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at Sierra Health Foundation

The COVID-19 Mitigation Project Round Two Request for Applications Proposers' Webinar will begin soon!

- If you have audio issues using computer speakers, join the audio by phone:
 1. Dial: 1-669-900-6833
 2. Meeting ID: 825 4665 7022
 3. Passcode: 461146
- All participants are muted.
- If you have questions during the webinar, submit them through the Q&A feature.
- American Sign Language Interpretation is available. Feel free to pin them on your screen.



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Welcome to the COVID-19 Mitigation Project Round Two Request for Applications Proposers' Webinar

May 24, 2023



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Our Team



Myel Thelen
Senior Program Officer



Gina Yang
Program Associate



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Our Team



Hannah Finegold
Program Associate



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Our Team

Department of Health Care Services (DHCS)



Latoya Deon

Associate
Governmental
Program Analyst



Victoria Watkins

Unit Chief



Jessica Nasello

Program Manager

Agenda

- Program Background
- The Funding Opportunity
- How to Apply
- How to be Competitive



Sierra Health Foundation: Center for Health Program Management (The Center) Background

- Launched in 2012
- Brings people, ideas and infrastructure together to create positive change in California
- Dedicated to health and racial equity
- Managing entity of the COVID-19 Mitigation Project in partnership with California Department of Health Care Services (DHCS)



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Funding Opportunity Overview

COVID-19 MITIGATION PROJECT FOR BEHAVIORAL HEALTH SYSTEMS

REQUEST FOR APPLICATIONS

MAY 2023



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This funding opportunity is provided by The Center at Sierra Health Foundation with funding from the State of California's Department of Health Care Services.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California.

For information about The Center, visit www.shfcenter.org.



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COVID-19 Mitigation Project

Federal Funds

- Funded through block grants from Substance Abuse Prevention & Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG).
- Contract agreements will include standard federal rules and regulations and applicable rules and regulations from the State of California.
 - Refer to Appendix D – Federal Requirements for additional information.
- Due to federal restrictions, carry-over funds is not allowable. Any funds not used by March 31, 2025, will be forfeited or must be returned.



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COVID-19 Mitigation Project

Glossary

- Community Mitigation strategies
- Rapid COVID-19 testing
- Mental health disorder
- Serious mental illness
- Serious Emotional Disturbance
- Substance Use Disorder (SUD)
- Co-occurring disorder

COVID-19 Mitigation Project

Program Goal

To prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system, particularly those engaged in mental health disorders or substance use and co-occurring disorder prevention, early intervention, treatment, and recovery service activities.



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COVID-19 Mitigation Project

Program Scope

- Activities implemented through this funding opportunity must be related to **one or more** of the three following strategies: COVID-19 testing education, on-site COVID-19 testing, and/or maintaining healthy environments.
- The primary focus must be to support staff and individuals connected to the behavioral health system, particularly those engaged in mental health or substance use disorder care, including unhoused individuals.
- Each organization may apply **up to \$500,000**.
 - Requests of \$125,000 and more require a regranting strategy.
- Project Period: **September 15, 2023 – March 30, 2025**



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Examples of Potential Funded Activities

- Rapid onsite COVID-19 testing of clients and staff and facilitating access to testing services.
- Establishment of alternate testing sites, test result processing, arranging for the processing of test results to increase access to testing for individuals connected to the behavioral health system, and/or receiving services for unhoused individuals.
- Testing education facilitated in behavioral health settings for clients and/or staff, and/or in transitional housing facilities, shelters or camps.
- Engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.
- Hiring workers to coordinate resources, develop COVID-19 mitigation strategies, and support existing community partners to prevent infectious disease transmission in behavioral health settings and/or in transitional housing facilities, shelters or camps.



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Examples of Potential Funded Activities (cont.)

- Expanding COVID-19 mitigation efforts for unhoused individuals by providing shower services and/or distributing sanitation/hygiene kits (hand sanitizer, mask, wet wipes, tissues, deodorant, etc.).
- Other activities to support COVID-19 testing for individuals engaged in mental health or substance use disorder care, including unhoused individuals, by implementing a COVID-19 testing program, procuring supplies to provide testing, training providers and/or staff on COVID-19 testing procedures.
- Expanding local or Tribal programs' workforce to implement COVID-19 response services for those connected to the behavioral health system.
- Developing guidance for partnering with state/local health departments, disseminating sample training curriculums on COVID-19 mitigation efforts in behavioral health settings and/or in programs providing services to unhoused individuals.



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Examples of Potential Funded Activities (cont.)

- Funds to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration, such as personal protective equipment (PPE).
- Supporting maintenance of healthy environments (clean and disinfect, ensuring ventilation systems operate properly, installing physical barriers and guides to support social distancing, if appropriate) in behavioral health settings, transitional housing facilities or shelters.
- Installing temporary structures, leasing of properties and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation in behavioral health settings, transitional housing facilities and/or shelters.
- Developing and implementing strategies to address client hesitancy around testing, ensuring access for specific community populations to address long-standing systemic health and social inequities that have put some clients at increased risk of getting COVID-19 or having severe illness.



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Budget Development

- Items listed in the budget should align with the activities as described in the narrative responses.
- Adhere to the budget guidelines included in the provided budget template.
- Submit proposed budgets in the template provided.
- Submit a detailed cost budget and robust budget justification.
- Proposal requests for more than \$125,000 and up to \$500,000 are required include a regranting strategy and subcontractor costs and justification must be included in the budget.
- Review funding restrictions listed on page 7 of the RFA.

Applications that do not conform to this template will not be considered.

Eligibility Criteria

- Organizations eligible to apply must be a California:
 - Licensed, certified or otherwise qualified substance use and/or mental health disorder provider, or
 - Tribal organization, County provider or 501(c)(3) community-based organization, such as Federally Qualified Health Centers, Certified Community Behavioral Health Clinics, crisis care mobile unit programs, harm reduction service providers, recovery residences, transitional housing facilities, homeless shelters, opioid treatment programs, or office-based opioid treatment providers with established and trusted community relationships. Fiscal sponsorships are eligible.
 - Coalitions of organizations and collaboratives are also eligible if the backbone organization is an eligible applicant.



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Eligibility Criteria (cont.)

- Organizations must be able to demonstrate the following:
 - Mission-focused on providing behavioral services to youth, young adults and/or adults engaged in mental health or substance use services.
 - Commitment to providing culturally relevant services and addressing social inequities.
 - Trauma-informed care approach to providing services.
 - Capacity to implement COVID-19 mitigation efforts.



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Funding Amounts

Organizations may apply for up to **\$500,000** for projects from **September 15, 2023, to March 31, 2025.**

Any request of \$125,000 or more require a regranting strategy.



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If Awarded: Responsive Payment Schedule

- **50% of total awarded amount** upon execution of the contract and completion of all compliance requirements (September 2023)
- **40% of total awarded amount** based on achievement of required report deliverables (July 2024), and
- **10% of total awarded amount** based on receipt and approval of final cumulative reports that demonstrate completion of all deliverables (March 2025)

All compliance requirements must be met before you can receive your first payment. We strongly encourage all applicants to have completed or working towards securing all compliance requirements.

If Awarded: Compliance Requirements

The following requirements must be met **before contract execution and first payment**:

- **Pre-Award Risk Assessment**
 - Must submit as part of your online application.
 - Separate link (can be found in the online application and RFA)
- **Unique Entity ID (SAM) Registration**
 - Register for your Unique Entity ID as part of your application if you do not have one.
 - Make sure your Unique Entity ID is active and in good standing if you already have one.



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If Awarded: Compliance Requirements Insurance

The following requirements must be met **before** receiving the first payment:

- **Insurance**

- Refer to Appendix B – Insurance Requirements on page 15 of the RFA for more details.
- Work on securing the insurance requirements and/or confirming that insurance requirements are up to date.
- Email covidmitigation@shfcenter.org with subject line "CMP Insurance Requirements"



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If Awarded: Reporting Requirements

- Awarded organizations will submit **quarterly data reports, financial reports, and a cumulative final report.**
- Reports will respond to the performance measures identified in the scope of work and contract.

Report Name	Report Period	Due Date
Quarterly Progress Report 1	09/15/2023 – 09/30/2023	10/15/2023
Quarterly Progress Report 2	10/01/2023 – 12/31/2023	01/15/2024
Financial Report 1	09/15/2023 – 12/31/2023	01/15/2024
Quarterly Progress Report 3	01/01/2024 – 03/31/2024	04/15/2024
*Quarterly Progress Report 4	04/01/2024 – 06/30/2024	07/15/2024
*Financial Report 2	01/01/2024 – 06/30/2024	07/15/2024
Quarterly Progress Report 5	07/01/2024 – 09/30/2024	10/15/2024
Quarterly Progress Report 6	10/01/2024 – 12/31/2024	01/15/2025
Quarterly Progress Report 7	01/01/2025 – 03/31/2025	04/15/2025
Financial Report 3	01/01/2024 – 12/31/2024	01/15/2025
**Cumulative Final Reports	09/15/2023 – 03/31/2025	04/31/2025

If Awarded: Training/Technical Assistance Requirements

- Awarded organizations will be required to attend any training and/or technical assistance opportunities provided by The Center.
- Opportunities may include, but are not be limited to, COVID-19 Mitigation Project Learning Collaborative meetings, one-on-one technical assistance coaching or other technical assistance opportunities.



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Questions?



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COVID-19 Mitigation Project

Round Two

Application Process



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The Application

COVID - 19 Mitigation Project

☐

Save my progress and resume later | Resume a previously saved form



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<https://sierrahealth.tfaforms.net/68>

The Application:

Applicant Information

Note: If your application has a fiscal sponsor, the fiscal sponsor's information should be entered into this section.

Applicant Information

This section is to be completed by the IRS qualifying organization; please use legal name as registered with the IRS. If your application has a fiscal sponsor, this section is to be completed with information from the fiscal sponsor.

Organization Name *

Street *

City *

State/Province *

Zip/Postal Code *

County *

Please select... ▼

Country

Phone *

Website

The Application:

Applicant Information Fiscal Sponsor

If you are a fiscal sponsor for an organization who is not a 501(c)(3), please check the box and input the fiscally sponsored organization information here.

The fiscally sponsored organization is the organization that will be working on the project.

Is the applicant organization a fiscal sponsor for this proposal? A fiscal sponsor is an organization that applies on behalf of an entity or group without the legal standing under the IRS guidelines.

☒ Yes

Fiscally Sponsored Organization Information

If you answered "Yes" to the question above, please complete the Fiscally Sponsored Organization Information section here. This is the organization that will be implementing the project, known as the Fiscally Sponsored Organization.

Organization Name *

Street *

City *

State/Province *

Zip/Postal Code *

County *

Phone *

Website

The Application:

Applicant Information (cont.)

To Be Completed by the IRS Qualifying Organization

Tax Exempt ID # or Employer ID # *

Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.

Unique Entity Identifier (SAM) *

Enter the organization's Unique Entity Identifier (formerly DUN/SAM). If the organization does not have a Unique Entity Identifier, we highly recommend that the organization completes registration as soon as possible before funds can be distributed.

Congressional District of Applicant Organization's Primary Location *

What is the applicant entity's congressional district?

Organization has 501(c)(3) Nonprofit Status with the IRS. Select Yes, No, or Unsure. *

Organization's Annual Budget *

What is the applicant organization's annual budget amount? Please enter numerical values only.

Annual Audit *

Does the applicant organization have an annual financial audit? Please answer "Yes" or "No".



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The Application:

Applicant Contact Information

CEO/Director

If this application has a fiscal sponsor, this section is to be completed with information from the CEO/Director of the fiscal sponsor

First Name *

Last Name *

Title *

Email *

Office Phone *

Extension

If your application has a fiscal sponsor, the fiscal sponsor's information should be entered into this section.

Primary Project Contact (for questions related to this proposal)

This section is to include information for the Primary Contact for this application and overall project oversight.

First Name *

Last Name *

Title *

Email *

Office Phone *

Extension

The Application:

Project Summary Information

Regranting questions
will populate if you
enter in \$125,000 or
more in this section.

Project Summary Information

Project Name (10 words or less) *

Brief Summary and Purpose of Project Briefly describe the proposed services and who will be served.
The description must start with "To." (75 word maximum) *

Project Start Date

Project end Date

The project start and end
dates are prefilled. Do not
edit these dates.

Amount Requested *

You may request up to \$500,000. Requests above \$125,000 to \$500,000 are required to have a regranting strategy.



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The Application: *Regranting*

Regranting

Who are you planning to regrant for this funding opportunity, if awarded? Provide the legal name/s of each organization. Separate the organizations by comma ",". *

Does your organization have experience with regranting to other organizations? *

☒ Yes ☐ No

What is the total amount that your organization has regranting? *

\$

How many organizations have you regranting to previously? *

What criteria do you use/have you used to regrant to organizations in the past? *

This question will only populate if you put in \$125,000 or more in the amount requested field above.

The following questions will only populate if you answer yes to this question.



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The Application:

Project Geography

Project Geography Please indicate the percentage of funding to be allotted per county. The total must equal 100% and boxes cannot be empty; do not remove the 0.

Alameda *

%

Alpine *

%

Amador *

%

Butte *

%

Calaveras *

%

Colusa *

%

Contra Costa *

%

Del Norte *

%

El Dorado *

%

Fresno *

%

Glenn *

%

Humboldt *

%

Imperial *

%

Inyo *

%

Kern *

%

Kings *

%

Lake *

%

Lassen *

%

Los Angeles *

%

Mariposa *

%

Marin *

%

Mendocino *

%

Merced *

%

Madera *

%

The Application:

Race and Ethnicity & Focus Population – Age Group

Race and Ethnicity Provide your best estimate of the percentage of the total people of each population who will be affected. Total must add up to 100%; please adjust accordingly.

African-American / Black *

%

Asian-American *

%

Latino / Hispanic *

%

Mixed race *

%

White *

%

Other (please specify)

Total Percentage of Race and Ethnicity

%

Total must equal 100%. Please adjust accordingly.

American Indian / Alaska Native *

%

Indigenous (eg. Mixteco, Purepecha, etc) *

%

Middle Eastern or North African *

%

Pacific Islander *

%

Other *

%

Focus Populations - Age Group Please provide your best estimate of the percentage in each age group who will be affected. Total must add up to 100%; please adjust accordingly.

5 - 9 *

%

15 - 19 *

%

25 - 54 *

%

10 - 14 *

%

20 - 24 *

%

55+ *

%

Total Percentage of Age

%

Total of Age Groups must equal 100%. Please adjust accordingly.



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The Application:

Project Strategies

Project Strategies

Project Strategies Activities implemented through this funding opportunity must be related to one or more of these three strategies. Please indicate which strategy(ies) your organization will implement for this project. *

- ☐ COVID - 19 Testing Education
- ☐ Rapid Onsite COVID - 19 Testing
- ☐ COVID - 19 Mitigation Efforts



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The Application:

Application Confirmation

Application Confirmation

Pre-Award Risk Assessment Confirmation (Required)

Complete the Pre-Award risk Assessment using this [LINK](#).

By providing The Center with your responses, it will help us to better align the necessary resources for your success in managing federal dollars and fulfilling the program's objectives. Please complete this survey to the best of your ability. You must complete the Pre-Award Risk Assessment as part of the application and if funded, before you can receive your contract and payment. *

Please select...



Please select the option that is most applicable to you.

Unique Entity Identifier (SAM) Confirmation (Required)

If you do not yet have a Unique entity Identifier, (SAM), you can begin the process of securing it [HERE](#). A Unique Entity Identifier (SAM) is required before contract execution and payment. This is a free registration process; however, it does take time. The Center strongly suggests organizations register for the Unique Entity Identifier (SAM) as soon as possible in order to avoid delays in payment and if organizations anticipate pursuing other federal funding. No payments can be issued until the Unique Entity ID (SAM) is verified and the organization is not on an exclusion list for federal funding. *

Please select...



Please select the option that is most applicable to you.

You will either select “Yes” or “No” statements for both confirmation sections. Read the statements carefully and select the option that is most applicable to you.

The Application:

Project Narrative Questions

- 1) Organization Description*
- 2) Fiscal Sponsor Description
- 3) Demonstration of Capacity*
- 4) Regranting*
- 5) Population Description*
- 6) Track Record with Proposed Focus Population*
- 7) Use of Funds*
- 8) Expected Outcomes*
- 9) Monitoring and Evaluation*
- 10) Partnerships*
- 11) Organizational Capacity*
- 12) Technical Assistance*



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Attachments



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The Application:

Required Application Attachments

DHCS License and/or Certificate is only required for organizations that are providing treatment services.

Signed Memorandum is required for organizations that have a regranting strategy OR in the cases of a lead organization applying on behalf of a coalition or collaborative

Required Attachments

Please note: Grant applications may not be considered if requested attachments are not included or completed. Please upload your file **only** once for each requirement.

Proposed Budget

Please download The Center's budget template [HERE](#). Tab 1 "Budget Worksheet" should detail your proposed budget for this project. Tab 2 "Budget Justification" should detail why you are requesting these dollars and what it will cover for the project term. Both Tab 1 and Tab 2 must be filled in for the Budget and Budget Justification to be considered complete. Upload your budget and budget justification in excel format only (.xls or .xlsx) *

[Choose File](#) No file chosen

Applicant organizations W-9

Upload the applicant organization's W-9 in PDF format. *

[Choose File](#) No file chosen

DHCS License and/or Certificate

Applicable only for organizations that are providing treatment services.

[Choose File](#) No file chosen

Signed Memorandum of Understanding of Coalitions and Collaborations

Applications from coalitions and collaborations are required to submit signed Memorandum of Understandings (MOU) between the lead backbone organization and the group of organization partners. The MOU should speak to the partnerships and outline each organizations' role in implementing the proposed services if funded.

[Choose File](#) No file chosen



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Proposed Project Budget Template

This Budget Worksheet is provided for your use in the preparation of your proposed project budget and budget narrative. All fields for a requested expense line item must be completed. Any category of expense not applicable to your budget may be left blank.

List each position by title of employee directly working on the project. Show the annual salary rate and the percentage of time to be devoted to the project. You can indicate the number of full-time equivalent (FTE) in the position (e.g., an employee dedicating 20 hours a week to this project would be 0.5 FTE. Two full time employees with the same title would be 2.0 FTE).

If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), they should be listed under the applicable category below.

Should be based on actual known costs or an approved calculated rate.

Supplies are "expendable" items or items consumed during the course of the project. Materials would items costing less than \$5,000 (books, recorders, etc.)

Equipment should be non-expendable items purchased (not leased or rented), which would belong under "contracts".

Employee travel expenses must include a description of the purpose (e.g., staff to training, field interviews, advisory group meetings, etc.) of each expenditure in reference to the project objectives. Do not include personal expenses.

Consultants are individuals retained to provide professional advice or services for a fee. Travel for consultants should be shown in reference to the project objectives.

Contract expenses from vendors (dealer, distributor, or other sellers) who provide (for example) various supplies, expendable materials, or managed services in support of the project activities.

Other allowable expenses not otherwise identified elsewhere in the budget.

THE CENTER—COVID-19 MITIGATION PROJECT

PROPOSED BUDGET

Organization Name: [Full Legal Name]
UEI #: [Unique Entity ID #]
Approved Date: [Date]
Contract Period: September 1, 2023 - March 31, 2025
Requested Budget Amount*: \$
Remaining: \$

Cells highlighted in yellow below should be edited to describe the expense you are requesting. If you do not wish to request it, you can simply delete the text in the cell.

Financial Reports Due During Budget Period

	9 Months Year One (9/1/23 - 8/31/24) Report 1 & 2	8 Months Year Two (9/1/24 - 8/31/25) Report 3	17 Months Total Project Budget	Expense Calculation
I. PERSONNEL EXPENSES				
A. Employee Salaries and Wages				
[Enter Title / Position #1]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #2]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #3]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #4]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #5]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #6]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #7]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #8]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #9]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
[Enter Title / Position #10]	\$ -	\$ -	\$ -	(enter FTE, annual salary, and % of time on project calculation)
Total Employee Salary and Wages Expenses	\$ -	\$ -	\$ -	calculation
B. Payroll Taxes and Benefits				
Payroll / Benefits % of Total Personnel Expenses	0.0%	0.0%	0.0%	(describe the basis of calculation) calculation
TOTAL PERSONNEL EXPENSES	\$ -	\$ -	\$ -	calculation
II. DIRECT EXPENSES				
C. General Expenses				
Office Supplies	\$ -	\$ -	\$ -	(describe the basis of calculation)
Printing / Copying	\$ -	\$ -	\$ -	(describe the basis of calculation)
Postage / Mailing	\$ -	\$ -	\$ -	(describe the basis of calculation)
Rent / Lease	\$ -	\$ -	\$ -	(describe the basis of calculation)
Utilities (including internet)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Supplies and Materials	\$ -	\$ -	\$ -	(describe the basis of calculation)
Personal Protection Equipment (masks, gloves, etc.)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Equipment (purchase price of \$5,000 or more)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Total General Expenses	\$ -	\$ -	\$ -	calculation
D. Travel Expenses				
Transportation	\$ -	\$ -	\$ -	(describe the basis of calculation)
Registration Fees	\$ -	\$ -	\$ -	(describe the basis of calculation)
Mileage	\$ -	\$ -	\$ -	(describe the basis of calculation)
Local Travel	\$ -	\$ -	\$ -	(describe the basis of calculation)
Total Travel Expenses	\$ -	\$ -	\$ -	calculation
E. Technology Expenses				
Computers, Laptops, and Tablets (Hardware)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Cell Phone Devices (Hardware)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Cell Phone Voice & Data Services	\$ -	\$ -	\$ -	(describe the basis of calculation)
Video Conference Subscription/Services	\$ -	\$ -	\$ -	(describe the basis of calculation)
Software Licenses / Subscriptions	\$ -	\$ -	\$ -	(describe the basis of calculation)
Other Technology Costs	\$ -	\$ -	\$ -	(describe the basis of calculation)
Total Technology Expenses	\$ -	\$ -	\$ -	calculation
F. Consultant Fees				
(Describe Consultant #1)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Consultant #2)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Consultant #3)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Consultant #4)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Consultant #5)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Total Consultant Expenses	\$ -	\$ -	\$ -	calculation
G. Contract Expenses				
(Describe Contract #1)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Contract #2)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Contract #3)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Contract #4)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Contract #5)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Total Contract Expenses	\$ -	\$ -	\$ -	calculation
H. Other Miscellaneous Expenses				
(Describe Miscellaneous #1)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #2)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #3)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #4)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #5)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #6)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #7)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #8)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #9)	\$ -	\$ -	\$ -	(describe the basis of calculation)
(Describe Miscellaneous #10)	\$ -	\$ -	\$ -	(describe the basis of calculation)
Total Miscellaneous Expenses	\$ -	\$ -	\$ -	calculation
TOTAL DIRECT EXPENSES	\$ -	\$ -	\$ -	calculation
III. INDIRECT COSTS				
Indirect Expenses % of Total Budget (Limited to 10%)	0.0%	0.0%	0.0%	(describe basis of calculation) calculation
TOTAL EXPENSES	\$ -	\$ -	\$ -	calculation



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Proposed Project Budget Template Guidelines

A	B
<p>This Budget Worksheet is provided for your use in the preparation of your proposed project budget and budget narrative. All fields for a requested expense line item must be completed. Any category of expense not applicable to your budget may be left blank.</p>	<p>THE C</p> <p>PROPO</p>
<p>Cells highlighted in yellow below should be edited to describe the expense you are requesting. If you do not wish to request it, you can simply delete the text in the cell.</p>	<p>Cells highlighted in yellow below should be edited to describe the expense you are requesting. If you do not wish to request it, you can simply delete the text in the cell.</p>
<p>List each position by title of employee directly working on the project. Show the annual salary rate and the percentage of time to be devoted to the project. You can indicate the number of full-time equivalent (FTE) in the position (e.g. an employee dedicating 20 hours a week to this project would be 0.5 FTE. Two full time employees with the same title would be 2.0 FTE).</p>	<p>I. PERSON</p> <p>A. Emplo</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p>
<p>If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), they should be listed under the applicable category below.</p>	<p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p> <p>[Enter T]</p>
<p>Should be based on actual known costs or an approved calculated rate.</p>	<p>B. Payrol</p>

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PROPOSED BUDGET

Organization Name: [Full Legal Name]
 UEI #: [Unique Entity ID #]
 Approved Date: [TBD]
 Contract Period: September 1, 2023 - March 31, 2025
 Requested Budget Amount*: \$ - Remaining: \$ -
 *proposed budget cannot exceed \$100,000

Cells highlighted in yellow below should be edited to describe the expense you are requesting. If you do not wish to request it, you can simply delete the text in the cell.

9 Months	8 Months	17 Months
Year One (09/01/23 - 06/30/24)	Year Two (07/01/24 - 03/31/25)	Total Project Budget
Report 1 & 2	Report 3	Expense Calculation

Financial Reports Due During Budget Period

approved calculated rate

Budget Worksheet | **Budget Justification**

- Read column A, the grey section, carefully as you complete your proposed project budget.
- Be sure to complete the top of the proposed project budget with your correct information.
- There are two tabs in this budget template.
 - Tab one is the budget worksheet. Tab two is the budget justification sheet.
 - Both tabs must be completed. Additional guidelines will be provided in the next slide.



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Proposed Project Budget Template Guidelines (cont.)

■ **Tab one: Budget Worksheet**

- Fill in the sections and line-items that will be required to fulfil your proposed project scope.
- Describe the basis of each line-item calculations (column O).
- Include full-time equivalents (FTE) for staff.

■ **Tab two: Budget Justification**

- Line-item names and dollar amounts will carry over to tab two.
- For each line item listed in tab one, list and explain how the funds will be used for the project in tab two (column H).
- Be specific on how you arrived at the budgeted amounts.
- Identify other funding secured for the proposed activities, if applicable
- Include and describe any in-kind support



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Online Application Walk Through

<https://sierrahealth.tfaforms.net/68>



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Submitting the Online Application

- After you hit submit, you'll be asked to review and confirm that your response are accurate.

Please review your response and confirm.

You **MUST** click the **confirm button** at the bottom of this page to finalize your response. If you want to print this page for your record, you may do it now.

- At the bottom of the page, you can:
 - Select “Confirm” to submit your application or
 - Select “Make a correction” if you need to make any changes.
 - You can also print a copy of this page for your records, which we recommend.

Confirm



Make a correction



Print this page



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Questions?



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How to be Competitive



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Selection Criteria

Competitive applications will:

- Demonstrate experience in providing co-occurring mental health and substance use activities.
- Possess a commitment to a trauma-informed care approach.
- Demonstrate a track record engaging with proposed focus population, including the capacity to provide culturally and linguistically appropriate services.
- Provide a detailed description of exactly what will be done to implement COVID-19 mitigation measures and how, including who will be involved, what they will do, and what will be accomplished, timeline, etc.
- Demonstrate capacity to provide proposed activities, including having a concrete plan for incorporating proposed activities into the organization's current workflow.
- Propose a delivery model that expands COVID-19 responsive services and supports the maintenance of healthy environments in settings that provide co-occurring services.
- Affirm applicant's ability to submit regular data and financial reports and attend convenings.



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Proposal Writing Tips

- Read and follow application guidelines and instructions
- Verify your organization is eligible
- Answer questions clearly and provide enough detail about the proposed activities so that the reviewers can fully understand your plan
- Clearly explain your proposed project and what change will result from funding
- Check for consistency in the project description, project narrative questions, and proposed budget templates
- Have someone who is not involved in the project read your draft application and tell you what they think you are applying for
- Review the Attachments Checklist to ensure you have all required documents



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Application Submission Tips

- Click the “Save my progress and resume later” button if you will not be active in the application (be sure to save the email that is sent to your inbox and to write down the password somewhere)
- Submit the application before the deadline date
- Write responses to the narrative questions outside of the online form, then cut and paste your responses into the appropriate fields
- As you write responses, track your word count



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Application Checklist

- ☐ Review Request for Applications (RFA)
- ☐ Confirm that you meet the eligibility criteria
- ☐ Complete the Pre-Award Risk Assessment (PARA)
- ☐ Register/confirm Unique Entity ID (SAM)
- ☐ Complete the online application
 - ☐ Application questions
 - ☐ Required Attachments
 - ☐ Proposed project budget worksheet
 - ☐ W-9
 - ☐ DHCS License and/or Certification (only required for organizations that are providing treatment services)
 - ☐ Signed Memorandum of Understanding (only required for organizations that are regranting)

Timeline

- Application deadline → June 15, 2023 at 1 p.m. PST
- Award Announcement → August 2023
- Contracts executed → September 2023



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Application Denial Appeal Process

- All COVID-19 Mitigation Project funding decisions are reviewed and approved by DHCS and will be final.
- California law does not provide a protest or appeal process against award decisions made through this funding opportunity
- Applicants submitting responses to these types of RFAs are not able to protest or appeal the award.

Upcoming Office Hours

Office Hour: **Wednesday, June 7, 2023, from 10 – 11 a.m. PST**

Registration is required to receive your unique zoom link to access the office hour session.

Registration link:

<https://us06web.zoom.us/meeting/register/tZ0ud-2rrDgjG9bBRI6a4DaKmS5N2kKpAkMq>

Contact Us

If your question wasn't answered or you have additional questions related to anything we've mentioned today, e-mail questions to covidmitigation@shfcenter.org with the subject line:
CMP Application Help