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SECTION 1 INTRODUCTION

1.1 STATEMENT OF NEED AND PURPOSE

The Criminal Justice, Mental Health, and Substant (EJNbHSA) Reinvestment Grant Program (Program) was created by the 2007 Florida Legislature by s. 354,656d is housed within the Department of Children and Families (Department). The purpose of this Requestions (PiFA) is to provide funding under the Program to counties which they may use to plan, implement, or expand initiatives that increase public safety, avert increspending on criminal and juvenile justice systems, and introduced introduced in the program of the program to counties who have a mental illness, substance use disorders, or co-occurring disorders, who are at risk of entering, the criminal or juvenile justice systems.

1.2 MANDATORY QUALIFICATIONS

Pursuant to s. 394.656, F.S., a county or consortinities of community provider or managing entity designated by the county planning council or committee as described sn39465 FoSa 1-year Planning Grant or a 3-year Implementation or Expansion Grant. The Applicant must comply with all requirements in s. 394.658, F.S. An application submitted solve the county.

A not-for-profit community provider or managing lighting to Planning or an Implementation or Expansion Grant must submit a letter certified by the county committee designating them to apply for the RFA on behalf of the county.

Pursuant to s. 394.657, F.S., for each Applicant, the Board of County Commissioners must designate a county Safety Coordinating Council established under s. 951.26, F.S., or the Board must designate another criminal or justice mental health and substance abuse council or committee as the planning council or committee for this Pro The designated council or committee, in coordination with the county offices of planning and budget, must m formal recommendation to the board of county commissioners regarding how the Program may best be implementation a community.

Counties forming a consortium may use a regional Public Safety Coordinating Council or another county-design regional criminal or juvenile justice mental health and substance abuse planning council or committee for geographic area represented by the member counties.

If a council or committee other than the Public Safety Coordinating Council is used for this purpose, its membraust include all persons identified in s. 394.657(2)(a) Appendix Persons identified in s. 394.657(2)(a) Appendi

1.3 FUNDING

This solicitation offers funding for two types of grants. Applicants may seek only one type of grant in response RFA. Applicants must build their application budgetstbesærdount of state grant funds requested, subject to the grant maximums in this section, plus they statuted matching funds (see Local Match Requirements, Section 1.4). Applicants may seek funding that is the transfer that is the transfer of the solicity of the so

1.3.1 Planning Grants

Grant Maximum: \$100,000 per county. Project Period: 12 months

Counties forming a consortium may request \$15,000 for each additional county. For example, if three couform a consortium, the grant maximum would be \$130,000. If four counties form a consortium, the g maximum would be \$145,000.

Grant funding must be spent within 12 months execution of a Grant Agreement by the Department. Planning grants will not be renewed at the end of the one-year grant period.

1.3.2 Implementation and Expansion Grants

Grant Maximum: \$1,200,000 per county. Project Period: 36 months

The maximum allowable grant award per county is \$400,000.00 per year for a total of \$1,200,000 total for

36 month period. Counties forming a consortium may request \$100,000 for each additional county, per f year. For example, if three counties form a consortium, the grant maximum would be \$600,000 per fiscal If four counties form a consortium, the grant maximum would be \$700,000 per fiscal year.

Grant funding must be spent within 36 months execution of a Grant Agreement by the Department. Implementation and Expansion Grants will not be renewed at the end of the three-year grant period.

- 1.3.3 Program funding is contingent upon the availability of funds pursuant to an appropriation by the legislature.
- 1.3.4 There shall be no duplication or supplanting of funding for those applicants who are awarded funding any other Department-funded services or activities. Services included in the Application may not simultaneously funded by another SAMH contract, ME subcontract or DCF-funded grant award. All services proposed costs included in a CJMHSA Reinvestmapplication must meet the criteria specified in this RFA and must be clearly directly associated with the proposed project.

1.4 LOCAL MATCH REQUIREMENTS

Pursuant to s. 394.658(2), local matching funds are required under this Program and grant funding will not be aw unless the Applicant makes available resources in an amount equal to the total amount of the Grant according following stipulations:

1.4.1 For Applicants considered to be a Fiscally Constrained County, or a consortium of Fiscally Constrained Counties, as defined in

1.6.2.2 Youth who are "at-risk" of involvement immtinal or juvenile justice systems have factors associated with possible delinquent behaviors that can lead to involvement in the juvenile justice system, including individual factors factors group factors, school-related factors, or community environmental factors.

1.6.3 Crisis Intervention Team (CIT)

A first responder model that provides law enforce the instibitistic responder model that provides law enforce the instibitistic responder model that provides law enforce the instibition training for assisting individuals with a mental illness experiencing a behavioral healthcare crisis.

1.6.4 Diversion Program

A program that seeks to divert individuals with mental illness, substance use disorders or co-occurring disorders to represent the criminal or juvenile justice system and links them to community-based services and supports in a to address root causes of criminal behavior through effective intervention.

1.6.5 Evidence-Based Programs and Practices (EBP)

A program or intervention that complies with the terms of Managing Entity Program Guidance 1 – Evide Based Guidelines, available at:

http://www.myflfamilies.com/seprxigrams/substance/se/managing-erst/12016-contract-docs

1.6.6

1.6.12 Supplant or Supplanting

The use of grant funds to displace available funds which, prior to this award, an Applicant used to accome the same work as the approved grant funds.

1.6.13 Sustainability

The capacity of an Applicant and its partners totheastairce coverage, developed as a result of this grant, at a level that continues to deliver the intended benefits of the initiative after the financial and tech assistance from the Department is terminated.

1.6.14 Target Population

The selected category of individuals for which the Applicant intends to develop and focus Program activ further defined as follows:

1.6.14.1 Adults

Persons age 18 or older who havetal illness, substance usæddisor co-occurring disorders and who are in, or at risk of entering, the criminal justice system.

1.6.14.2 Youth

SECTION 2 SCOPE OF GRANT ACTIVITIES

2.1 PROGRAM SPECIFICATIONS

- 2.1.1 Applicants must propose services designed for either or both Target Populatio **Section** defined in 1.6.14. If proposing to serve both Target Populations, Applicants must demonstrate the capacity to serve identified populations simultaneously.
- 2.1.2 Applicants must propose to implement one or more of the following types of service models with a form diverting members of the Target Populationestoppræsecution, or incarceration to treatment and support services. An Applicant must justify padaptations or modifications to a model if such are necessary to meet the unique needs of the Talagitar Poputherwise increase the likelihood of achieving positive outcomes pendix B contains additional guidance related to these service models.
 - 2.1.2.1 Evidence-based programs, such as Assertive Community Treatment, Supported Employment, Modified Therapeutic Community, or Permanent Supportive Housing;
 - 2.1.2.2 Evidence-based practices, such as Motivational Enhancement Therapy or Cognitive Behavioral Therapy;
 - 2.1.2.3 Promising programs, such as Forensic ACT, Forensic Intensive Case Management, 12-Ste programs or Peer-Based Recovery Support; or

2.1.2.4

2.2.3.3 Objective 3 - To be proposed by the Applicant

services tasks designed to support the primary diversion planning goals of the community. Additional designed to support the primary diversion planning goals of the community. Additional designed to support the primary diversion planning goals of the community. Additional designed to support the primary diversion planning goals of the community.

All Planning Grant applications must propose a minimum of two additional objectives and accompan

- 2.2.3.3.1. Workforce development, through additional training, licensure, credentialing, accreditation, etc.;
- 2.2.3.3.2. Increased implementation of evidence-based and best practices in mental health and substance abuse treatment services for the Target Population;
- 2.2.3.3.3. Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population;
- 2.2.3.3.4. Identifying and mitigating existing policy, legal, social and other barriers within the county; or
- 2.2.3.3.5. Improving performance measurement outcomes and quality assurance initiatives.

2.2.4 Implementation and Expansion Grants

2.2.4.1 Objective 1 – Establish or Expand Diversion Programs

All Implementation and Expansion Applications mpsopose objectives, tasks and timetables designed to establish or expand client servicesproducth are designed to increase public safety, avert increased spending on criminal justices consulting accessibility and effectiveness of treatment services for the Target Population within three months of execution of a final Grant Agreement. Applic must detail their approach to:

- 2.2.4.1.1. Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population, examples of which are provide in Section 2.1.4.4;
- 2.2.4.1.2. Providing an information system to track individuals during their involvement with the Program and for at least one year after discharge, including but not limited to, arrests receipt of benefits, employTw [(r)1.9(plic)cg on1(f, a).4(I tr1TJ 18.6ts,-6.2()-4.1o)4.1().1(b)f

2.2.4.3 Objective 3 - To be proposed by the Applicant

2.3 SUSTAINABILITY

Grant awards resulting from this RFA will not be reftee whatelened of the grant flugnotieriod. While Applicants are not expressly precluded from responding to any future RFAs, the Department strongly encourages Application

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The Quarterly Financial Report must be signed and certified by an authorized representative that the Fina Report represents a complete and accurate account of all expenses supported by the Program award statutory match obligations Department will provide the templated to file report.

2.6.3 Final Program Status Report

A detailed report of the services and activiting pháto the entire award period and the status of the Program in meeting the performance measures jegotiales, obtained tasks described in the application. The Board of County Commissioners shall be responsible for approving the final report before submission to Department.

2.6.4 Final Financial Report

A detailed report of Program expenses for the entire award period documenting expenditure of grant funds compliance with the statutory match requirement. The Final Financial Report must be signed and certified

2.7.2 Implementation and Expansion GrantsSubject to the availability of funds, the Department w

SECTION 3 GRANT SOLICITATION AND EVALUATION PROCESSES

3.1 CONTACT PERSON

This RFA is issued by the Florida Department of Children and Families. Questions about this RFA must be sub in writing to the company of the

3.2 LIMITATIONS ON CONTACTING THE DEPARTMENT

Applicants shall limit their contact regarding this RFA to the contact person also be the reference to this solicitation, no representations, other than those distributed by the contact person, in writing, are bindin Applicants are cautioned that oral responses do not bind the Department.

3.3 SCHEDULE OF EVENTS AND DEADLINES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to E Standard Time.

Table 2: Schedule of Events and Deadlines

Event	Date	Time	Location
Request for Applications Advertised and Release		7 5:00 p	m http://vbs.dms.statesflvbs/main menu
Conference Call with the Department to Discuss R Requirements	November 30, 20	10:00 am	Conference call # 1-888-670-3525 Pin 2868250655
Mandatory Notice of Inten Submit an Application	^{t t} December 6, 201	7 5:00 p	m <u>Michele.staffieri@myflfamilie</u> s.com
Submission of Inquiries	December 12, 20	11:00 am	Michele.staffieri@myflfamilies.com
Posting of Department Responses to Inquiries	December 28, 20	17 5:00 p	nhttp://vbs.dms.statesflvbs/main_menu
Applications Due	January 23, 2018	11:00 am	Michele Staffieri, Procurement Manager Department of Children and Families 1317 Winewood Blvd., Bldg. 6, Room 23 Tallahassee, FL 32399-0700

Grants Review Committee

MeS32g 7.3.8(r)-1.1(e)-3.8(n)1.7(a)-3.8(nd F)-8(a)1.7(mi)-4.5(li)-4.5(es)-5.9()]TJ ET /Cs6 cs .85882 .89804 .9

3.4 MANDATORY NOTICE OF INTENT TO SUBMIT AN APPLICATION

Anyone interested in submitting an application in response to this RFA is required to content to Submit an Application to the Procurement Manager specified a.1, by the date and time specified section 3.3.

Where a county is designating another entity to submit an application on their behalf, is it acceptable for either county or the other entity to submit the require of Intrient to Submit an Application. PurSection of PurSection

3.5 OBTAINING A COPY OF THE REQUEST FOR APPLICATIONS

Interested parties may obtain a copy of the RFA from the followhithms. Method in menu 3.6

3.7 APPLICATION FORMATTING INSTRUCTIONS

Applications must be formattecctordance with the following:

- 3.7.1 Typed, single-spaced, in black ink, Arial font size 12;
- 3.7.2 8-1/2" x 11" paper, one column per page, single sided, with one inch margins on all sides;
- 3.7.3 Pages numbered on the bottom right hand corner, beginning with the cover page;
- 3.7.4 Secured in a three-ring binder, clearly label **broomand** spine identifying the name of the proposal and the name of the Applicant;
- 3.7.5 Table of contents clearly showing the order of the material and associated page numbers; and
- 3.7.6 Tabs identifying each of the required sections.

3.8 APPLICATION COMPONENTS

3.8.1 Tab 1: Cover Page & Certified Designation Letter (if required)

3.8.1.1 Cover Page

The application must include a completed Coverpeadie, C, detailing the total amount of the requested grant by state fiscal year and total, indication of the type of grant sought, the point of cont and the signature of a duly authorized county official.

3.8.1.2 Certified Designation Letter (if required)

If a county has designated another entity to apply on their behalf, the application must include a le certified by the county planning council or committee designating the not-for-profit community provide managing entity to apply for the RFA on their behalf.

If a consortium of counties has designated another entity to apply on their behalf, the application minclude a letter certified from each county planning council or committee designating the not-for-procommunity provider or managing entity to apply for the RFA on their behalf.

If a county is applying on its own behalf, a designation letter is not required.

3.8.2 Tab 2: Table of Contents

The application must include a table of contents the utioning nt of each section and the associated page number(s). Supporting documentation must be indexed and labeled accordingly.

3.8.3 Tab 3: Statement of Mandatory Assurances

The application must include a completed Statement of Mandator Apandian Cenitialed by a duly authorized official.

3.8.4 Tab 4: Match Commitment and Summary Forms

The application must include a completed Commitment of Match Do. Appliend Fixon each organization that will looking matching funds and a completed Match Summ. Apple melipolit,

3.8.5 Tab 5: Statement of the Problem (Limited to 10 pages)

3.8.5.1 For both Planning and Implementation and Expansion Grants, the application must include detailed description of the problem the projects still table application still document the extent of the problem using local or state data and include trend analysis. Describe the project's geographenvironment, Target Population, socioeconomic factors, and priority as a community concern. If Applicant is a consortium of counties, describe the geographic region to be covered.

- 3.8.5.1.1 The application must provide an analysis of the current population of the jail or juvenile detention center in the county or region, including:
 - 3.8.5.1.1.1 A description of the screening and assessment process used to identify the Target Population(s);
 - 3.8.5.1.1.2 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders;
 - 3.8.5.1.1.3 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center; and
 - 3.8.5.1.1.4 Data and descriptive narrative attention the specific factors that put the Target Population at-risk of entering to the criminal or juvenile justice systems.
- 3.8.5.1.2 Implementation and Expansion Applicants Only

The application must include a concise antaly state of the projected number of individuals to be served and demonstrate how the identified needs are consisted with the priorities of the Strategic Plan.

- 3.8.6 Tab 6: Project Design and Implementation
 - 3.8.6.1 For both Planning Grants and Implementation and Expansion Grants, the application must include a description of the planning council or committee, including:
 - 3.8.6.1.1 A description of the composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with 394.657(2)(a), F.S. If the Council does **mollycrage**t the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency; and
 - 3.8.6.1.2 An outline of the Planning council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.
 - 3.8.6.2 Planning Grants Only (Limited to 20 pages)

The application must include a description and timeline for the proposed planning activities and expendiestones, including:

- 3.8.6.2.1 The manner in which a needs assessment will be conducted;
- 3.8.6.2.2 The proposed methodology to identify, coordinate, and share funding and related resources, and recommended organizational or structural changes;
- 3.8.6.2.3 The proposed strategy for project design and implementation; and
- 3.8.6.2.4 The proposed strategy for coordination, communication and data sharing.
- 3.8.6.3 Implementation and Expansion Grants Only (Limited to 35 pages)
 - 3.8.6.3.1 The application must include copy of the existing Strategic Plan, which must include at minimum, all of the elementarial A.
 - 3.8.6.3.2 The application must include a description of the Strategic Plan, including progress toward implementing the plan, when the plan was last reviewed or updated, and any challeng or barriers toward implementation.
 - 3.8.6.3.3 The application must include a description of the project design and implementation, including:

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3.8.6.3.3.1 Project goals, strategies, milestones, and key activities toward meeting the objectives outlin Section 2.2. Applicants must include at least one objective in addition to those out Section 2.2

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3.8.6.3.4.10 Community services and programsigned to prevent high-risk

3.8.6.6.2.4 How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

3.8.6.6.3 Sustainability

For both Planning and Implementation and Expansion Grants, the application must address sustainability of the project. Describe these properties to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability method will be used and evaluated, including hathware time partnerships and funding will be leveraged to build long-term support and execusive sustain the project when the state grant ends.

3.8.6.6.4 Project Timeline

The application must include a realistic and detailed timeline for each funding year propose indicating goals, objectives, key activities, milestones, and responsible partners. The timeling must include anticipated start and completion dates for each milestone, benchmark, and goal

3.7.4 Tab 7: Letters of Commitment

The application must include a sulfish afyall organization will be involved implementation of the proposed project and a letter of commitmeath from ganization reflecting the specific role of the individual or organization, signed by the Chief Executive Officer or equivalent for each organization.

3.7.5 Tab 8: Line Item Budget and Budget Narrative

The application must include a detailed budget and budget narrative for each year of the grant. All property expenses must be tied to the proposed activitied the nust show line item costs broken down by the proposed funding (grant and match), plus the total amappets discontinuous full instructions on completing this section.

All proposed costs must be in accordance with three Depta Financial Services Reference Guide for State Expenditures, which may be local temp always myfloridac fo.com/aadir/reference_guide/

Applicants are required to use the Commitment to Match Donation Fappresnotional Holdon verify cash and attach valuation to in-kind contributions. A signed form from each match donor must accompany application as an attachment to the Budget Selvation Summary Sheet is to be used to show the proportions of cash and in-kind match.

<<< The remainder of this page is intentionally left blank. >>>

SECTION 4 APPLICATION REVIEW CRITERIA AND METHODOLOGY

4.1 REVIEW METHODOLOGY

All responsive applications will be reviewed and scored based on the written application, according to the confection 4.3. The Grant Review Team will review and score Tabs 1-6 and a separate team of reviewe will review and score Tab 8. For each responsive particles from each of the reviewers will be totaled and averaged to determine the rank in order of overgents are each responsive particles.

- 4.4.4 Department of Elderly Affairs (DOEA);
- 4.4.5 Office of State Courts Administrator;
- 4.4.6 Department of Veterans' Affairs;
- 4.4.7 Florida Sheriff's Association;
- 4.4.8 Florida Police Chiefs Association;
- 4.4.9 Florida Association of Counties;
- 4.4.10 Florida Alcohol and Drug Abuse Association (FADAA);
- 4.4.11 Florida Association of Managing Entities (FAME);
- 4.4.12

4.8 FORMAL APPEALS

The Department provides a process for appeals related lioitations, as outlined below. If an Applicant believes the Department's decision is in error, the Applicant in any state meetition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 21 calendar days shall constitute a waiver of the to a hearing. A written petition for an administrative hearing must be received by the Department within 21 calendar days of the Posting of the Notice of Award.

Written request for an administrative hearing must be submitted to the Department at the following address:

Department of Children and Families Attn: Agency Clerk

APPENDIX A - STRATEGIC PLAN FORMAT

Planning Grants

Grantees must adhere closely to the following Strategic Plan

APPENDIX A continued

Goal #1: (broad statement of the intended outcome)

Objective #1:	(supports the goal and how the goal will be accomplished)			
	Task	Performance Measure	Lead Person or	

substance abuse; best practices in supportives hoppsirted employment, accorder oriented services; therapeutic courts; jail and prison re-entry; anchemassass restoration of criminal competency. http://www.floridatac.com/

Blueprints for Healthy Youth Development

Each Blueprints program has been reviewed and determined to meet a clear set of scientific standards. recommended that at a minimum the mpsroginatentified as promising be selected. http://www.blueprintsprograms.com/

Office of Juvenile Justice and Delinquency Prevention Model Programs Guide

The descriptions of the research inclattle system with study datisifis across four dimensions for each program. It is recommended that a minimum the programs need to be identified as promising to selected.

APPENDIX C -COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

\IFORMA1	TION				
ject Title	:				
unty(ies)	:	:			
Start Dat	e:				
of Gran	t: Planning Grant		Implemen	tation and Expansid	n Grant
LOE COV	NTACT				
me & Ti	tle:				
pplicant					
ss Line	1:				
ss Line :	2:				
		State	•	Zip:	
				•	

APPENDIX D - STATEMENT OF MANDATORY ASSURANCES

Initial

A. Infrastructure: The Applicant shall possess equipm -.00leo11 Tf 10.02 0 0 icant shall pohl3599

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APPENDIX E - MATCHING FUNDS

Criteria for Allowable and Unallowable Match

APPENDIX G - BUDGET INSTRUCTIONS

The budget section of the application consists of **Buidgetitemal** abudget Narrative. The line-item budget must show the total project costs and **edopths** cation of the requested **funds**. The budget must also indicate the sources and amounts of matching <u>funds.elfrentation</u> and Expansion grants, a 3-year budget must be <u>provide</u>d.

Applicants are required to us at the item to Match Donation Forms found in Appendix F to verify cash and attach valuation to in-kind contributions. A signed fearth finatch donor must accompany this application as an attachment to the Budget Section. A Match Collection Reprortier to be used to show the proportions of cash and in-kind match.

Following is a brief line-by-line explanation of the categories to be used in developing the grant budget.

<u>Personnel</u> - List each position by title whose salary (or portion of total salary) is to be charged to the grant's budg Indicate the salary rate for each position and if this today title. If part-time, please identify

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Unallowable Costs - When completing the budget, please note that the following are types of costs that cannot be included. Below is an inclusive list of unallowable costs:

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS (FOR THE ENTIRE GRANT PERIOD)

IO: (name of county)					
FROM: (donor name)					
ADDRESS: _					
	to the County)	goods or supplies, and services temporarily (title is retained by the			
Description and Basis for Val	uation (See next page)				
Description	_	<u>V</u> alue			
(1)		\$			
(2)		•			
(3)					
(4)		\$			
		TOTAL VALU <u>E \$</u>			
		as a rcdiste(deithrematching) of any sta om or used as match for any state or			
(Donor Signature)	(Date)	(County Designee Signature)	 (Date)		

Appendix I - MATCH SUMMARY (for the entire grant period)

Date		
County		
Type of Grant		
Match Requirement Percentage	-	
Total Match Required fo	or the Grant \$	
Match Committed:		
	Cash	\$
	In-Kind	\$
	Total	\$

APPENDIX K - CJMHSA REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE PLEASE PRINT

STATE ATTORNEY OR DESIGNEE	PUBLIC DEFENDER OR DESIGNEE
COUNTY COURT JUDGE	CIRCUIT COURT JUDGE
LOCAL COURT ADMINISTRATOR OR DESIGNEE	STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE
COUNTY COMMISSION CHAIR	COUNTY DIRECTOR OF PROBATION
SHERIFF OR DESIGNEE	POLICE CHIEF OR DESIGNEE
AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM REPRENSTATIVE	CHIEF CORRECTIONAL OFFICER
DJJ - DIRECTOR OF DENTENTION FACILITY OR DESIGNEE	DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE
DCF - SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE REPRESENATIVE	PRIMARY CONSUMER OF MENTAL HEALTH SERVICES
COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR DESIGNEE	LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR DESIGNEE
PRIMARY CONSUMER OF COMMUNITY-BASED TREATMENT FAMILY MEMBER	PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

APPENDIX L - NOTICE OF INTENT TO SUBMIT AN APPLICATION

Children and Families of its intent to respond to	(Applicant Name) wishes to inform the Florida De	partm
Children and Families of its intent to respond to RFA03H17GN2.	the solicitation entitled "	
PLEASE PRINT OR TYP QUÆ STED INFORMATION	N	
Name of Authorized Official:		
Title of Authorized Official:		
Signature of Authorized Official:		
Date:		
Address:		
City, State, Zip:		
Telephone No:		
Website:		
E-mail Address:		
Type of Grant Applying for: Planning		
Implement	station and Expansion Grant	