**REQUEST FOR APPLICATION**



**Arkansas Supplemental funding related to COVID-19 pandemic (MHBG)**

**Mobile Crisis Intervention Pilot Programs**

**Program Year 2022 - 2023**

**(February 1, 2022 – March 14, 2023)**

**Issued by: State of Arkansas**

**Department of Human Services**

**Division of Aging, Adult, and Behavioral Health Services**

**Applications Must Be Submitted**

**No Later Than 3:00 p.m. (Central Standard Time) December 1, 2021**

**For Further Information Contact:**

**Bridget Atkins –** [**Bridget.atkins@dhs.arkansas.gov**](mailto:Bridget.atkins@dhs.arkansas.gov) **or**

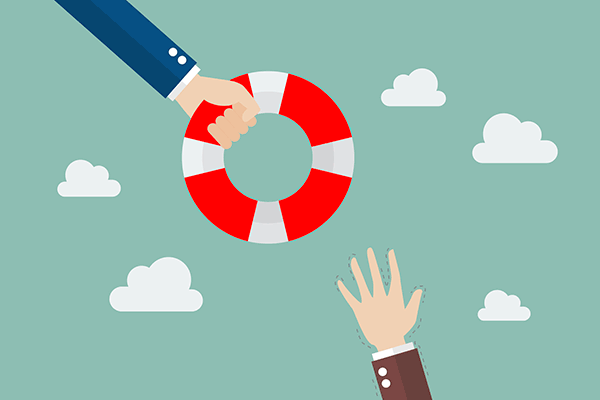
[**Tammy.alexander@dhs.arkansas.gov**](mailto:Tammy.alexander@dhs.arkansas.gov)

**Arkansas Department of Human Services**

**Division of Aging, Adult and Behavioral Health Services**

**P. O. Box 1437, Slot W-241**

**Little Rock, Arkansas 72203-1437**



**TABLE OF CONTENTS**

|  |  |  |
| --- | --- | --- |
| Section | 1.0 – Statement of Need | 4 |
| Section | 2.0 – Statement of Purpose | 4 |
| Section | 3.0 – Minimum Qualifications | 5 |
| Section | 4.0 – Available Funds/Allotted Positions | 5 |
| Section | 5.0 – Issuing Agency/Officer | 5 |
| Section | 6.0 – Grant Administrator | 5 |
| Section | 7.0 – Anticipated Procurement Timetable | 6 |
| Section | 8.0 – Letter of Intent | 6 |
| Section | 9.0 – Submission of Applications | 6 |
| Section 10.0 – Rejection of Applications | | 7 |
| Section 11.0 – Review of Applications | | 7 |
| Section 12.0 – Application Awarding and Signing | | 8 |
| Section 13.0 – Services to be Provided | | 8-10 |
| Section 14.0 – Participant Eligibility Requirements and Enrollment | | 10 |

Priorities

Section 15.0 – Grant Application Components 10 - 12

Section 16.0 – Description of Organizational Capability, Records 12-13

Documentation and Maintenance and Coordination

Section 17.0 – Reporting Requirements 13

Section 18.0 – Budget Proposal/Funding Requirements 13-15

Section 19.0 – Vendor Number 15

Section 20.0 – Rules of Procurement 15

Section 21.0 – Point of Contact 15

Section 22.0 – RFA Amendments 15

Section 23.0 – Cost of Preparing Application 15

Section 24.0 – Disposition of Applications 16

Section 25.0 – Incorporation Into Grant 16

Section 26.0 – Application Amendments and Rules of Withdrawal 16

Section 27.0 – Acceptance of Applications 16

Section 28.0 – Application Evaluation 16-17

Section 39.0 – Award Notice 17

**APPENDICES**

Appendix I: Application Coversheet/Statement of Acknowledgment Appendix II: Score Summary

Appendix III: Service Budget

Section 1.0 – Statement of Need

The Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services is announcing the possibility of grant resources to be made available and is opening a Request for Application to agencies representing public or private non-profit organizations for the purpose of providing Mobile Crisis Intervention services to be provided in any one (1) to two (2) counties in Arkansas. **Respondents must apply for one (1) or two (2) counties, preferably adjacent, but other configurations will be considered based on rationale and planned services.**

Section 2.0 – Statement of Purpose

The purpose of the Request for Application (RFA) is to solicit for program year 2022 ( February 1, 2022 - March 14, 2023) services for Mobile Crisis Intervention within four Arkansas regions.

Upon the successful completion of the above-noted grant period, there is a possibility that additional grant funding may become available for continuation of services. While not guaranteed, continuation of successful programs past the grant time period will be a priority for the Arkansas Department of Human Services.

Grant funding is in accordance with the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]. The awarded funds must be used for activities consistent with the Mental Health Block Grant (MHBG) program. This award is subject to the administrative requirements for HHS block grants under 45 CFR Part 96, Subpart C, and 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to this particular program (reference 45 CFR Part 75 Subpart B, 75.101(d)).

Section 3.0 – Minimum Qualifications

The following entities are eligible to apply:

Public or private non-profit behavioral health organizations currently certified as a Behavioral Health Agency through the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance (DPSQA). The respondent must have a demonstrated ability to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the program.

Section 4.0 – Available Funds/Allotted Positions

Under this Request for Application, the following projected amount is available from February 1, 2022 through March 14, 2023. The projected amount of the grant, allotted positions, and counties are subject to change based upon the Division of Aging, Adult, and Behavioral Health Services’ grant award resource availability as provided by the Substance Abuse and Mental Health Services Authority (SAMHSA).

|  |  |
| --- | --- |
| **Projected Available Funds** | **Projected Allotted Authorized Positions** |
| $3,000,000.00 | 26-28 |

Section 5.0 – Issuing Agency/Officer

This Request for Application is issued by the Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services (DHS-DAABHS).

Tammy Alexander, Assistant Director, Behavioral Health

Issuing Officer

Division of Aging, Adult, and Behavioral Health Services Department of Human Services

P. O. Box 1437, Slot W-241

Little Rock, Arkansas, 72203-1437 Phone: (501) 396-6310

Section 6.0 – Grant Administrator

Jay Hill, Director

Division of Aging, Adult, and Behavioral Health Services Department of Human Services

P. O. Box 1437, Slot W-241

Little Rock, Arkansas, 72203-1437

Section 7.0 – Anticipated Procurement Timetable

|  |  |
| --- | --- |
| **EVENT** | **ANTICIPATED DATE AND TIME** |
| Request for Application (RFA) Public Notice | Tuesday, November 2, 2021 |
| Deadline to Submit Letter of Intent to Application | Tuesday, November 16, 2021, 3:00 p.m. CST |
| Request of Application (RFA) Closing Date and Time for Submission of Applications | Wednesday, December 1, 2021, 3:00 p.m. CST |
| Intent to Award Notification on or About | Wednesday, December 15, 2021 |
| Grant Start Date (Subject to State Approval) | February 1, 2022 |

Section 8.0 – Letter of Intent

Respondents that intend to submit an application in response to this RFA shall submit a letter of intent to the Issuing Officer identified in RFA section 5.0. The Issuing Officer must receive the letter of intent no later than 3:00 p.m. (CST) Tuesday, November 16, 2021.

The Issuing Officer will accept a copy of the letter of intent sent by email, but the respondent shall also ensure the Issuing Officer receives the original signed letter within three (3) business days of the email. The State accepts no responsibility for accurate or timely receipt of an email submission from respondents.

The Issuing Officer will send subsequent correspondence by email and/or mailing related to this RFA, including any amendments to the RFA, only to respondents that submit timely letters of intent.

Section 9.0 – Submission of Applications

Respondents must submit one original (marked "ORIGINAL") application to the Issuing Officer listed below. Emailed applications may be submitted to [**Tammy.Alexander@dhs.arkansas.gov**](mailto:Tammy.Alexander@dhs.arkansas.gov)**.**

**Applications must be received by 3:00 p.m., Central Standard Time (CST), December 1 2021.**

Mailing Address

Tammy Alexander, Assistant Director, Behavioral Health

Issuing Officer

Division of Aging, Adult, and Behavioral Health Services Department of Human Services

P.O. Box 1437, Slot W-241

Little Rock, Arkansas 72203-1437 Phone: (501) 396-6310

Email: [Tammy.Alexander@dhs.arkansas.gov](mailto:Tammy.Alexander@dhs.arkansas.gov)

Office Location

Arkansas Department of Human Services 700 Main Street

Little Rock, Arkansas 72201

* The envelope should be clearly labeled Mobile Crisis Intervention RFA.
* Parties must submit a Letter of Intent by November 16, 2021 at 3:00 p.m. CST in order to have applications considered. DAABHS will not accept or review applications that do not include a copy of the party's timely Letter of Intent.
* Applications submitted after 3:00 pm (CST) December 1, 2021, will not be accepted.
* Any confidential, proprietary, or copyrighted materials submitted by respondents must be marked “Confidential”.
* Respondents may submit only one (1) application.
* The state of Arkansas is not liable for any cost associated with the preparation of the respondent’s application or any cost incurred by any respondent prior to the issuance of any Grant.
* All applications, responses, inquiries or correspondence relating to or in any reference to this RFA will become the property of the State and will not be returned.

# NO FAXED SUBMITTALS WILL BE ACCEPTED IN LIEU OF THE REQUIRED PAPER COPIES.

* All respondents must be in good standing with the Arkansas Department of Human Services, including the Division of Medical Services (DMS) and Division of Provider Services and Quality Assurance (DPSQA).
* Each application shall take no more than 15 pages double-spaced to address the items listed in 15.0 Grant Application Components, Section III. Required Program Activities.
* For current Behavioral Health Agencies all prior performance will be reviewed before a grant will be awarded.

Section 10.0 – Rejection of Applications

The Division reserves the right to reject any and all applications. Failure to furnish all information may disqualify a respondent. If a respondent takes exception to any portion of this RFA and this exception is not acceptable to the Department, the application may be rejected.

Section 11.0 – Review of Applications

An evaluation committee will review all applications beginning December 2, 2021 and anticipate completing reviews no later than December 14, 2021. The evaluation committee will score the applications using a standardized evaluation tool and shall present the list of respondents with their corresponding score to the DAABHS Director for a final decision on selection or non- selection of a sub-grantee. The Issuing Officer will subsequently notify the successful respondent/s.

The Division will review all applications and make a determination if the project meets the criteria for selection. The Division reserves the right to reject any application.

Section 12.0 – Application Awarding and Signing

The Grant/s will be awarded to the respondent/s considered by the Department to propose the most effective and comprehensive plan. Grant awarding and signing will be contingent upon the DAABHS receiving approval from the Legislative Council or Joint Budget Committee, and appropriation of necessary funding.

The grant is also contingent upon the Substance Abuse and Mental Health Services Administration giving approval to the Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services’ Mental Health Block Grant FY2021 COVID emergency funding.

The Department reserves the right to make awards under this RFA throughout the Grant period should the need arise, and funding be available.

Section 13.0 – Services to be Provided

Agencies should be familiar with the areas and populations to be served and must be able to administer a successful, cost-effective program in proposed counties.

Applicants must abide by the requirements set forth in the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] and the administrative requirements for HHS block grants under 45 CFR Part 96, Subpart C, and 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to this program (reference 45 CFR Part 75 Subpart B, 75.101(d)).

Listed below are required services:

Services must be appropriate to all ages, be co-occurring capable, and provide culturally/linguistically appropriate communication.

**Core Principals** (must be addressed in application)

1. Meeting the individual in need of services at a location where the person experiencing the crisis may be at the time of initial notification.
2. A crisis is defined as a real or potential disruption of stability and safety as a result of behavioral health condition or issues, not defined as exclusively homicidal or suicidal
3. Focus on recovery-oriented care and needs
4. Significant role for Peer Recovery Support Specialists including engagement and follow-up
5. Response without law enforcement unless safety concerns warrant involvement
6. Trauma informed care
7. Safety and security for individuals in crisis and responding staff
8. Crisis response partnerships with law enforcement, emergency medical responders, community first responders and behavioral health providers
9. Utilization of current technology as appropriate

* Mobile Crisis Intervention call center
* 24/7 call line primarily answered by Peers
* Immediate phone/telehealth access to professional clinical staff
* Capable of phone-based triage (e.g. divert to ER for significant medical issues)
* Caller ID
* Able to schedule outpatient appointments synonymous with a warm handoff
* Real time dash boards for performance reports on volume, number of referrals, time to answer, abandonment rate, service accessibility
* Post crisis follow-up by Peer, both phone and in person
* Mobile Crisis Response Teams must:
* Be able to deploy to where the crisis is happening (homes, offices, shelters, etc.)
* Always work in pairs for safety
* Be able to perform triage screening, including for suicidality
* Be trained in de-escalation/conflict resolution skills and mental health first aid
* Teams dispatched should be appropriate to manage/ensure culturally appropriate services
* Teams must be trained in trauma-informed care
* Teams must be able to accurately assess, evaluate, and refer for appropriate services
* Teams must include a certified Peer Recovery Support Specialist (may also be a Peer in Training, Peer at the Advanced or Supervisor level of certification Minimum one supervisor level Peer, full time or on contract)
* Teams must be able to access current technology
* Teams must have rapid access to a licensed mental health practitioner and MD/APN
* Teams must be familiar with local resources for a broad variety of behavioral health needs or needs related to social determinants of health
* Teams must be trained to develop crisis plans
* Teams must be able to coordinate medical or behavioral health services on an emergent, urgent, or routine basis, as appropriate
* Teams must be co-occurring capable
* Teams must collaborate with family and/or natural supports as available and appropriate
* Teams are expected to respond to any and all requests for intervention

Potential data points

Crisis Call Center Services:

* Call volume,
* Average speed of answer,
* Average delay,
* Average length of call,
* Call abandonment rate,
* Percentage of calls resolved by phone,
* Number of mobile teams dispatched,
* Number of individuals connected to a crisis or hospital bed, and
* Number of first responder-initiated calls connected to care.

1. Crisis Mobile Services:

* Number served per shift,
* Average response time,
* Percentage of calls responded to within 1 hour… 2 hours,
* Longest response time, and
* Percentage of mobile crisis responses resolved in the community.

1. Post Crisis follow up:

* Number of individuals for whom mobile crisis team is dispatched more than once within 6 months
* Number of continued Peer connection 30, 60 days after initial contact
* Guest service satisfaction, and
* Percentage of individuals reporting improvement in ability to manage future crisis

Section 14.0 – Participant Eligibility Requirements and Enrollment Priorities

Applicants must be a private or non-profit entity in good standing with the Department of Human Services, Division of Medical Services, and Division of Provider Services and Quality Assurance. The entity must be a currently enrolled Medicaid provider.

Section 15.0 – Grant Applicant Components

The application shall include information about each of these areas below:

Application Coversheet/Statement of Acknowledgement (Appendix I)

1. Response to Statement of Purpose (Section 2.0)

Describe how the Mobile Crisis Response teams will enhance the crisis continuum and fit within the community structure.

1. Statement of Work/Response of RFA Specifications (Section 1.0 and 2.0)
   1. The geographic area to be served. List the counties and the number of authorized positions and a description of the target group to be served.
   2. The project objective/s as seen by the provider.
2. Required Program Activities

A. Meeting the person where they are (responding to the crisis situation when/where it is happening)

Mobile crisis teams will offer services of community-based interventions to individuals experiencing a behavioral health crisis in the environment where the crisis is occurring. Describe how the availability of proposed services and activities will be implemented with the primary focus being on the anyone, anywhere, anytime philosophy. In your response, please indicate what you believe to be a reasonable response time for your mobile team.

B. A crisis is defined as a real or potential disruption of stability and safety as a result of behavioral health condition or issues, not defined as exclusively homicidal or suicidal

Crisis services are for anyone, anywhere, and anytime. Crisis are not discrete events, but an episode containing a continuum of needs that can range from low acuity early warning signs to high acuity emergent situations. Essential functions of mobile crisis services include triage/screening, including screening for suicidality, assessment, and de-escalation/resolution, Peer support, coordination with medical and behavioral health services, and crisis planning with follow-up. Describe your vision for ensuring person-centered, community-based, trauma-informed services to individuals experiencing a behavioral health crisis.

C. Focus on recovery-oriented care and needs

Mobile crisis care seeks to assist in achieving rapid relief to the immediate crisis and ideally resolution of the crisis situation whenever possible. Describe how your agency’s plan for this program will focus on the principals of recovery. In your response, please include information about your agency’s policies/procedures and training to ensure staff are knowledgeable about recovery-oriented care and capable of implementing such care on a consistent basis.

D. Significant role for Peer Recovery Support Specialists including engagement and follow-up

The use of Peers is a national best-practice for mobile crisis teams. Describe how your agency currently uses Peers in providing evidence-based services to your population. Describe any future plans on how to expand the use of Peers. In your response, include a specific description of how you would utilize Peer Recovery Support Specialists for this project.

E. Response without law enforcement unless safety concerns warrant involvement

Ideally, the program implementation will focus on providing appropriate care and support while avoiding unnecessary law enforcement involvement, emergency department use, and hospitalization. Describe multiple ways your agency would strive to minimize law enforcement involvement.

F. Trauma-informed care

Describe what current training your staff receive regarding trauma-informed care. What additional training do you think would be helpful?

G. Safety and security for individuals in crisis and responding staff

Safety for all is critical in any crisis situation, no matter where it is occurring. Please specifically describe what protocols your agency will implement to ensure safety of the individual in crisis and the mobile team members. In your response, please keep in mind the true intent of mobile crisis services of meeting the client where they are, literally.

H. Crisis response partnerships with law enforcement, emergency medical responders, community first responders and behavioral health providers

Community-based mobile crisis programs should focus on linking persons in crisis to all necessary medical and behavioral health services that can assist with resolution. Ideally, the services will also prevent future crisis. Describe how your agency would implement this aspect of the program, keeping in mind what continuum of services you have available in your area currently. Please do not limit your responses to services provided by your agency. Additionally, the best practices are for least restrictive services necessary to ensure safety and resolution of the crisis. Partnerships may be evidenced in a variety of ways including, but not limited to, a Memorandum of Understanding (MOU).

I. Utilization of current technology as appropriate

Many other states utilize a combination of tablets, GPS, caller id, telehealth, and in some cases real-time bed registries. Applicants are encouraged to use all available technology to support the mobility and time-sensitive nature of the program. Describe how your program will utilize technology and in what capacity.

Additional considerations to address in application:

1. Participant Transportation– Describe arrangements that will be made to provide transportation assistance to participants. It should include information about the rate of reimbursement, type of transportation and other relevant information.
2. Goals **-** Describe goals based on potential data points listed above.

Section 16.0 – Description of Organizational Capability, Records Documentation and Maintenance and Coordination

1. **Organizational Capability The application shall include**:
   1. Description of the management structure of the proposed project, including a staffing plan or project organizational chart. The staffing plan or organizational chart must identify staff with key management responsibilities and show their expected portion of time dedicated to the project (if less than 100 percent). Mobile crisis responding team members should be employed exclusively in the grant program.
   2. A synopsis of corporate qualifications indicating the organization’s ability to manage and complete the proposed project. Any evaluations of projects similar to the one proposed in the RFA will be considered (*previous experience is desired, but not required*).
   3. Description of method and procedures to be used to monitor and evaluate project activities to determine if the project is being administered in accordance with Federal guidelines and regulations and if project goals and timetables are being met. The following items should be addressed: how frequently project activities will be monitored/evaluated; who will be responsible for monitoring; what criteria will be used to monitor project activities; what methods will be used for prescribing remedial actions when necessary; and what follow-up procedures will be used to ensure that any identified problems are corrected. Describe the method and procedures to be used to monitor and evaluate project activities to determine if the project is being administered in accordance with Federal guidelines and regulations and if project goals and timetables are being met.

* 1. The applicant must have a physical business location in the State of Arkansas. Provide your organization’s physical address located in the State of Arkansas. Employees must work at the business location provided to DHS.

1. **Records Documentation and Maintenance**

Provide a narrative description of where and how administrative/fiscal and programmatic/participant files and records, pertaining to the management of the sub-grant, will be maintained. Indicate record keeping systems that will be used to track participant progress/status. Describe internal management and financial controls established to track expenditures and programmatic performance. Provide a sample of policies for maintenance and monitoring of financial records.

**VI Coordination**

Discuss specific strategies and activities for promoting and enhancing program coordination and developing cooperative relationships with:

* Law Enforcement
* Local first responders (ambulance, fire, etc)
* Behavioral Health and Substance Abuse Treatment providers
* Area hospitals and Acute Crisis Units/Crisis Stabilization Units
* Other community resources as available

Include a copy of any current Memorandums of Understanding (MOUs) developed with any of the aforementioned agencies.

Section 17.0 – Reporting Requirements

Sub-grantee will be required to enter appropriate Mobile Crisis Response data in order to generate the following reports:

Quarterly and Final Progress Reports and Data Quality Reports. Data should be entered by the 15th of each month following the end of the 1st, 2nd, 3rd, and 4th quarters of the project period.

Following billing and reporting guidelines, sub-grantee will be required to submit the following billing and reporting items to the DHS, Contract Management Unit and the Division of Aging, Adult, and Behavioral Health Services:

* + Monthly Payment Invoice and Expenditure Billing Report.
  + All other and/or reports requested by DHS.

Section 18.0 – Budget Proposal/Funding Requirements

All proposed budgets must adhere to the following federal guidelines:

### Allowability of Costs - The existing accounting and personnel policies and procedures must address the allowability of costs as follows:

* To be allowable under a federal award, costs must be reasonable, allocable, and adequately documented.
* A cost is reasonable if it does not exceed what a prudent person would incur under similar circumstances.
* A cost is allocable to a federal award to the extent the goods or services benefited the program.
* A cost is adequately documented if it is supported by accounting records and source documentation, such as purchase orders, vouchers, invoices, payroll allocation reports, payroll summaries, timesheets, etc.

Reference [§74.27](https://www.ecfr.gov/current/title-45/part-74)and [§92.22](https://www.ecfr.gov/current/title-45/part-92)in Parts 74 and 92 of Title 45 in the e-CFR, and Attachment B §s C and A of OMB Circulars [A-87](https://obamawhitehouse.archives.gov/omb/circulars_a087_2004) and [A-122](https://obamawhitehouse.archives.gov/omb/circulars_a122_2004).

### Program Income - The existing accounting and personnel policies and procedures must limit the use of program income relating to projects financed with federal funds to one or more of the following:

* Furthering the eligible project or program objectives
* Financing the non-federal share of the project or program
* Deducting it from the total federal share of project or program allowable costs

Reference [§74.24](https://www.ecfr.gov/current/title-45/part-74) and [§92.25](https://www.ecfr.gov/current/title-45/part-92)in Parts 74 and 92 of Title 45 in the e-CFR.

The budget proposal shall contain:

* Arkansas Vendor number
* A completed Service Budget Form (Appendix III)
* A detailed budget narrative explaining and justifying the reasonableness of each line item expense, including appropriate methodologies and formulas used to calculate all costs, and detailing how the work required under this RFA will be accomplished at the price proposed and with allotted positions.
* A cost allocation chart identifying each staff member’s annual salary, and the percentage of time charged to each funding source.
* Initial budget proposals include the following budget breakdown for each of the four (4) pilot programs for a thirteen (13) month time period:
* $675,000 staffing allotment (24/7 staffing of crisis line and deployment of team)
* $27,504 travel allotment
* $40,000 for tablets/electronics including up to forty (40) for community responders and all team members.

Refer to federal requirements for minimum percentages on wages and fringe benefits and maximums on administration.

The Grantee shall agree to accept the grant funding as total reimbursement for all Grant activities including payments to sub-grantees.

Section 19.0 – Vendor Number

If the respondent does not already have an Arkansas vendor number issued by the Office of State Purchasing, Department of Finance and Administration, they shall obtain the vendor number before a Grant is signed. The respondent shall submit proof of application for the vendor number with the business proposal.

Section 20.0 – Rules of Procurement

To facilitate the procurement of requests for applications, various rules have been established. They are described in the following paragraphs.

Section 21.0 – Point of Contact

The RFA Issuing Officer is the sole point of contact from the date of release of the RFA until the successful respondent is selected.

Section 22.0 – RFA Amendments

The Department reserves the right to amend the RFA prior to the date for application submission. Amendments, addenda and clarification will be sent to all organizations that submitted a letter of intent.

Section 23.0 – Cost of Preparing Application

The cost for preparing applications is solely the responsibility of the respondent.

Section 24.0 – Disposition of Applications

All applications become the property of DHS and will be a matter of public record subject to the provisions of the Arkansas Freedom of Information Act, Ark. Code Ann. §25-19-101, *et seq*.

If the application contains material that is considered by the respondent to be confidential under Arkansas law, the respondent will so designate the material and state the legal basis for the claim of confidentiality. In responding to any requests under the Freedom of Information Act for materials so designated, the Department will review the basis for the claim of confidentiality to determine if the claim of confidentiality appears justified. If there appears to be a valid basis for the claim of confidentiality, the materials will not be released.

Section 25.0 – Incorporation into Grant

Appropriate portions of the successful application may be incorporated into the resulting Grant and will be a matter of public record subject to disclosure under the provision of the Arkansas Freedom of Information Act, Ark. Code Ann. §25-19-101 *et seq*. DHS will have the right to use all ideas, or adaptations of those ideas, contained in any application received in response to this RFA. Selection or rejection of the application will not affect this right.

Section 26.0 – Application Amendments and Rules of Withdrawal

Prior to the application due date, a submitted application may be withdrawn by submitting a written request for its withdrawal to the Issuing Officer, signed by the respondent.

Unless requested by the Department, no amendments, revisions or alterations to applications will be accepted by the Department after the application due date.

Section 27.0 – Acceptance of Applications

The Department reserves the right to request necessary amendments, reject any or all applications received, or cancel this RFA if it is in the best interest of the Department to do so. The Department in its review of applications may waive minor irregularities; such waiver will in no way modify the RFA requirements or excuse the respondent from full compliance with the RFA requirements if the respondent is awarded the sub-grant.

Section 28.0 – Application Evaluation

The Division of Aging, Adult, and Behavioral Health Services shall appoint an Evaluation Committee to evaluate the merit of the applications. Each team member shall use standardized evaluation tools and forms to review each application and arrive at a technical score.

Based on findings by the evaluation team, any application deemed incomplete or in which there are significant inconsistencies or inaccuracies may be deemed non-responsive and may be rejected by DAABHS. The State reserves the right to reject any and all applications.

For each application not rejected as non-responsive, each evaluator shall use standardized evaluation tools and forms to assign raw point scores for each region applied for in each application. DAABHS will use a weighted scoring system to calculate final point scores for application.

Section 29.0 – Award Notice

The notice of intended sub-grant award will be sent to all respondents.

# APPENDIX I

**Page 1 of 2**

**APPLICATION COVERSHEET/STATEMENT OF ACKNOWLEDGEMENT**

**SECTION I RESPONDENT ORGANIZATION INFORMATION**

**NAME OF ORGANIZATION: ADDRESS: PHONE:** ( ) **FAX #:** ( )

**TAXPAYER IDENTIFICATION / SOCIAL SECURITY NUMBER:**

**Indicate if the organization is an in-state or out-of-state entity:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MINORITY VENDOR** | **STATE AGENCY** | **LOCAL GOV’T** | **FOR PROFIT** | **NON- PROFIT** | **CORPORATION** | **PARTNER SHIP** |

**PERSON AUTHORIZED BY ORGANIZATION TO OBLIGATE THE ORGANIZATION:**

NAME: TITLE:

**PERSON AUTHORIZED BY ORGANIZATION TO NEGOTIATE THE SUB-GRANT ON BEHALF OF THE ORGANIZATION:**

NAME: TITLE:

**CORPORATE PRESIDENT’S NAME AND ADDRESS (***IF NOT APPLICABLE, SO NOTE***):**

NAME: ADDRESS: OFFICIAL TITLE:

Does this application contain confidential information? If “Yes,” explain on an attachment to this statement.

|  |  |  |
| --- | --- | --- |
| **Have you previously been a provider for the Department of Human Services?**  If “YES,” are you in good standing? YES NO | **YES** | **NO** |
| **Do you intend to offer any services through a subcontract?**  If “YES,” are signed letters of agreement, contracts, or other forms of commitment attached? YES NO  If “NO,” have you attached a statement attesting to that fact? YES NO  If yes, indicate in the space provided below the percentages of work that will be done by the primary grantee and the subcontractor. | **YES** | **NO** |

# APPENDIX I

**Page 2 of 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **SECTION II APPLICANT REQUIREMENTS** | | |  |
| **One (1) original (marked *“ORIGINAL”*)** | | | **YES** | **NO** | |
| **Technical Application includes the following:**   1. **Response to Statement of Purpose (Sec. 15.0)** 2. **Statement of Work/Response of RFA Specifications (Sec. 15.0)** 3. **Required Program Activities – not to exceed 15 pages (Sec. 15.0)** 4. **Organizational Capability (Sec. 16.0)** 5. **Records Documentation and Maintenance (Sec. 16.0)** 6. **Coordination (Sec. 16.0)** 7. **Budget Proposal/Funding Requirements (Sec. 18.0)**   **Application packet contains all attachments requested in the RFA, including but not limited to the following?**   * + Current resumes of staff proposed to perform work on the grant project (if current employee)   + Verification of current professional licensure of staff (if applicable)   + Verification of licensure of organization (if applicable)   + Verification of status as a corporation, professional association, limited liability corporation or non-profit   + If using contractor, signed Letters of Agreement   + If not using contractor, statement attesting to that fact | | | **YES** | **NO** | |
| **Have you read and understood, and do you agree to comply with the requirements of the RFA?**  **Do you certify that you do not and will not discriminate in employment practices? Does the person signing certify that he/she is responsible for making decisions for the organization relevant to this RFA?**  **Do you authorize DHS to verify financial information requested by the RFA? Do you certify that no attempt has been made to persuade others to or not to submit applications?**  **Do you commit to adhering to an established accounting systems and financial controls?**  **Have you received any amendments to this RFA (yes or no)? If “yes”, how many?** | | | **YES** | **NO** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **SECTION III STATEMENT OF ACKNOWLEDGEMENT** | |  |
|  |  | **By signature of this form and submission of an application in response to this RFA, the respondent acknowledges that the above certifications are true and accurate.** | |  |
|  | **SIGNATURE BY OFFICER OF ORGANIZATION**  **Authorized to Obligate** | **TITLE** | **DATE** |

# APPENDIX II

**SCORE SUMMARY**

|  |  |  |
| --- | --- | --- |
|  | **Total Possible Points** | **Score** |
| I. **Response to Statement of Purpose** | 5 |  |
| II. **Statement of Work/Response of RFA** | 10 |  |
| III. **Description of Required Program Activities** | 95 |  |
| IV. **Description of Organizational Capability** | 30 |  |
| V. **Records Documentation and Maintenance** | 5 |  |
| VI. **Coordination** | 5 |  |
| VII. **Grant Budget** | 30 |  |
| **TOTAL POINTS** | 180 |  |
| **VIII. Past Performance (Bonus Points)** | 20 |  |
| **TOTAL POINTS** | 200 |  |

**APPENDIX III**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Federal Title V Grant** | | **Application**  **Budget** |  |  |
|  |  |  |  | **Date:** |  |  |
| **Number of Positions:** |  |  |  |  |  |  |
| **Funding Source: Federal Title V** | | | | | | |
|  | | | | **SERVICE** | |  |
| **BUDGET** | **Federal** | **Voluntary Contribution** |  |  |  |  |
| **ADMIN** |  |  |  |  |  | **TOTAL** |
| Salary |  |  |  |  |  |  |
| Fringe |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Rent & Utilities |  |  |  |  |  |  |
| Communications |  |  |  |  |  |  |
| Contracts |  |  |  |  |  |  |
| Local Support |  |  |  |  |  |  |
| Other Costs |  |  |  |  |  |  |
| TOTAL ADMIN |  |  |  |  |  |  |
| **SERVICES** | | | | | | |
| Salary |  |  |  |  |  |  |
| Fringe |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Rent & Utilities |  |  |  |  |  |  |
| Communications |  |  |  |  |  |  |
| Contracts |  |  |  |  |  |  |
| Local Support |  |  |  |  |  |  |
| Other Costs |  |  |  |  |  |  |
| **TOTAL SERVICES** |  |  |  |  |  |  |
| **TOTAL DIRECT COST** |  |  |  |  |  |  |
| **INDIRECT COSTS** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
|  | | | | | | |
| Indirect Factor |  |  |  |  |  |  |
| Remarks | | | | | | |