



Eric Holcomb, Governor  
State of Indiana

*Division of Mental Health and Addiction*  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739

**REQUEST FOR FUNDING ANNOUNCEMENT – RFF-2022-015**  
**FOR**  
***Transportation for Facility-Based Respite Services for the***  
***Child Mental Health Wraparound program (CMHW)***

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration, Division of Mental Health & Addiction.

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted hereto are to be construed as a legal offer.

### **Confidential Information**

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 et seq., and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

### **Compensation**

FSSA/Division of Mental Health and Addiction encourages respondents, in their proposals for this RFF, to be as creative as possible regarding costs, as cost efficiency will be considered when determining grant(s) awards.



## Terms

Selected applicants will receive a grant commencing on September 1, 2022 (or from date of final State approval of grant) and terminating on February 28, 2023.

## Proposal Requirements

Applicants interested in providing these services to FSSA/DMHA should submit an electronic proposal no later than **August 5, 2022 @ 4 p.m. ET** via email to:

[DMHAYouthservices@fssa.in.gov](mailto:DMHAYouthservices@fssa.in.gov)

- Proposals received **after 4 p.m. ET will not be considered**. The email subject line should state: "**RESPONSE to RFF-2022-015 – Transportation for Respite Services for the Child Mental Health Wraparound program (CMHW)**"
- Ensure that all supporting documents are attached to the e-mail.
- Although not mandatory, pdf file format is preferred and only one file totaling all documents should be submitted.
- No more than one proposal per applicant should be submitted. However, an applicant can address more than one strategy within a single proposal.
- In the cover letter please indicate the principal contact for the proposal along with a telephone number and email.

**All proposals must have an electronic mailing address included.**

## Point of Contact

### CMHW Youth Team

Division of Mental Health and Addiction  
Family and Social Services Administration  
402 W. Washington, W353  
Indianapolis, Indiana 46204

**Please do not direct questions/inquiries to any other staff members of FSSA/DMHA, as this action may disqualify the applicant from further consideration for this RFF.**

## Project Description/Scope of Work

The Division of Mental Health and Addiction has been awarded funding through the Coronavirus Response and Relief Supplement Appropriations (CRRSA) Act 2021 funding through Mental Health Block Grant (MHBG).

The RFF aims to fund increased access to Child Mental Health Wraparound facility-based respite care services.

Transportation continues to be a barrier for youth benefiting from Child Mental Health Wraparound program to access facility-based respite care services. The Division of Mental Health and Addiction is granting funds to overcome this barrier by assist with transportation to/from respites locations within 120 miles of the CMHW authorized facility-based respite site.

This grant will be funded beginning September 1, 2022, through February 28, 2023. The potential respondents for the RFF include authorized DMHA CMHW providers. Allowable costs can include vehicle lease, insurance, registration, maintenance, safety features, accessibility adaptations, and other approved costs. Items prohibited include advertisement on the outside of the vehicle used to transport or the use of cargo or panel vehicles with no windows.

Priority will be given to respondents with extended operation hours outside of business hours and those respondents serving rural areas of the state.

Grantees must: 1) provide monthly reports to DMHA; 2) participate in the evaluation of this program; and 3) provide periodic oral updates, as requested by DMHA.

### Project Timeline

\*Subject to change\*

July 13, 2022	RFF sent to potential applicants
July 20, 2022	RFF questions due
July 27, 2022	RFF Q & A released
Aug. 8, 2022	RFF proposals due back
Aug. 22, 2022	Notify Grantees of Awarded Funds
Sept. 1, 2022	Grant effective date

Any questions regarding this RFF must be submitted by e-mail to [DMHAYouthservices@fssa.in.gov](mailto:DMHAYouthservices@fssa.in.gov) no later than 4 p.m. Eastern Daylight Time, **July 20, 2022**.

### Funding

The total funding amount available for this RFF is \$500,000.00. Grantees will be awarded up to \$50,000 each.

## Selection Process and Criteria – RFF-2022-015

Proposals should be in written format. Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction or designee. Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the Program in a cost-effective manner.

Written Proposal Scoring Criteria	Points
<p><b>Cover Letter</b></p> <ul style="list-style-type: none"> <li>A letter of application signed by the Director or agency board president identifying the amount of money requested, Population(s) of focus, proposed catchment area, and proposed numbers to be served. Include name, email, and phone number for the primary program contact. The cover letter needs to include the total amount requested.</li> </ul>	<b>3</b>
<p><b>Relevant Experience</b></p> <ul style="list-style-type: none"> <li>Describe experience working with respite services and/or respite providers.</li> <li>Describe experience providing transportation to youth with SED.</li> </ul>	<b>20</b>
<p><b>Organizational Information</b></p> <ul style="list-style-type: none"> <li>Tell us about your organization. Describe your organizations mission, goals, and 5-year strategic plan.</li> <li>Identify if you plan to work with a special population and your experience with this population.</li> <li>Indicate key personnel involved in the program and their experience.</li> </ul>	<b>10</b>
<p><b>Gaps and Service Area</b></p> <ul style="list-style-type: none"> <li>Describe your service area.</li> <li>What gaps related to transportation exist in the service area and how will this funding help to address those gaps.</li> </ul>	<b>10</b>
<p><b>Program Narrative</b></p> <ul style="list-style-type: none"> <li>Provide a description of the transportation services you plan to implement. Describe the process used to come to this decision, how were the services chosen, what data was used, who was involved, etc.</li> <li>Describe the hours of operation</li> <li>Provide detailed explanation of which local partners you are working with /or intend to work with for the completion of this project. List partners who have been contacted and</li> </ul>	<b>30</b>

<p>describe what each partner will contribute to fulfill the grant requirements.</p> <ul style="list-style-type: none"> <li>• Please prepare a realistic timeline for implementation.</li> <li>• Indicate outcomes you plan to achieve. How will you measure the outcomes?</li> <li>• Explain potential barriers to success and ways to overcome said barriers.</li> <li>• Describe your contingency plans in the event you are unable to implement the service as originally anticipated (i.e., consequences of Covid, closures, etc.)</li> </ul>	
<p><b>Budget Template with Budget Justification</b></p> <ul style="list-style-type: none"> <li>• Using the attached sample budget, develop a budget for the selected project. Include the associated justification. Please include the total amount requested.</li> </ul>	<b>5</b>
<p><b>Letters of Support</b></p> <ul style="list-style-type: none"> <li>• Provides letters of support from partners that are fully committed to this project and the role they will play, etc.</li> </ul>	<b>5</b>
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Documentation of auto insurance policy</li> <li>• Copies of current and/or proposed policies related to transportation of youth.</li> </ul>	<b>2</b>
<p><b>Sustainability</b></p> <ul style="list-style-type: none"> <li>• Describe the plan to sustain service delivery past the award period.</li> </ul>	<b>15</b>
<b>TOTAL</b>	

**SAMPLE BUDGET TEMPLATE – RFF-2022-008**

**A. Personnel**

Position	Name	Hourly Rate	Annual Rate	Amount Requested

Provide brief description of job duties:

**B. Fringe Benefits**

Position	Name	Insurance Cost	FICA	Amount Requested

Provide brief description of percentages of costs:

**C. Travel**

Purpose	Destination	Item (Ex: Hotel, flight, per diem)	Cost	Amount Requested

Provide brief description of travel (Ex: conference, workshop, location, dates if known)

**D. Supplies**

Item	Cost	Bases (Ex: monthly, quarterly)	Quantity	Amount Requested

Provide brief description of supplies

**E. Contracts**

Name/Vendor	Duty	Amount Requested

Provide brief description of contractor duties:

Total Amount Requested \$

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