Request for Applications

To Create and Enhance a Statewide Youth and Young Adult Alumni Network

Research Foundation for Mental Hygiene, Inc.
150 Broadway
Menands, New York 12204

In Partnership with:
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH

http://www.oasas.ny.gov
http://www.rfmh.org
I. INTRODUCTION

A. OVERVIEW AND GOAL

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). This federal grant opportunity aims to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. Through SOR, OASAS is issuing this request for applications (RFA) to support the development and/or enhancement of peer-driven alumni groups for youth and young adults, 16 to 25 years of age, who have been impacted by the Opioid Crisis. Here, “alumni group” specifically refers to an organization comprised of individuals who have completed treatment for a substance use disorder/alumni of substance use treatment programs.

The intent of this funding is to support in-person and/or virtual networking among youth and young adults in recovery, as well as activities that promote recovery from a substance use disorder. Successful applicants will be expected to participate in the New York State Alumni Network to collaborate with Youth Voices Matter, a statewide network of youth and young adults in recovery, and to submit a monthly report and other reporting requirements as needed. Young people are required to be involved in the development and implementation of this project from application to completion.

A successful proposal will be peer-driven and include a plan for developing a sustainable alumni network, as well as offering peer supports and social activities.

B. AVAILABLE FUNDING:

OASAS through its fiscal agent, RFMH, will issue up to 10 awards with a maximum amount $10,000 each. The total amount of funding for this project is not to exceed $100,000. Funding for this project is made possible by the Year 1 State Opioid Response Grant through SAMHSA which ends on September 29, 2019 and is subject to a second year of funding based on federal appropriations.

C. ELIGIBLE APPLICANTS:

Eligible applicants include the following providers: Part 817 Residential Rehabilitation for Youth (RRSY), Part 820 Residential Services, and Part 819 Chemical Dependency Residential Services who have a Program Reporting Unit that has 50% or more of their population between the ages of 16 to 25 years of age, during calendar year 2017 and are in Good Standing. The list of eligible applicants can be found in Attachment B. Providers with more than one eligible program are limited to submitting one application for one of their eligible PRUs.
D. REPORTING REQUIREMENTS:
Applicants must comply with the SAMHSA reporting requirements for meetings and activities and work with OASAS on reporting other data.

II. APPLICATION PROPOSAL
The Project Narrative (not to exceed five pages, excluding the budget narrative) must include the following components:

A. STATEMENT OF NEED (10 points)
   a. Describe your organization’s need for an alumni network for individuals who have completed treatment.
   b. Describe your organization’s current recovery supports for individuals who have completed treatment.
   c. How many youth and young adults have completed services in your program? Of this number, approximately how many were within the age range of 16 to 25?
   d. Where are the home communities of the youth and young adults who have completed services in your program?
   e. How does your organization currently communicate and/or network with the youth and young adults who have completed services to support their recovery?

B. ORGANIZATIONAL EXPERIENCE (25 points)
   a. Please describe your organization’s experience addressing the unique needs of youth and young adults, including youth and young adults with Opioid Use Disorder.
   b. Describe how a peer-driven alumni network would support each of the following efforts:
      i. Opportunities to promote health and wellness and other pro-social activities;
      ii. Use of social media and other networking activities;
      iii. The way in which peer supports and other recovery support activities will occur, include frequency and duration.

C. IMPLEMENTATION AND SUSTAINABILITY (30 points)
   a. Please describe how you would implement the required activities beginning March /April 2019.
   b. Provide a brief timeline for creating and implementing a plan to enhance or develop an alumni network for your youth and young adult program.
   c. Provide target numbers of alumni to be served through your proposed social activities.
   d. Briefly describe your plan for sustainability.
   e. Briefly describe your plan for using social media.
D. YOUTH AND YOUNG ADULT INVOLVEMENT (15 points)
   a. Describe youth and young adult involvement in the application process.
   b. Describe the plan to include youth and young adults in the project planning process.
   c. Describe the plan to include youth and young adults in project implementation.

E. BUDGET NARRATIVE (20 points)
   a. Complete and include Initiative Funding Request (IFR) Form, which can be found in Attachment A, in your submission.
   b. Provide a budget narrative to justify how you propose to use the funding. The budget narrative is to be a Word document that explains by line item how the funds will be used.
   c. Note: SAMHSA Requirements on Indirect Cost Rate: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the MTDC which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

Please note that this funding opportunity will need to be expended by September 29, 2019 and may be renewable based on federal appropriations.

III. PROPOSAL AND SUBMISSIONS

A. EXPECTED TIMETABLE FOR KEY EVENTS:
   - Release Date: February 7, 2019
   - Bidders Questions Due: February 14, 2019
   - Responses to Bidders Questions: February 21, 2019
   - Applications Due: March 7, 2019
   - Anticipated Award: March 22, 2019

B. BIDDERS’ INQUIRIES:

Bidders questions are to be sent via email to: SOR@oasas.ny.gov. All inquiries must include your name, organization, phone number, and email address. Reference the State Opioid Response – Alumni Network in your message.

To the degree possible, each inquiry should cite the RFA section to which it refers; OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFA and any contract. Inquiries will not be responded to on an
individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about February 21, 2019.

C. FORMAT OF PROPOSAL INSTRUCTIONS:

Only one application from an applicant organization will be accepted. The proposal should be typed and double-spaced on both sides of 8 ½ x 11 paper utilizing Times New Roman, 12 pt. font. Pages should be numbered. Each side of a page will count as one page, and the proposal narrative (section II, A - D) is not to exceed 5 pages. The budget and budget narrative along with any attachments do not count toward the page limit.

D. INSTRUCTIONS FOR SUBMISSIONS:

Proposals must be received by 5:00 p.m. EST on Thursday, March 7, 2019. Proposals not received by 5:00 p.m. EST may be opened at the sole discretion of RFMH and OASAS. ONE ORIGINAL and FOUR COPIES of the complete application in a sealed envelope(s) must be mailed, via delivery service or hand delivered by the organization or the organization’s representative to the address below. Each sealed envelope must also be addressed to:

Paula Tambasco  
New York State Office of Alcoholism and Substance Abuse Services  
4th Floor  
1450 Western Avenue  
Albany, NY 12203  
ATTN – State Opioid Response: Alumni Network

IV. ADMINISTRATIVE INFORMATION

A. CANCELLATION OF AWARDS:

The Research Foundation for Mental Hygiene and The New York State Office of Alcoholism and Substance Abuse Services reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

B. RESERVED RIGHTS:

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

- Reject any or all proposals received in response to this RFA;
- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFA at any time, at the agency’s sole discretion;
- Make an award under this RFA in whole or in part;
• Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interests of the State;
• Make multiple awards within a geographic area;
• Negotiate with the successful bidder within the scope of the RFA in the best interests of NYS;
• Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFA;
• Seek clarifications and revisions of applications;
• Use application information obtained through site visits, management interviews and the State’s investigation of an applicant’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 as it becomes available;
• Prior to the bid opening, amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
• Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFA amendments;
• Change any of the scheduled dates;
• Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
• Waive any requirement that is not material;
• Negotiate with the successful bidder the scope of the RFA 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;
• Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
• Utilize any and all ideas submitted in the applications received; and
• Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's application and/or to determine a bidder’s compliance with the requirements of the solicitation.
C. COMPLIANCE REQUIREMENTS:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.
Attachment A:
Instructions for Completing the Initiative Funding Request Form (IFR)
(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, if Applicable** – 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 – Not Applicable**

**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. **Grant Funding Requested** – Enter the amount of Grant 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.
## OASAS 2018 REQUEST FOR PROPOSALS – (Alumni Network RFP)
### INITIATIVE FUNDING REQUEST (IFR) FORM

1. Printed Legal Name of Applicant Entity: 
2. Printed Name of Local Governmental Unit, if Applicable: 
3. Applicant’s OASAS Provider Number: 
4. Applicant’s Street Address/P.O. Box: 
5. Applicant’s City/Town/Village: 
6. Postal Zip Code: 
7. Date Prepared: 
8. Printed Name of Applicant Contact Person: 
9. Printed Title of Contact: 
10. Contact Telephone #: 

### PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative expected to be operational: 

<table>
<thead>
<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
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<tbody>
<tr>
<td>2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest $100.</td>
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<tr>
<td>Personal Services</td>
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<td>Fringe Benefits</td>
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<td>Non-Personal Services</td>
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<td>Equipment</td>
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<td>Agency Administration</td>
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<td>TOTAL GROSS EXPENSE BUDGET</td>
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<td>3. Revenue Budget (see instructions for details): Round Amounts to the nearest $100.</td>
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<td>Patient Fees</td>
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<td>SSI and SSA</td>
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<td>Public Assistance (Safety Net &amp; TANF)</td>
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<td>Medicaid</td>
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<td>Medicare</td>
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<td>Third Party Insurance/Private Pay</td>
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<td>Food Stamps</td>
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<td>Closely Allied Entity Contributions</td>
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<tr>
<td>Donations</td>
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<td>Other: Specify</td>
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<tr>
<td>Specify:</td>
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<tr>
<td>TOTAL REVENUE BUDGET</td>
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4. NET OPERATING COST

5. OASAS State Aid Funding Requested

6. Full-Time Equivalent (FTE) Staff Requested:

<table>
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<tr>
<th>Applicant Official:</th>
<th>Printed Name:</th>
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</thead>
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New York State Office of Alcoholism and Substance Abuse Services, IFR (08-17-18)
## Eligible Providers

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>PRU Number</th>
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<tbody>
<tr>
<td>Camelot of Staten Island</td>
<td>52734</td>
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<tr>
<td>Create, Inc.</td>
<td>53116</td>
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<tr>
<td>Credo Community Center RRSY</td>
<td>1347</td>
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<tr>
<td>Dynamic Youth Community, Inc</td>
<td>813</td>
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<tr>
<td>Dynamic Youth Community, Inc</td>
<td>52160</td>
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<tr>
<td>Hope House, Inc.</td>
<td>5001</td>
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<tr>
<td>Horizon Village</td>
<td>52953</td>
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<tr>
<td>Life Program</td>
<td>4856</td>
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<tr>
<td>Never Alone, Inc.</td>
<td>51240</td>
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<tr>
<td>Odyssey House</td>
<td>957</td>
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<tr>
<td>Odyssey House</td>
<td>52056</td>
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<tr>
<td>Outreach Development Corp.</td>
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<tr>
<td>Outreach Development Corp.</td>
<td>53003</td>
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<tr>
<td>Phoenix House of Long Island</td>
<td>6298</td>
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<tr>
<td>PROMESA</td>
<td>2</td>
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<tr>
<td>RU Systems/PRCD</td>
<td>5445</td>
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<tr>
<td>Renaissance Addiction Services</td>
<td>52733</td>
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<tr>
<td>St. Joseph’s Addiction Treatment &amp; Recovery</td>
<td>53062</td>
</tr>
<tr>
<td>St. Joseph’s Addiction Treatment &amp; Recovery</td>
<td>53063</td>
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