

PACT Coalition for Safe and Drug Free Communities Request for Application (RFA)

State Prevention Infrastructure (SPI) Funds and Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds



Application Specifications at a Glance

Funding Period:	July 1, 2015 – June 30, 2018 (Funding will be awarded for a one-year period with the opportunity for continuation based on funding in years 2 – 3)
Available Funds:	\$650,000
Types of Services:	Substance Abuse Prevention
Target Population:	Multiple Populations of Clark County
Service Area:	Clark County
Eligibility:	Private not-for-profit organization, 501(c)(3) or local governmental entity
Mandatory Bidders Conference:	March 4, 10:00 am – 12:00 pm OR March 10, 3:00 pm -5:00 pm
Letter of Intent Due:	March 27, 2015 at 4:00 pm
Application Deadline:	April 9, 2015 at 4:00 pm

PACT (Prevention, Advocacy, Choices, and Teamwork) Coalition for Safe and Drug-Free Communities will accept written applications from private not-for-profit organizations and governmental agencies to fund substance abuse prevention programming in Clark County. State Prevention Infrastructure program funding and Substance Abuse Prevention and Treatment Block Grant funding is made available from the Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency.

TABLE OF CONTENTS

I.	General Information.....	3
II.	RFA Timeline	5
III.	Funding Limitations, Commitments, Eligibility, and Legal Requirements.....	6
IV.	Application Writing Instructions	7
V.	Application Instructions	7
VI.	Application Sections	9
	A. Application Summary Form.....	9
	B. Organization Overview.....	9
	C. Proposed Program.....	9
	D. Collaboration and Sustainability	10
	E. Conflict of Interest Policy Statement	10
	F. Assurances	10
	G. Budget Request and Justification Form.....	10
VII.	Summary of Required Contents, Maximum Scores, and Page Limitations	12

VIII. Forms and Attachments 13

- A. Letter of Intent 14
- B. Application Summary Form 15
- C. SAPTA Prevention Certification Application 16
- D. Definition of Evidence-Based for Substance Abuse Prevention 17
- E. Scope of Work 20
- F. Conflict of Interest Policy Statement 28
- G. Assurances 29
- H. Budget Request and Justification Form 33

I. General Information

Background

The purpose of this funding is the implementation of evidence-based direct service substance abuse prevention programs, practices, and strategies at the community level (Attachment D). The Substance Abuse Prevention and Treatment Agency's (SAPTA) currently funded local substance abuse prevention coalitions will issue sub grants to local providers and agencies to implement prevention activities. All activities associated with this funding must be for the implementation of those activities that meet an identified need within the community and are prioritized in PACT's Comprehensive Community Prevention Plan (CCPP). PACT's most recent CCPP and needs assessment are available at www.drugfreelasvegas.org

Funding Sources

State Prevention Infrastructure (SPI): The purpose of this funding is the implementation of evidence-based direct service substance abuse prevention programs, practices, and strategies at the community level. All activities associated with this funding must be for the implementation of those activities that meet an identified need within the community and are prioritized in the coalition's Comprehensive Community Prevention Plan (CCPP).

Substance Abuse Prevention and Treatment Block Grant (SAPT BG): The purpose of this funding is to support prevention activities for both alcohol and other drug abuse, ensuring that state prevention resources fill identified gaps using evidence-based programs, practices, and strategies. All activities associated with this funding must be for the implementation of those activities that meet an identified need within the community and are prioritized in the coalition's Comprehensive Community Prevention Plan (CCPP).

PACT Priorities for 2015 – 2018

The PACT Coalition identified three priorities for developing effective prevention programs in their target service area. These include:

- Developing a strong organizational infrastructure to support Coalition activities to fund, monitor, and evaluate sub-recipients' prevention programs and services.
- Building strong community ties, through collaboration with other prevention coalitions in Clark County and statewide.
- Prevent the onset of childhood and underage drinking and drug use, reduce the progression of substance abuse, and prevent relapse for those in recovery.

SAPTA priorities supported by PACT

1. Reduce substance abuse related problems in communities.
2. Build prevention capacity and infrastructure at the state and community levels.

3. Focus prevention activities on prescription drugs used illicitly, including drug monitoring programs and prescription drug round-ups.
4. Partner with community-based organizations around marijuana, including medical marijuana dispensaries, legalization issues, and changes in social norms.
5. Prevent the onset of childhood and underage drinking and drug use, reduce the progression of substance abuse, and prevent the relapse of substance abuse of those in recovery.

Restrictions on Funding

1. To purchase or improve land; purchase, construct or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
2. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
3. To provide financial assistance to any entity other than a public or nonprofit private entity.
4. To make payments to intended recipients of health services.
5. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. To provide funding for tobacco only prevention programs.

II. RFA Timeline

Application Released:	February 23, 2015
Mandatory Bidders Conference (see specifics below):	March 4, 10:00 am - 12:00 pm OR March 10, 3:00 pm - 5:00 pm
Letter of Intent Due:	March 27, 2015 – 4:00 pm
Application Due:	April 9, 2015 – 4:00 pm
Application Technical Review:	April 13 - 16, 2015
Application Objective Review:	April 27 - 30, 2015
Board of Directors Review:	May 4 - 7, 2015
Recommendations to SAPTA:	May 8, 2015
Grant Award Notifications:	May 15, 2015
Grant Award Negotiations Completed:	May 22, 2015
Signature Period:	May 25 - June 5, 2015
Project Period Begins:	July 1, 2015

** A Mandatory Bidders Conference will be at the PACT office from 10:00 am – 12:00 pm on Wednesday, March 4 and again the same conference on Tuesday, March 10 from 3:00 pm – 5:00 pm at the PACT office. **Applicants are required to attend only 1 of the meetings.** PACT office located at 3110 Polaris Ave, Suite 6, Las Vegas 89102.

III. Funding Limitations, Commitments, Eligibility, and Legal Requirements

Funding Limitations

This funding is available for a one-year period beginning July 1, 2015, with the opportunity for continuation in years two and three. Total funds awarded to Clark County sub grantees will not exceed \$650,000. The sub grantees will be supported through the program implementation portion of the SPI and BG to provide evidence-based substance abuse prevention programs, practices and strategies in Clark County with PACT acting as the funding agency.

Applications will be evaluated on a competitive basis to implement evidence-based prevention programs, practices and strategies. 100% of the funding must be spent on programs meeting the criteria outlined in Attachment D: Identifying and Selecting Evidence-Based Interventions.

Funds may be used to support programs, practices, and strategies that will fill service gaps without duplicating existing services or activities at the community level. Funding awards will be determined through technical and objective review processes. All awards are contingent on the continued availability of funds. Non-competitive continuation funding will be available in 2016-17 and 2017-18 to programs in good standing. PACT reserves the right to modify or reject any or all sub-grantees. All sub-grantees must conform to the conditions, guidelines and timelines in this RFA.

Applicant and Sub Grantee Commitments

All applicants must:

- A. Submit a Letter of Intent (Attachment A).
- B. Implement evidence-based direct service substance abuse prevention programs, practices, and strategies at the community level using the criteria outlined in the “Definition of Evidence-Based for Substance Abuse Prevention” document updated in 2009 by the State of Nevada Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency (Attachment D).

All sub grantees must demonstrate a commitment to:

- A. Meet all programmatic evaluation and data collection requirements as required by PACT and SAPTA.
- B. Comply with PACT Minimum Training Requirements.
- C. Meet all local, state and federal requirements, as outlined in assurance (Attachment G).

Eligibility

All applicants must meet the following requirements:

- Must be a private nonprofit organization, 501(c)(3) or local government entity. A copy of the organization's Internal Revenue Service letter documenting the 501(c)(3) status will be required prior to allocation of funds. Do not provide as attachment to this application.
- Must be certified by SAPTA to provide primary prevention services. If an applicant is not certified, they must submit an assurance that an application for certification has been filed with SAPTA (Attachment C). Applicants are not required to pay the \$100 certification fee unless their application is approved. For information on certification requirements and applications, contact J'Amie Fredrick at SAPTA, 775-684-4190.

Legal Requirements

PACT and SAPTA are in compliance and require all sub grantees to be in compliance with all local, state and federal laws and regulations. This compliance, which includes civil and human rights laws and regulations, insures that all programs and sub grantees are free from any discrimination. No individual will be excluded from participating in any program, service, or benefit based on his/her race, ethnicity, national origin, sexual preference, disability, age, gender, or religious preference. This funding may not be used to supplant current prevention program activities or support inherently religious activities. It may be used to expand or enhance current program activities.

IV. Application Writing Instructions

Please consider the following suggestions when preparing the application:

- Respond to all questions in the order provided.
- Ensure budget figures are mathematically correct and the justification is clear and descriptive.
- Do not use jargon specific to your agency or program.
- Do not assume the objective reviewer is familiar with your organization.
- Avoid acronyms or clearly describe them when used for the first time.
- Observe page limits and formatting.
- Link together sections of the application to create a broad picture of the program you wish to implement.
- Allow adequate time to secure required signatures.
- All signatures on original documents *must be in blue ink*.

V. Application Instructions

Applications must be typed and must contain all of the information requested below. The information should be organized in the order listed and each section of the application should begin on a new page. The first page of the application is to be the Application Summary

(Attachment B). Incomplete applications will not be reviewed and will be returned for corrections and resubmitted to PACT.

Applications will be returned for correction for the following reasons:

- Failure to supply one (1) electronic copy sent to jross@drugfreelasvegas.org, one (1) original with blue ink and three (3) copies.
- Failure to use 12-point font size, single space, portrait orientation and 1” margins.
- Failure to respond to all sections of the RFA.
- Submission of incomplete, inaccurate or false information.
- Submission of an application with excessive typographical errors, misspellings, or grammatical errors.
- Failure to number pages.
- Failure to observe page limitations.
- Failure to use forms provided.

Please note:

- Copies of all required forms for this RFA are included in the Attachment Section of this document.
- Attachments that are not requested in the RFA or sections that exceed page limitations will not be read or reviewed.
- Applications with handwritten forms will not be read or reviewed.

Any application received after the deadline will be returned unread and will not be considered for funding. All applications must be received by PACT by the deadline. There are no exceptions.

Contact and submittal information:

Jamie Ross, Executive Director: jross@drugfreelasvegas.org
3110 Polaris Ave, Suite 6
Las Vegas, NV 89102
Phone: (702) 582-7228
Fax: (702) 866-2330

VI. Application Sections

A. Application Summary Form Page Limit — Attachment B Scoring – 5 Points

The Application Summary Form is included in the Attachments Section. The total PACT request must equal the “Total Request” indicated on the Budget Request forms.

The Application Summary Form will be the first page of the application and will be the equivalent of a cover page. Do not submit a different cover page or cover letter.

B. Organization Overview Page Limit – 1 page Scoring – 10 Points

Describe the organization’s experience specific to providing prevention programming using evidence-based practices. Demonstrate it has an organizational structure, resources, and management procedures capable of implementing the proposed program, practice or strategy.

C. Proposed Program Page limit – 3 Scoring – 40 Points

1. Describe the evidence-based program to be implemented, including a website link for reviewers.
2. Describe the local/regional need for the program based on local data and/or information. Include how proposed program addresses PACT and SAPTA priorities.
3. Provide a clear definition and description of the geographic area and target population to be served by the program. Specify numbers to be served, age of program recipients, ethnicity, special populations, etc. Include how the evidence-bases program addressed cultural competency (race, ethnicity, socioeconomics, gender, sexual orientation, etc.).
4. Describe evaluation methods included with the evidence-based program and other evaluation methods employed by organization to measure program effectiveness.

5. Complete implementation timeline using below table only. Submit this with body of application.

Task/Activity	Timeline											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Ex: Purchase curriculum and train staff	X	X										
Collaboration with XXX agencies to recruit participants		X	X									
Conduct 6 sessions of program				X	X		X	X	X	X		
Evaluation, etc.												

6. Complete SAPTA required Scope of Work (Attachment E). Submit as attachment, not in body of application. Directions for completing Scope of Work are included in attachment.

D. Collaboration and Sustainability
Page limit – 1
Scoring – 15 Points

Describe organization’s current involvement/relationship with PACT or, if none exists, plans to engage in coalition efforts.

Describe collaboration with other community partners specific to the proposed programming, including whether other organizations are conducting this program and how duplication is being avoided.

Describe collaborative efforts to sustain program or leverage other resources.

E. Conflict of Interest Policy Statement
Page Limit – Attachment F
Scoring – 5 Points

Applicants are required to read and sign the Conflict of Interest Policy Statement (Attachment F).

F. Assurances
Page Limit – Attachment G
Scoring – 5 Points

Applicants are required to read and sign the Assurances (Attachment G).

G. Budget Request and Justification Forms
Page Limit – Attachment H and Table
Scoring – 20 Points

The applicant must complete the required budget forms for this specific project (Attachment H). Handwritten forms will not be accepted. If the applicant intends on utilizing other funding to support this effort, please indicate how in the justification section. For example, if rent is already paid by existing revenue, the rent should be shown reflecting the type of funding used to cover the cost. The total amount requested on the Budget Request and Justification Form must match the total amount requested on the Application Summary Form.

Please note, indirect costs are not allowable.

Additionally, provide information specific to other funding received directly related to proposed program in table below.

Budget Category	List Funding Source and Funding End Date		
	Source:	Source:	Source:
	End Date:	End Date:	End Date:
Personnel			
Consultants			
Travel			
Training			
Operating			
Other			
Totals			

VII. Summary of Required Contents, Maximum Scores, and Page Limitations

SECTION	ASSIGNED MAXIMUM POINTS	PAGE MAXIMUMS
A. Application Summary Form	5	Attachment B Use as cover page
B. Organization Overview	10	1/2
C. Proposed Program	40	3 plus Attachment E
D. Collaboration and Sustainability	15	1
E. Conflict of Interest Policy Statement	5	Attachment F
F. Assurances	5	Attachment G
G. Budget Request and Justification Form	20	Attachment H plus table
H. SAPTA Prevention Certification Application (if applicable)	0	Attachment C
TOTAL POINTS	100	

This publication was supported in whole or in part by the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency (SAPTA) through State General Funds and/or the SAPTA Block Grant for the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. DHHS, SAMHSA, or the State of Nevada.

VIII. Forms and Attachments

ATTACHMENT A

**LETTER OF INTENT TO SUBMIT APPLICATION
1 PAGE LIMIT**

In order for PACT to properly plan for the review of applications and the allocation of funds, it is necessary to have preliminary notification of your plans. Please submit this Letter of Intent by **March 27**, scan and email to jross@drugfreelasvegas.org, or mail to 3110 Polaris Ave, Suite 6, Las Vegas, NV 89102.

Name of Agency:

Contact Person:

Title:

Mailing Address:

City/State/Zip

Telephone:

Fax:

E-Mail Address:

Will you be applying to multiple Coalitions for funding?:

If yes, provide name(s) of coalitions:

Proposed Program:

Brief description of program to be implemented (1-2 paragraphs – must not exceed 1 page in length)

Signature/Title

Date

ATTACHMENT B

APPLICATION SUMMARY

Agency Name: _____

Agency Contact: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Total Funding Requested: _____

Proposed Program(s) to be Funded: _____

Service Area of Program(s): _____

_____ Applicant is a 501(c)(3) or local government entity

_____ Applicant currently is a SAPTA Certified Prevention Provider
Current certification expires: _____

_____ Applicant is not currently certified, but has submitted an application for certification
to SAPTA

_____ Applicant is applying to multiple coalitions for funding – if checked provide name of
coalition(s), proposed program, and amount requested:

_____ New applicant

Director's Name: _____ Date: _____

Director's Signature: _____

Board Chair Name: _____ Date: _____

Board Chair Signature: _____

ATTACHMENT D

Division of Public and Behavioral Health Substance Abuse Prevention and Treatment Agency

Definition of Evidence-Based for Substance Abuse Prevention Revised July 2009

Introduction

The Substance Abuse Prevention and Treatment Agency (SAPTA) is committed to the implementation of effective substance abuse prevention programs, strategies, policies, and practices by supporting community coalitions and their partners.

The purpose of this document is to provide program policy for one operational definition and structure for the implementation of Evidence Based Practices by prevention and other SAPTA funded program providers with oversight by community coalitions and/or SAPTA. In addition, this document will guide the prioritization and allocation of funding available through this agency. This program policy is to assist prevention providers certified by SAPTA to implement activities that meet one of the three following definitions for evidence-based prevention practices. Evidence-based practices in prevention are defined by the Substance Abuse and Mental Health Service Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) in their Identifying and Selecting Evidence-Based Interventions Guidance Document (Revised January 2009). According to their definition, an Evidence-Based intervention is defined by inclusion in one or more of the three categories below:

- A. Included in Federal registries of evidence-based interventions; OR
- B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; OR
- C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow), all of which must be met:
 - Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND
 - Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND
 - Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects, AND
 - Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

Defining Evidence-based

SAPTA, in implementing the evidence-based definition for substance abuse prevention, realizes that it is important to provide a structured definition that will guide SAPTA funded prevention providers when choosing their prevention activities. Below is a review and further explanation

of the three definitions that will be used by SAPTA and its funded providers when choosing community based prevention programs, policies, strategies and practices to be implemented.

Three Definitions of Evidence-Based

A. Included in Federal registries of evidence-based interventions:

Any program, policy, strategy or practice that appears on a Federal registry of approved prevention interventions that uses terms such as “Model”, “Best Practice”, “Promising Practice”, “Evidence-based”, or “Principle of Effectiveness”, etc.

When a provider identifies a program, practice, policy, or strategy, the activity chosen must coincide with a prioritized substance abuse prevention need that has been identified by SAPTA or a SAPTA funded coalition. Programs that meet this definition may address, but are not limited to; risk and protective factors, intervening variables, causal factors, and/or strategies that have been identified by SAPTA or a SAPTA funded community Substance Abuse Prevention Coalition (Coalition). SAPTA recognizes and endorses the use of CSAP’s recognized six prevention strategies (Information Dissemination, Prevention Education, Alternative Activities, Problem Identification and Referral, Community-based Process, or Environmental) and the Institute of Medicine’s Continuum of Care, and the Strategic Prevention Framework as part of the foundation of evidence-based substance abuse prevention planning and implementation.

These prevention activities may be chosen from a variety of federal registries of approved programs and practices that make up the current standards recognized in substance abuse prevention nationally. These include but are not limited to: Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Effective Prevention Programs (NREPP), Center for Disease Control and Prevention (CDC), Office of Juvenile Justice Delinquency Prevention (OJJDP), US Department of Education, CSAP’s Centers for the Application of Prevention Technologies, and the Office of National Drug Control Policy.

B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals: Providers wishing to use a program or intervention not on a Federal registry, may choose, as an option, a prevention program, policy, practice, or strategy that has been published in a peer reviewed journal and shown to have positive results in substance abuse prevention or a related field. Other related fields include but are not limited to education, tobacco prevention, public health, HIV/AIDS, mental health, developmental assets, resiliency, etc.

C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow):

If a proposed activity does not meet either of the above definitions, documented effectiveness of the proposed intervention desired may be considered on a case by case basis. In the event that documented effectiveness will be used, the proposed prevention activity must meet each of the guideline definitions below in order to be considered.

Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND

- Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND
- Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects, AND
- Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

SAPTA recognizes that in order for all providers in Nevada to meet these standards they may require technical assistance, resource development, and training. SAPTA will support the efforts of the community coalitions to work with providers so that they can meet the requirements of evidence-based prevention in the selection, development, and implementation of substance abuse prevention activities in Nevada. The SAPTA funded coalitions will be responsible for maintaining documentation regarding and related to the selection criteria and the utilization of the criteria and providing this documentation to SAPTA.

**ATTACHMENT E
PACT COALITION PREVENTION SERVICES
PROJECTED SCOPE OF WORK for DIRECT SERVICE PROVIDERS**

Form 1 **Use one sheet per program, practice, or strategy**

Organization/Agency Name:	Your Organization's Name							
Funding Period:	July 1, 2013 – June 30, 2014							
Total <i>unduplicated</i> number of participants to be served:				Total number of people in THIS PROGRAM (each program gets a different form)				
Program, Practice or Strategy (List only one per sheet)	Location / County (List only one per sheet)	Number of Sessions	Number of Sessions per Week	Hours per Session	Times Offered per Year	Estimated Start Dates of Program Iteration	Total Number of Participants	Age Group(s)
Name of Evidence Based Program you're using	Where the program will be run (Each site location needs a new form)	# times you meet with each group total	# times per week you meet	How long is each session	#times program is run per year at this site	When you're starting each group approx.	# people per group	Use age groups on pg 2

Use the NHIPPS codes as listed on the instruction sheet.

Continue using above information	Service Code (Single / Recurring)	Program Category (Evidence-based / Non Evidence-based)	Service Population (Target Population) (up to 5)	Populations Universal Direct, Universal Indirect, Selective, Indicated	Service Type (CSAP Strategy) (up to 5)	Risk Factors (up to 5)	Protective Factors (up to 5)	Intervening Variables (up to 5)

*Use additional sheets as necessary

**PACT COALITION
PREVENTION SERVICES
PROJECTED SCOPE OF WORK**

-Continued-

Form 2 Use one sheet per program, practice, or strategy

Program, Practice, or Strategy (List only one per sheet)		Location / County (List only one per sheet)			
Gender		Race		Age Groups	
Male		American Indian/Alaska Native		0 - 4	
Female		Asian		5 - 11	
Total	Same total	Black/African American		12 - 14	
		Native Hawaiian/Other Pacific Islander		15 - 17	
		White		18 - 20	
		More than One Race		21 - 24	
		Unknown/Others		25 - 44	
		Ethnicity		45 - 64	
		Total	Same total	65 +	
		Hispanic or Latino		Total	Same total
		Not Hispanic or Latino			
		Total	Same total		

****Note:** To be able to use the Scope of Work Form, you will need to download Adobe Reader (this is available at no cost). Just type in the web address and follow the instructions on how to download this program: <http://www.adobe.com/products/reader/>

1. Form 1 Instructions – Use **one** Form 1 for each program and program location.
 - a. Type in your Organization/Agency name.
 - b. Type in the funding period (e.g. July 1,2011 to June 30, 2012).
 - c. Type in the total number of projected unduplicated participants.
 - d. Type in the name of the program, practice, or strategy you are applying.
 - e. Type in only **one** location and county (if you are providing the service at more than one location/county, list them out on separate lines, using additional sheets if necessary).
 - f. Type in the number of sessions; **do not** use a range (e.g. 8-10). If the program suggests a range, select one number within that range.
 - g. Type in the number of sessions per week; **do not** use a range.
 - h. Type in the number of sessions per hour; **do not** use a range.
 - i. Type in the number of times offered per year; **do not** use a range.
 - j. Type in estimated start dates of program iteration
 - k. Type in the number of participants.
 - l. Type in the age group being serviced (e.g. 5-11). Do not use a code or text, please use the actual age or age range.
 - m. Service Code - select either S (Single) or R (Recurring).
 - n. Program Category - select either EB (evidence-based) or Non EB (Non Evidence-based).
 - o. Service Population (target population) – select up to 5 service population codes (Appendix A)
 - p. Populations - select either U-D (Universal Direct), U-I (Universal Indirect), S (Selective) or I (Indicated).
 - q. Service Type (CSAP prevention strategy) - select up to 5 service type codes (Appendix A).
 - r. Risk Factors – select up to 5 risk factors (Appendix A).
 - s. Protective Factors – select up to 5 protective factors (Appendix A).
 - t. Intervening Variables – select up to 5 intervening variables (Appendix A).

2. Form 2 Instructions - Use **one** Form 2 for each Form 1 created.
 - a. Type in the number of participants based on gender, ethnicity, and age groups.

3. Appendix A – NHIPPS Scope of Work Code List
 - a. Use this list of codes only for completing your scope of work form.

HINT: The SOW instructions should not be included in the subgrant. Make sure to delete them if the program resends them to you.

Appendix A – NHIPPS Scope of Work Code List

SCOPE OF WORK FIELDS FOR NHIPPS

Service Code

Single
Recurring

Program Category

Evidence Based
Non-Evidence Based

Service Population (TARGET POPULATION)

SP01 Business & Industry
SP02 Civic Groups/Coalitions
SP03 College Students
SP04 COSAS-Children of Substance Abusers
SP05 Delinquent/Violent Youth
SP06 Economically Disadvantaged Youth/Adults
SP07 Older Adults
SP08 Government Elected Officials
SP09 Elementary School Students
SP10 General Populations
SP11 Health Professionals
SP12 High School Students
SP13 homeless/Runaway Youth
SP14 Middle/Jr. High School Students
SP15 Parents/Families
SP16 People Using Substances
SP17 People with Disabilities
SP18 People with Mental Health Problems
SP19 Physically/Emotionally Abused People
SP20 Pregnant Females/Women of Childbearing Age
SP21 Preschool Students
SP22 Prevention/Treatment Professionals
SP23 Religious Groups
SP24 School Dropouts
SP25 Teachers/Administrators/Counselors
SP26 Youth/Minors
SP27 Law Enforcement/Military
SP28 Gay/Lesbians

SP98 Other
SP99 Not Applicable

Populations

Universal Direct
Universal Indirect
Selective
Indicated

Service Type (CSAP STRATEGY)
Information Dissemination-STN

STN01 Clearinghouse/Information Resource Center
STN02 Health Fair
STN03 Health Promotion
STN04 Original A/V Material Developed
STN05 Original Written (Print/web/pdf) Material Developed
STN06 Original Curricula Developed
STN07 Original Periodicals Developed (either electronic or print)
STN08 Original PSA's Developed
STN10 A/V Material Disseminated
STN11 Print/Web/pdf/electronic Materials Disseminated
STN12 Curricula Disseminated
STN13 Periodicals Disseminated (either electronic or print)
STN14 PSA's Disseminated
STN15 Resource Directories Disseminated (electronic or print)
STN16 Media Campaigns Distributed
STN17 Speaking Engagement
STN18 Telephone/Email Information Services
STN19 Data Collection
STN20 Info Referral via telephone (Help line)
STN21 Staff Development

Education-STE

STE01 COSA Groups
STE02 Classroom Education Services

STE03 Educational Services for Youth Groups
STE04 Parenting/Family Management Services
STE05 Peer Leader/Helper Programs
STE06 Small Group Sessions

Environmental-STV

STV01 Environmental Consultation to Communities
STV01 Preventing underage Sale of Tobacco and Tobacco Products
STV03 Preventing Underage Alcohol Beverage Sales
STV04 Establishing ATOD-Free Policies
STV06 Public Policy Efforts

Alternatives-STA

STA01 ATOD-Free Social/Recreational Events Attendees
STA03 Community Drop-in centers
STA04 Community Drop-in Center Activities
STA06 Community Services
STA07 Youth/Adult Leadership Function
STA08 Youth/Adult Mentoring
STA09 Academic Enrichment

Problem ID and Referral-STP

STP01 Employee Assistance Program Attendees
STP02 Employee Assistance Program Participants
STP03 Student Assistance Program Attendees
STP04 Student Assistance Program Participants
STP05 DII/SWI/MIP Program Attendees/ Participants
STP06 Prevention Assessment and Referral Attendees

Community Based process-STC

STC01 Accessing Services and Funding
STC02 Assessing Community Needs
STC03 Community/Volunteer Services
STC04 Formal Community Teams-Formed
STC05 Community Team Activities/ Meetings

STC06 Training Services
STC08 Technical Assistance Services
STC09 Data Collection
STC10 Systematic Planning Services
STC11 Focus Groups
STC12 Site Visit

Risk Factors (ASSOCIATED RISK FACTORS)

Community Domain

COM01 Availability of Drugs
COM02 Availability of Fire Arms
COM03 Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime
COM04 Media Portrayals of Violence
COM05 Transitions and Mobility
COM06 Low Neighborhood Attachment & Community Disorganization
COM07 Extreme Economic Deprivation

Family Domain

FAM01 Family History of Problem Behavior
FAM02 Family Management Problems
FAM03 Family Conflict
FAM04 Favorable Parental attitudes & Involvement in the Problem Behavior

School Domain

SCH01 Academic Failure Beginning in Late Elementary School
SCH02 Lack of Commitment to School

Individual/Peer Domain

IND01 Early and Persistent Antisocial Behavior
IND02 Rebelliousness
IND03 Friends Who Engage in the Problem Behavior
IND04 Gang Involvement
IND05 Favorable Attitudes toward the Problem Behavior
IND06 Early Initiation of the Problem Behavior
IND07 Constitutional Factors

Protective Factors (TARGETED PROTECTIVE FACTORS)

TPR01 Strong Bonds with Family

TPR02 Experiencing/ parental monitoring with clear rules of conduct with the family unit and involved parents in lives of their children

TPR03 Success in school performance

TPR04 Strong bonds with pro-social institutions such as the family, school, and religious organizations

TPR05 Adoption of conventional norms about drug use

TPR06 Skill building

TPR07 Problem solving

TPR08 Support

TPR09 Empowerment

TPR10 Boundaries and Expectations

TPR11 Constructive Use of Time

TPR12 Commitment to Learning

TPR13 Positive Values

TPR14 Social Competencies

TPR15 Positive Identity

Intervening Variables

Availability

IVA01 Economic Availability (Pricing)

IVA02 Retail Availability

IVA03 Social Availability

Promotion

IVP01 Promotional Efforts

IVP02 Advertising

Norms

IVN01 Community Norms

IVN02 Social Norms

Enforcement

IVE01 Enforcement of Laws, Regulations, Administrative Restrictions

Individual-Level Factors

- IVI01 Biological Factors
- IVI02 Social Control
- IVI03 Social Learning
- IVI04 General Strain
- IVI05 Perception of Risk

ATTACHMENT F

**APPLICANT AGENCY
CONFLICT OF INTEREST POLICY STATEMENT**

Per PACT’s Ethics and Conflict of Interest Policies and Procedures, a conflict of interest exists when an applicant agency representative has a professional affiliation or personal or immediate family financial interest, either directly or indirectly, in a contract, business transaction, or other matter that is under consideration by any decision making body of PACT.

In the event of a real or potential conflict of interest, the person involved shall promptly disclose to PACT all relevant facts and circumstances relating to said interest or relationship. If you believe that you have a conflict of interest, please respond below:

1. I, and/or a family member or person with whom I have a close personal relationship, serves as an Executive Board member, or in another similar capacity, with PACT. These representatives are:

2. I am not sure whether I have an official conflict of interest, but I believe the following information may be important:

I understand and agree to adhere to the statements above regarding conflict of interest. I understand that disclosing this information will not affect my agency’s ability to secure funding from PACT.

Applicant Agency Signature/Title

Date

ATTACHMENT G

ASSURANCES

As a condition of receiving subgranted funds from the PACT Coalition for Safe and Drug-Free Communities (Coalition) through the Substance Abuse Prevention and Treatment Agency (SAPTA), on behalf of the Division of Public and Behavioral Health (Division), Sub-recipient, agrees to the following conditions:

1. Approval of subgrant budget by the Coalition constitutes prior approval for the expenditure of funds for specified purposes included in this budget.
2. Sub-recipient agrees grant funds may not be used for any other purpose than the awarded purpose. In the event Sub-recipient expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the sub-recipient, or must be refunded to the Division.
3. Sub-recipient agrees to use SAPTA funds, including the SAPT Block Grant funds as the “payor of last resort” for all services.
4. Sub-recipient acknowledges that this subgrant and the continuation of this subgrant is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable Coalition/SAPTA may restrict, reduce, or terminate funding under this award. Notice of any restriction or reduction will include instructions and detailed information on how SAPTA will fund the services and/or goods to be procured with the restricted or reduced funds.
5. Sub-recipient acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. Coalition may reallocate funds to other programs to ensure that gaps in service are addressed. If the scope of work is not being met, Sub-recipient s will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Coalition. The Sub-recipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved Coalition will provide a written notice identifying the reduction of funds and the necessary steps.
6. Unless specified by SAPTA, any changes to the approved subgrant that will result in an amendment must be received within the timeframe specified in SECTION B, prior to the end of the subgrant period. Amendment requests received after the deadline will be denied.
7. Sub-recipient acknowledges that requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification. Expenses that are incurred without prior Coalition approval may not be reimbursed. Coalition/SAPTA has the authority to require an amendment for any change (SECTION B), but will generally follow these parameters in the process of determining whether an amendment is needed:
 - a. Any overall increases or decreases to the award will require an amendment.
 - b. Any changes to the Scope of Work will require an amendment.
 - B. A printed and signed copy of the Scope of Work Summary (two pages) must be included.

- c. Numerous changes to the budget over the course of the budget period and the nature of the changes could result in SAPTA requiring an amendment.
8. Sub-recipient must be in compliance with all state, local and federal laws and ordinances governing the type of facility or program receiving SAPTA funding, including all licensure and certifications required by the Division. In particular, recipients of state funding must have the following:
- a. State Business License or proof of eligibility for State Business License exemption. Further information can be found on the Secretary of State website: <http://nvsos.gov/index.aspx?page=267>
 - b. An Employer Identification Number (EIN), issued by the IRS for the purpose of tax administration.
 - c. A current Vendor Number, obtained through the state Controller's Office. This must be updated whenever there is a change to any information on the form including:
 - B. Sub-recipient 's bank / bank account
 - C. Business address
 - d. An active Dun and Bradstreet Universal Number System (DUNS) as required by the Federal Funding Accountability and Transparency Act.
 - e. Enrollment in the System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
9. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
- a. Records may be destroyed by the sub-recipient six (6) calendar years after the final financial and narrative reports have been submitted to the Coalition/Division.
 - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

10. **Restrictions on Expenditure of Funds: Sub-recipient s will NOT expend SAPTA funds, including Federal Substance Abuse Prevention and Treatment Block Grant Funds for any of the following purposes:**
- a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - b. To make any one purchase, including equipment, over \$1,000.
 - c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
11. Federal Block Grant Funds will not be awarded to any entity other than a public or nonprofit private entity.
12. Coalition sub-recipients are subject to inspection and audit by representatives of the Coalition, Division, Nevada Department of Health and Human Services, the State

Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:

- a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
 - d. Determine reliability of financial aspects of the conduct of the project; and
 - e. Chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.340, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The sub-recipient agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
13. Audits of Sub-recipient expenditures will meet Generally Accepted Government Auditing Standards (GAGAS) to determine proper accounting for and use of subgrant funds. Any grantee annually expending \$750,000 or more in federal funds require an A-133 Audit (Office of Management and Budget (OMB) Circular A-133) prepared by an independent auditor in accordance with Federal terms and requirements. Sub-recipient s below the OMB A-133 threshold require a Limited Scope Audit on Agreed-Upon Procedures conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. The Limited Scope Audit on Agreed-Upon Procedures must contain the minimum requirements in Appendix G10 of the SAPTA Administrative Manual. Sub-recipient will:
- a. Provide a letter of engagement within three (3) months of the close of their fiscal year.
 - b. Provide an original, signed final audit report within nine (9) months of the close of their fiscal year.
 - c. Provide any management letters within ten (10) days of receipt.
 - d. Provide a corrective action plan resulting from audit findings or management letter or within forty-five (45) days of receipt of the final audit or management letter.
 - e. Provide a copy of the Board minutes showing review and acceptance of the audit report.

Items required above (13. a. – e.) must be sent to the PACT Coalition, Attn: Executive Director 3110 Polaris Ave, Suite , Las Vegas, NV 89102

14. Sub-recipient shall provide the Coalition with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Sub-recipient shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute a form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The PACT Coalition for

Safe and Drug-Free Communities as well as the Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

15. Sub-recipient agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Coalition/Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
16. Sub-recipient agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer or for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
17. Sub-recipient agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
18. Sub-recipient agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Sub-recipient agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).
19. Sub-recipient certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every sub-recipient receiving any payment in whole or in part from federal funds.
20. Sub-recipient agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, counsel, or Board;
 - b. Any federal, state, county or local legislator, commission member, council member, Board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or Board.
21. Indemnification: To the fullest extent permitted by law Sub-recipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the Coalition and State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Sub-recipient, its officers, employees and agents.

22. Sub-recipients will report within 24 hours the occurrence of an incident, following Coalition policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)].
23. Sub-recipient agrees to participate in reporting all required data and information through the SAPTA data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record reporting system (EHR).
24. Sub-recipient will:
 - a. Be a “tobacco, alcohol, and other drug free” environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - b. Have documentation on file verifying Nevada Repository and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if sub-recipient serves minors with funds awarded through this subgrant;
 - c. Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting Principles (GAAP) that results in the fiscal integrity and stability of the organization;
 - d. Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures to include, but not limited to:
 1. 75 CFR Part 74
 2. OMB Circular A-133
 3. All applicable funding source requirements
 4. All other federal rules related to federal funding
 5. Chapter 458 of the Nevada Revised Statutes
 6. Chapter 458 of the Nevada Administrative Code
 7. Substance Abuse Prevention and Treatment Agency policies and procedures
 8. PACT Coalition policies and procedures
 9. All other applicable state regulations and policies, and
 10. All terms listed within this award
25. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Coalition/Division.
26. Sub-recipient will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Coalition approved attribution statement.
27. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.
28. Sub-recipient will provide proof of training in substance abuse annually for staff paid in part by this grant in the amount of 5 hours for part time staff and 10 hours for full time staff.

ATTACHMENT H
BUDGET REQUEST AND JUSTIFICATION FORM

Under separate document as budget is created in Excel