

**Herkimer County:**

Edgar Scudder, LCSW  
Herkimer County Mental Health Department  
(315) 867-1465  
[Escudder@herkimercounty.org](mailto:Escudder@herkimercounty.org)

**Jefferson County:**

Roger Ambrose, LMSW  
Jefferson County Mental Health Department  
(315) 785-3283  
[RogerA@co.jefferson.ny.us](mailto:RogerA@co.jefferson.ny.us)

**Lewis County:**

Jennifer Earl  
Lewis County Mental Health Department  
(315) 376-5450  
[jearl@lewiscountyny.org](mailto:jearl@lewiscountyny.org)

**Livingston County:**

Gail Long  
Livingston County Mental Health  
Department  
(585) 243-7250  
[glong@co.livingston.ny.us](mailto:glong@co.livingston.ny.us)

**Madison County:**

James Yonai, Ph.D., CRC  
Madison County Mental Health Department  
(315) 366-2327  
[james.yonai@co.madison.ny.us](mailto:james.yonai@co.madison.ny.us)

**Monroe County:**

Kathleen Plum, Ph.D., RN, NPP  
Monroe County Office of Mental Health  
(585) 753-6047  
[kplum@monroecounty.gov](mailto:kplum@monroecounty.gov)

**Montgomery County:**

James Gumaer  
Montgomery County Community Services  
(518) 841-7367  
[MontyMH2@Gmail.com](mailto:MontyMH2@Gmail.com)

**Nassau County:**

Arlene Sanchez, MS, LMSW  
Nassau Co. Dept. of MH, CD and DD  
Services  
(516) 227-7083  
[arlene.sanchez@hhsnassaucountyny.us](mailto:arlene.sanchez@hhsnassaucountyny.us)

**New York City:**

Daliah Heller, PhD, MPH  
NYC Department of Health and Mental  
Hygiene  
(212) 219-5523  
[dheller1@health.nyc.gov](mailto:dheller1@health.nyc.gov)

**Niagara County:**

Antoinette Lech, MA, MBA  
Niagara County Mental Health Department  
(716) 439-7410  
[Antoinette.Lech@niagaracounty.com](mailto:Antoinette.Lech@niagaracounty.com)

**Oneida County:**

Linda Nelson  
Oneida County Department of Mental Health  
(315) 798-5676  
[lnelson@ocgov.net](mailto:lnelson@ocgov.net)

**Onondaga County:**

Robert Long, MPA  
Onondaga County Department of Mental Health  
(315) 435-3355  
[boolong@ongov.net](mailto:boolong@ongov.net)

**Ontario County:**

William M. Swingly, CSW  
Ontario County Mental Health Department  
(585) 396-4363  
[william.swingly@co.ontario.ny.us](mailto:william.swingly@co.ontario.ny.us)

**Orange County:**

Chris Ashman, MS  
Orange County Department of Mental Health  
(845) 291-2603  
[cashman@co.orange.ny.us](mailto:cashman@co.orange.ny.us)

**Orleans County:**

James F. Graziano, LCSW, ACSW  
Orleans Mental Health Services  
(585) 589-3292  
[jgraziano@orleansny.com](mailto:jgraziano@orleansny.com)

**Oswego County:**

Nicole D. Kolmsee, MS  
Oswego County Mental Health Department  
(315) 963-5361  
[nkolmsee@oswegocounty.com](mailto:nkolmsee@oswegocounty.com)

**Otsego County:**

Susan Dalesandro, LCSW, CASAC  
Otsego County Mental Hygiene Department  
(607) 433-2343  
[dalesandros@otsegocounty.com](mailto:dalesandros@otsegocounty.com)

**Putnam County:**

Michael J. Piazza, Jr., MA  
Putnam County Mental Health Department  
(845) 225-7040  
[Michael.PiazzaJr@dfa.state.ny.us](mailto:Michael.PiazzaJr@dfa.state.ny.us)

**Rensselaer County:**

Katherine M. Maciol, LCSW  
Rensselaer County Department of Mental Health  
(518) 270-2807  
[kmaciol@rensco.com](mailto:kmaciol@rensco.com)

**Rockland County:**

Mary Ann Walsh-Tozer, LCSW  
Rockland County Department of Mental Health  
(845) 364-2378  
[TozerM@co.rockland.ny.us](mailto:TozerM@co.rockland.ny.us)

**St. Lawrence County:**

Ruth Ayen, RN, MHSA  
St. Lawrence County Mental Health Clinic  
(315) 386-2048  
[rayen@co.st-lawrence.ny.us](mailto:rayen@co.st-lawrence.ny.us)

**Saratoga County:**

Dale R. Angstadt, ACSW  
Saratoga County Mental Health Department  
(518) 584-9030  
[dangstadt@saratogacountyny.gov](mailto:dangstadt@saratogacountyny.gov)

**Schenectady County:**

Darin Samaha  
Schenectady County Mental Health Department  
(518) 386-2218  
[darin.samaha@schenectadycounty.com](mailto:darin.samaha@schenectadycounty.com)

**Schoharie County:**

Joseph M. Patterson, MS  
Schoharie County Mental Health Clinic  
(518) 295-8407  
[pattersonj@co.schoharie.ny.us](mailto:pattersonj@co.schoharie.ny.us)

**Schuyler County:**

George A. Roets, RN, MS  
Schuyler County Mental Health Department  
(607) 535-8288  
[groets@co.schuyler.ny.us](mailto:groets@co.schuyler.ny.us)

**Seneca County:**

Scott LaVigne, LCSW-R, MBA  
Seneca County Mental Health Department  
(315) 539-1980  
[slavigne@co.seneca.ny.us](mailto:slavigne@co.seneca.ny.us)

**Steuben County:**

Robert W. Anderson, Ph.D.  
Steuben County Community Mental Health  
(607) 776-6577  
[robanders6@gmail.com](mailto:robanders6@gmail.com)

**Suffolk County:**

Art Flescher  
Suffolk County Department of Health  
Services  
(631) 853-8547  
[art.flescher@suffolkcountyny.gov](mailto:art.flescher@suffolkcountyny.gov)

**Sullivan County:**

Joseph A. Todora, MSW, LMSW  
Sullivan County Dept. of Community  
Services  
(845) 292-8770  
[joseph.todora@scgnet.us](mailto:joseph.todora@scgnet.us)

**Tioga County:**

Susan Romanczuk-Smelcer, Ph.D., LCSW-R  
Tioga County Mental Health Department  
(607) 687-0200  
[romanczuks@co.tioga.ny.us](mailto:romanczuks@co.tioga.ny.us)

**Tompkins County:**

Robert J. DeLuca, CSW  
Tompkins County Mental Health Department  
(607) 274-6300  
[rdeluca@tompkins-co.org](mailto:rdeluca@tompkins-co.org)

**Ulster County:**

Edward Brown  
Ulster County Mental Health Department  
(845) 340-4000  
[ebro@co.ulster.ny.us](mailto:ebro@co.ulster.ny.us)

**Warren/Washington Counties:**

Robert York, LCSW-R  
Warren/Washington Co. Mental Health Dept.  
(518) 792-7143  
[yorkr@co.warren.ny.us](mailto:yorkr@co.warren.ny.us)

**Wayne County:**

James M. Haitz, LCSW-R  
Wayne Behavioral Health Network  
(315) 946-5722  
[jhaitz@co.wayne.ny.us](mailto:jhaitz@co.wayne.ny.us)

**Westchester County:**

Grant Mitchell, M.D.  
Westchester County Mental Health  
Department  
(914) 995-5236  
[gem2@westchestergov.com](mailto:gem2@westchestergov.com)

**Wyoming County:**

Stephen Snell, LCSW  
Wyoming County Mental Health Department  
(585) 786-8871  
[ssnell@wyomingco.net](mailto:ssnell@wyomingco.net)

**Yates County:**

George A. Roets, RN, MS  
Yates County Mental Health Department  
(315) 536-5115  
[groets@co.schuyler.ny.us](mailto:groets@co.schuyler.ny.us)

**Attachment C - COVER PAGE**

- 1) Coalition Name:**
- 2) Outline of Geographic Area served by the Coalition including county:**
- 3) Name and Title of Programmatic/Coalition Contact Person:**
  - a) Mailing Address:**
  - b) Phone Number:**
  - c) Fax Number:**
  - d) Email Address:**
- 4) Amount of Funds Requested through this Proposal:**
- 5) Name and address of organization designated to receive funds (fiduciary agent).  
Provide Federal Employer Identification Number (FEIN) and DUNS Number.**
- 6) Name and Title of Fiscal Contact Person.**
  - a) Mailing Address:**
  - b) Phone Number:**
  - c) Fax Number:**
  - d) Email Address:**
- 7) Print name of authorizing agent \_\_\_\_\_**  
**Signature of authorizing agent \_\_\_\_\_ Date \_\_\_\_\_**

## **Attachment D - REQUIRED POSITION DESCRIPTIONS**

### **COMMUNITY COALITION COORDINATOR**

**Job Description:** The community Coalition Coordinator will be responsible for the general day to day activities and organization of the coalition and its work. They will be responsible for assessment, planning, implementing, and evaluating activities associated with the coalition including: capacity building and general oversight for coalition activities and associated projects. The coordinator will work to develop and implement strategies that will lead to long-term involvement of community institutions, organizations, and individuals in underage drinking prevention, assessment, and evaluation activities. The community Coalition Coordinator will also be responsible for ensuring that the necessary state and federal reporting requirements, including interim reports and a final report are completed and submitted.

#### **Responsibilities:**

- Work as team member with lead agency, OASAS staff, PRC Community Development Specialist and Data Coordinator to meet program goals
- Continually broaden expertise in the area of underage drinking and serve as resource person
- Conduct literature/resource reviews to identify possible evidence based programs
- Recruit and maintain a diverse coalition membership with state and national partners
- Serve as Coordinator for coalition by coordinating activities such as:
  - Direct needs assessment activities
  - Working with data coordinator and state evaluator to develop instruments and protocols for testing effectiveness of coalition strategies
  - Collect, manage, and analyze community indicators data
  - Direct coalition in developing capacity building and planning
  - Collaborate with other local, states and national organizations focusing on substance abuse prevention
- Assist coalition members in conducting annual strategic planning and guide coalition to develop a comprehensive action plan based on needs-assessment and strategic planning
- Work with data coordinator and state evaluator to develop and implement data collection methods, tools, and evaluation measures for coalition activities and associated projects in conjunction with coalition members
- Coordinate and facilitate coalition meetings and communicate effectively with members to promote collaboration, negotiation, and problem solving
- Plan and coordinate educational and training activities.

- Collaborate and work closely with OASAS, Local Governmental Units, heads of health plans, hospitals, physicians' health organizations, related businesses, academic institutions and community-based organizations to promote coalition's mission and goals
- Direct and assist coalition to develop legislative action that promotes the coalition mission by: developing position statements; reviewing and recommending endorsements of policies, and advocating for policies/legislation at state/federal levels.
- Serve as a consultant to develop community partnerships. Work with local groups on:
  - Coalition development and maintenance
  - Substance Abuse prevention and needs assessments
  - Health outcomes evaluation
- Continuously evaluate coalition effectiveness and coalition strategic plan
- Document findings and progress of programs and activities in written reports to OASAS SPF coordinator and local PRC, other funding agencies, and coalition members
- Manage and oversee expenditures of coalition budget (or contract). Seek and write grant proposals to obtain additional funding
- Report and present coalition progress and program findings through publications and presentations at national meetings/conferences
- Direct the work and activities of coalition administrative support staff. Supervise, mentor, and direct the work activities of students and assigned temporary staff
- Participate in interviews with statewide evaluator
- The community coordinator is required to be in communication with the state level evaluator and the SPF-SIG statewide coordinator.
- The community coordinator is expected to attend all mandated trainings as requested by the state and federal project staff.

### **Qualifications for Community Coordinator**

Masters' degree or relevant experience in public health or related field such as health education, administration, policy/planning, or in community/organizational psychology; or bachelor's degree and five years of appropriate experience in managing or coordinating a community-based public health or voluntary health-related agency could be substituted for advanced degree.

- At least two years of experience with health education programs in community setting
- Proven ability to work independently and excellent organizational skills
- Public relations or marketing skills and excellent interpersonal and communication skill
- Knowledge of the Strategic Prevention Framework and the OASAS Prevention Framework
- Familiarity and comfort with reporting outcomes in web-based system

## DATA COORDINATOR

**Job Description:** The Data Coordinator will be an individual working part-time, and within a workable schedule, to accomplish the required tasks. While a full time role is not discouraged, grant funding cannot exceed \$88,864 over the life of the grant (February 14, 2011 – June 30, 2014). However, in-kind support or braided funding is allowable. Data coordinators will be trained by the State Evaluation Contractor, PIRE (Pacific Institute for Research and Evaluation) to collect SPF SIG-specific data at community level and will receive technical assistance on an as-needed basis throughout the life of the project from PIRE. Data coordinators will be supervised by the community Coalition Coordinator and will work directly with the state evaluator. In addition they will be required to work closely with the state SPF SIG coordinator.

### Responsibilities:

- Data coordinators will assist the communities with needs assessment and collection of process/outcome data.
- Data coordinators will provide needs assessment and process/outcome data to PIRE for State-level synthesis and analyses.
- Data coordinators will be trained and become proficient in the new OASAS PARIS Coalition Module and in required instruments of the Federal (CSAP) Cross-Site evaluation reporting system, specifically the Community Level and Participant Level Instruments.
- Data coordinators will respond as required to applicable items or facilitate insure and monitor responses by designated stakeholders within the communities.
- *Provision of data for federal and state level evaluations takes priority over any other roles.* However, communities may have the option of utilizing Data Coordinators (as time allows) to participate in locally driven tasks involving data collection and/or analysis that supports the community's unique capacity building efforts.

### Qualifications for Data Coordinator

Data coordinators will be competent in basic qualitative and quantitative data collection methods to support their coalitions. Prior experience in these areas is highly recommended.

## Attachment E - SAMPLE BUDGET AND JUSTIFICATION

The budget justification is required for Year 1. Any variances for subsequent years must be explained in the justification. The table at the bottom of this document will reflect the full requested budget.

**A. Personnel:** an employee of the applying agency whose work is tied to the application

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Community Coordinator	John Doe	\$46,276	100%	\$46,276
Data Coordinator	To be selected	\$64,890	10%	\$ 6,489
			TOTAL	\$52,765

**JUSTIFICATION: Describe the role and responsibilities of each position.**

The Project Director will provide daily oversight of the grant and will be considered a key staff. The coordinator will coordinate project services and project activities, including training, communication and information dissemination. Key staff positions require prior approval of resume and job description.

**B. Fringe Benefits:** List all components of fringe benefits rate

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

**JUSTIFICATION: Fringe reflects current rate for agency.**

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

Purpose of Travel	Location	Item	Rate	Cost
Required Meeting	Albany, NY	Train	\$200 x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles@.38/mile	\$1,140
			TOTAL	\$2,444

**JUSTIFICATION: Describe the purpose of travel and how costs were determined.**

Cost for two staff to attend up to four required meetings in Albany, NY for the first year of funding, three required meetings in Albany during the second year of funding and one required meeting in Albany during the third year of funding. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's policies and procedures privately owned vehicle (POV) reimbursement rate.

**D. Supplies:** materials costing less than \$5,000 per unit and often having one-time use

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer*	\$900	\$900
Printer*	\$300	\$300

Item(s)	Rate	Cost
Projector*	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.**

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

\*Provide adequate justification for purchases.

**E. Consultants:** A consultant is an individual retained to provide professional advice or services for a fee but usually not as an employee of the organization. The grantee must have policies and procedures governing their use of consultants that are consistently applied among all organization's agreements. All consultant contracts must receive prior approval by the state SPF SIG project director.

**Consultants:**

Name	Service	Rate	Other	Cost
Joan Doe	Training staff	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
			TOTAL	\$2,387

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

This person will advise staff on ways to increase the number clients and client services. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and other local and government experts. Mileage rate is based on grantee's POV reimbursement rate.

**F. Contracts:**

Entity	Product/Service	Cost
To Be Announced	Marketing Coordinator \$25/hour x 115 hours	\$2,300
ABC, Inc.	Evaluation \$65/hr x 70 days	\$4,500
	TOTAL	\$6,800

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

The Marketing Coordinator will develop a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Information disseminated by written or oral communication, electronic resources, etc. A local evaluator will be contracted to produce the outcomes and report input of GPRA data.

**G. Other:** expenses not covered in any of the previous budget categories

Item	Rate	Cost
Telephone	\$100/mo. x 12 mo.	\$1,200
Surveys	2,657 students x \$2.50/survey x 2	\$13,284
Brochures	.89/brochure x 1500 brochures	\$1335
	TOTAL	\$15,819

**JUSTIFICATION: Break down costs into cost/unit, i.e. cost/square foot. Explain the use of each item requested.**

Office space is included in the indirect cost rate agreement; however other rental costs are necessary for the project as well as telephone service to operate the project. The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

**Indirect cost rate:** Please include a copy of your negotiated indirect cost rate agreement, if applicable. If your organization does not have a negotiated agreement, please include the components of the rate that you would like to negotiate with the RFMH.

Item	Salary	Fringe	Percentage	Total
John Doe	\$52,765	\$10,896	8%	5,093

JUSTIFICATION:

**BUDGET SUMMARY:**

Category	Feb 14,2011- Feb 13,2012	Feb 14, 2012- Jan 13, 2014	Feb14,2013- June 30,2014	Total Request
Personnel	\$52,765	\$52,765	\$52,765	\$158,295
Fringe	\$10,896	\$10,896	\$10,896	\$32,688
Travel	\$2,444	\$2,444	\$2,444	\$7,332
Supplies	\$3,796	\$3,796	\$3,796	\$11,388
Consultants	\$2,387	\$2,387	\$2,387	\$7,161
Contracts	\$6,800	\$6,800	\$6,800	\$20,400
Other	\$15,819	\$15,819	\$15,819	\$47,457
Total Direct Costs	\$94,907	\$94,907	\$94,907	\$284,721
Indirect Costs	\$5,093	\$5,093	\$5,093	\$15,279
Total Project Costs	\$100,000	\$100,000	\$100,000	\$300,000

# Attachment F - LGU SUPPORT LETTER

## Supporting LGU Partnership Agreement

Legal Name of Applicant:	
County where Local Governmental Unit is located:	
As a duly authorized official of the above named Local Governmental Unit, I attest to the following  <input type="checkbox"/> I fully support the proposal submitted by the Applicant.  Please provide a detailed narrative of how you will partner with the funded applicant, the community coalition identified in the application and the other agencies in the service region to help coordinate services and resources offered by the community coalition.	
Name of Authorized LGU Official:	
Title of Authorized LGU Official:	
Signature of Authorized LGU Official:	Date:

## Attachment G - RESOURCES FOR APPLICANTS

To obtain further information about the Strategic Prevention Framework, data driven planning, effective policies, programs, and practices, and other useful information, applicants are strongly encouraged to use the resources listed below:

**SAMHSA Center for Substance Abuse Prevention (CSAP)** <http://prevention.samhsa.gov/>

### Evidence-based Programs and Practices

- **Center for Substance Abuse Prevention *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program***. HHS Pub. No. (SMA) 09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009. [www.samhsa.gov/shin](http://www.samhsa.gov/shin) or SAMHSA's Health Information Network at 1-877-SAMSHA-7 (1-877-726-4727)
- **SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)** <http://nrepp.samhsa.gov>
- **Preventive Interventions Addressing Underage Drinking: State of the Evidence and Steps Toward Public Health Impact**, Richard Spoth, PhD Mark Greenberg, PhD, Robert Turrisi, PhD [http://pediatrics.aappublications.org/cgi/content/full/121/Supplement\\_4/S311](http://pediatrics.aappublications.org/cgi/content/full/121/Supplement_4/S311)

### Environmental Strategies

- **CSAP's Prevention Pathways Online Courses *Environmental Strategies for Prevention A Guide to Helping Prevention Professionals Work Effectively in the Community*** [http://pathwayscourses.samhsa.gov/ev/ev\\_toc.htm](http://pathwayscourses.samhsa.gov/ev/ev_toc.htm)
- **Maya Tech Environmental Strategies: Selection Guide, Reference List, and Examples of Implementation Guidelines** [http://www.ncspfsig.org/Project\\_Docs/Environmental%20Strategies%20Binder.pdf](http://www.ncspfsig.org/Project_Docs/Environmental%20Strategies%20Binder.pdf)
- **Preventing Underage Drinking - Using Getting To Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results By:** Pamela Imm, Matthew Chinman, Abraham Wandersman, David Rosenbloom, Sarah Guckenbug, Roberta Leis [http://www.rand.org/pubs/technical\\_reports/TR403/](http://www.rand.org/pubs/technical_reports/TR403/)

### Strategic Prevention Framework Guidance

- **Community Anti-Drug Coalitions of America (CADCA)**

**CADCA Primers** - This series of CADCA primers consists of seven publications, each covering one element of the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework. Each of the primers provides a basic understanding of the element and provides examples of how to implement the themes into your coalition work. <http://www.cadca.org/resources/series/Primers>

## Needs Assessment and Planning

- **CSAP Prevention Pathways** <http://pathwayscourses.samhsa.gov>

## Cultural Competency

- [The National Center for Cultural Competence](#) increase the capacity of health and mental health programs to design implement, and evaluate culturally and linguistically competent service delivery systems [Spanish language portal](#)

## New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS)

- **Prevention Home Page** <http://www.oasas.state.ny.us/prevention/index.cfm>
- **Underage Drinking Webpage** <http://www.oasas.state.ny.us/ud/index.cfm>
- **Internet Resources/Links** <http://www.oasas.state.ny.us/ud/Links.cfm>
- **NYS OASAS Prevention Resources** <http://www.oasas.state.ny.us/prevention/resources.cfm>
- **New York State OASAS Prevention Strategic Plan**  
<http://www.oasas.state.ny.us/prevention/documents/PrevStrategicPlan.pdf>
- **New York State Youth Development Survey 2008 Report**  
<http://www.oasas.state.ny.us/prevention/needs/documents/NYSYDS2008ReportwithExecSummary09-04-09.pdf>
- **NYS Agency Web Sites and Publications** [www.nysl.nysed.gov/ils/nyserver.html](http://www.nysl.nysed.gov/ils/nyserver.html)
- **New York State Archival Data Resources**
  - Kids' Well-Being Indicators Clearinghouse [www.nyskwic.org](http://www.nyskwic.org)
  - NYS School Report Card <https://www.nystart.gov/publicweb/Splash.do>
  - NYS Department of Health Statistics <http://www.health.state.ny.us/statistics/>
  - NYS Liquor Authority [www.abc.state.ny.us/](http://www.abc.state.ny.us/)
  - NYS Touchstones/KIDS COUNT 2006 Data Book  
<http://www.ccf.state.ny.us/NavPages/touchkc.htm>
  - NYS Dept of Criminal Justice  
<http://www.criminaljustice.state.ny.us/crimnet/ojsa/stats.htm>
  - Drug and Alcohol Warning Network (DAWN)) <http://dawninfo.samhsa.gov/>