

BIDDERS COMPANY NAME

# REQUEST FOR PROPOSAL

**#6380**

## **Substance Abuse Prevention Programs October 1, 2008 through September 30, 2010**

Prepared By:

Washtenaw County Purchasing  
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## WASHTENAW COUNTY

Finance Department

### Purchasing Division

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### REQUEST FOR PROPOSAL # 6380

April 4, 2008

Washtenaw County Purchasing Division on behalf of Washtenaw Community Health Organization (WCHO)'s Livingston/Washtenaw Substance Abuse Coordinating Agency is requesting proposals from potential bidders for Substance Abuse Prevention Programs.

**Sealed Proposals:** Vendor will deliver one (1) original cover page of the Community Grants application with an original signature and two (2) copies, which are clearly marked as such to the following address:

**Washtenaw County  
Administration Building  
Purchasing Division  
220 N. Main St. Room B-35  
Ann Arbor, MI. 48107**

by 3:00 p.m. on Friday, May 23, 2008

There will be a **mandatory bidders' conference at 3:00 pm** on April 21, 2008 at the Human Services Building, 555 Towner, Room 107, Ypsilanti, MI. All potential bidders are required to attend, as no questions raised and discussed at the bidders' conference will be entertained subsequently.

**Proposals received after the above cited time will be considered a late proposal and are not acceptable unless waived by the Purchasing Manager.**

- Please use the attached self-addressed label or the envelope must be clearly marked "SEALED RFP # 6380".
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760 [strietera@ewashtenaw.org](mailto:strietera@ewashtenaw.org)

All applicants are required to utilize the [www.communitygrants.org](http://www.communitygrants.org) web site for grant submission and relevant grant reporting.

Thank you for your interest.

## TIMELINE FOR RFP # 6380

Bid to Substance Abuse Advisory Council for review March 24, 2008

Bid to WCHO Board of Directors (Organizational Operations Committee) for review April 2, 2008

Letter notifying potential contractors of bid April 4, 2008

Bid advertised in local newspapers April 7, 2008

Bid available to bidders at Purchasing Department April 7, 2008

Bidders Conference and Technical Assistance (mandatory) April 21, 2008 (3:00 pm)

Bid submission deadline and bid opening May 23, 2008 (3:00 pm)

Bidder site reviews/interviews begin June 9, 2008

Award recommendations approved by WCHO Board of Directors August 6, 2008

Award notices August 8, 2008

Contracts prepared by 9-2008

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## **RFP # 6380 Substance Abuse Prevention Programs**

### **1. Introduction**

On behalf of the Livingston Washtenaw Substance Abuse Coordinating Advisory Council and the Substance Abuse Coordinating Agency, the Washtenaw Community Health Organization (WCHO) is requesting proposals from potential bidders for substance abuse prevention programs to be provided in Livingston and Washtenaw counties.

In October 2004, the Michigan Department of Community Health Office of Drug Control Policy received a Strategic Prevention Framework – State Incentive Grant (SPF/SIG) from the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP). The Strategic Prevention Framework is an outcome-based, data driven, population-level approach to substance abuse prevention planning. The Substance Abuse and Mental Health Services Administration (SAMHSA) five step approach was used to direct this initiative.

SAMHSA's Strategic Prevention Framework

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation

The Livingston/Washtenaw Substance Abuse Coordinating Agency (CA) began implementing the Strategic Prevention Framework (SPF) at the local level in May 2007. Since this time the CA established a Community Epidemiological Workgroup (CEW) to conduct a community level needs assessment to define and drive decision making. This included a review of existing relevant substance abuse data on consumption and consequences such as alcohol-related traffic crash deaths. This information was used to ultimately target population-level change for preventing underage drinking and related community problems, and to build infrastructure and capacity. These concentrated efforts have helped to shape substance abuse prevention programming in Livingston and Washtenaw Counties. The data gathered during this process was used to determine the investment outcomes for this RFP (see Logic Model).

### **2. Appropriation of Funds**

Due to the current funding limitations, the WCHO will be issuing program awards based upon fund availability. As in prior years, the funding source will be selected by the WCHO. Given the PA-2 (COBO) allocation are not known at this time, we will award proposals on a priority basis, with the highest priorities funded first out of state community grant funds. As funds become available, proposals will be funded with PA-2 funds.

Funding allocations will be made to align with the state requirements of no more than 35% of investments for school-based programming and 65% of investments for community-based programming.

Beginning in FY 08, the WCHO will issue the RFP for all PREVENTION SERVICES on a two year funding cycle, regardless of funding source. As with all public funding, continuation is subject to availability of funds. Determination of funding source will be at the discretion of the WCHO, and may be based upon meeting state and federal priorities, as well as local needs.

### **3. Investment Outcomes**

We continue to use the outcome based funding framework developed by the Rensselaerville Institute. Applicants unfamiliar with the Investment Outcome Model may refer to the glossary for definitions or to The Rensselaerville Institute's web page ([www.Rinstitute.org](http://www.Rinstitute.org)).

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**Investment targets for state and COBO prevention funds should focus on one or more of the following outcomes:**

1. Decrease the number of students reporting any alcohol use during the past 30 days among middle and high school students in Washtenaw and Livingston counties.
2. Decrease youth access to tobacco through performance of required activities of one (1) DYTUR agency in each county in compliance with the Youth Tobacco Act (including SYNAR and non-SYNAR compliance checks, updating of tobacco retailer list and merchant education). The WCHO will be funding one DYTUR in each County. These awards are mandatory. This investment outcome will be funded at a range of \$25,000 -\$40,000 annually.
3. Decrease the negative consequences of opiate use through the development and implementation of an awareness campaign highlighting the increased rate of opiate deaths in Livingston County.
4. Decrease the ratio of Binge Drinking by 10% in Livingston and Washtenaw Counties
5. Decrease morbidity and mortality associated with concurrent use of alcohol and prescription medications among older adults living in Washtenaw and Livingston counties.  
Using Washtenaw County HIP 2005 data, 5.7% of older adults ages 55 + are heavy drinkers; Using Livingston County 2004 BRFSS data, 5% of older adults ages 55+ are heavy drinkers.

#### **4. Assumptions**

Because the WCHO is interested in ensuring that our investment will provide the maximum benefit to the communities of Washtenaw and Livingston counties, our overarching words of direction and encouragement are:

- Collaborate to deliver the programs through demonstrable partnerships with other prevention providers and/or community based organizations such as schools, health care providers, churches, coalitions and human service agencies, as appropriate to the goals of the prevention intervention (see Social Ecological Model, pg 6).
- Use evidence-based interventions for which research has demonstrated effectiveness (for examples see the Logic Model handout at the Bidders' Conference and/or <http://modelprograms.samhsa.gov/model.htm> or <http://nrepp.samhsa.gov>).
- Include a combination of preventive approaches (see Prevention Strategies, pg 5). Either an environmental or community-based strategy **must** be a part of all proposals. Selected strategies should be consistent with those identified in the CA Prevention Logic Model.
- Demonstrate ability to achieve and report results based on the stated performance targets. Clearly describe your evaluation process to ensure sustainability and impact on the individual, families or communities.
- Indicate how you will ensure that the evidence-based or model program is delivered in a culturally competent fashion for the population to be served (e.g. age appropriateness, ethnicity, language/translation etc.)

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- Effective 10/01/2008 bidders are required to be certified or have a registered development plan with MCBAP, Michigan Certification Board for Addiction Professionals in one of the following categories:
  - Certified Prevention Specialist –Reciprocal (CPS-R)
  - Certified Prevention Consultant –Reciprocal (CPC-R) or
  - Prevention Supervisor – Certified Prevention Consultant-Reciprocal (CPC-R) Policy. Please see the Credentialing attachment for more detailed descriptions and/or contact MCBAP [www.mcbap.com](http://www.mcbap.com) for requirements.

### 6. Primary Prevention Programs

Proposals must focus on Primary Prevention Programs which are defined by Substance Abuse Prevention and Treatment (SAPT) federal block grant regulations CFR 96.121 as “those directed at individuals who have not been determined to require treatment for substance abuse.” Prevention programming is intended to prevent the onset and reduce the progression of substance abuse in youth and adults and reduce youth access to alcohol and tobacco. It is conceptualized as an ordered set of steps along a continuum to promote individual, family and community health, prevent mental and behavioral disorders, support resiliency and recovery and to prevent relapse.

Prevention programming ranges from:

- deterring substance abuse dependence and behaviors that contribute to it, to
- delaying the onset of dependence and mitigating the severity of symptoms, and to
- reducing related problems in affected communities.

Evidence-based prevention consists of programs, strategies and activities that are based on a credible body of research demonstrating positive results, designed to prevent the use/abuse of alcohol, tobacco and other drugs. To achieve similar outcomes to evidence-based programs requires maximum program fidelity, implementing the program consistent with prescribed protocols (see Glossary).

SAMHSA Model Programs are preferred, and will be given higher consideration, although applicants can present other sources of evidence-based approaches programming. See SAMHSA website <http://modelprograms.samhsa.gov/model.htm> and/or The National Registry of Evidence-Based Programs and Practices <http://nrepp.samhsa.gov>.

During the 2008-10 funding cycle, the Social Ecological Model will be used to prioritize funding decisions. The Coordinating Agency is seeking to fund licensed substance abuse agency proposals that describe evidence based interventions that work across sectors of the community. We expect that these cross-sectoral interventions will be delivered by multiple agencies collaboratively, although it is possible that a single agency could also deliver cross-sector interventions.

## The Social Ecological Model



The Social Ecological Model offers a holistic approach to prevention. For individuals to be able to successfully integrate prevention practices into their lifestyle, it is important to address the many sectors of the community that influence their lives. Intersecting and overlapping strategies help to reinforce prevention interventions and messages and help to support the individual in making these important changes an ongoing part of their daily life.

### **The following is an example of how a licensed substance abuse agency could apply for funding using the Social Ecological Model:**

An agency decides to address Investment Outcome 1, to decrease the number of middle and high school students using alcohol in the past month. A specific at risk geographic area of Washtenaw County is identified as the urban area of Ypsilanti. The agency writes a proposal that includes evidence based programs to be delivered in Ypsilanti schools, as well as a related family component and some focused media strategies at the community level. The school, family and media interventions are all going to be delivered by different agencies with strengths in those respective community sectors and the applicant

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agency coordinates the project as well as helps with community capacity building to enhance the effectiveness of the outcomes of the overall project. In this scenario, the lead agency will be responsible for ensuring all aspects of the program is implemented, as well as any fiduciary responsibilities related to the partnering agencies.

Another example is a single agency applies to implement programming on multiple levels and ensures they have the capacity to provide the array of approaches (school, family and community-based) to achieve the identified community based objective.

### **7. Issuing Office**

The Washtenaw Community Health Organization issues this Request for Proposals. The WCHO is utilizing the services of the Washtenaw County Purchasing Department to assist in the issuing of this RFP. All questions regarding procedures with bidding should be directed to the Washtenaw County Purchasing Department and all questions regarding the services detailed in the RFP should be directed to the Washtenaw Community Health Organization. You may call the Washtenaw Community Health Organization at (734) 544-3000 or e-mail at [wchopru@ewashtenaw.org](mailto:wchopru@ewashtenaw.org).

### **8. Mandatory Bidders' Conference**

A mandatory bidders' conference will be held on April 21, 2008 at 3:00 pm at the Human Services Building, 555 Towner, Room 107, Ypsilanti, MI. All potential bidders are required to attend.

The bidders' conference is an opportunity to ensure that all perspective bidders have the same understanding of the requirements for successfully submitting a bid. The WCHO is requiring attendance to avoid any possible misunderstandings that compromise the procurement process. It is expected that the dialogue between the WCHO and prospective bidders will facilitate a better understanding of the specific requirements for awarding a contract. Therefore, bids will only be accepted from entities attending the bidders' conference.

It is required that bidders use the Common Grant Application and on-line application process that has been established. Trainings for this application and process are available through the NEW Center ([www.new.org](http://www.new.org)).

### **9. Proposal Due Date**

An original hard copy of the proposal cover sheet from the online grants application with signature and required attachments and one copy of the cover sheet with three copies of hard copy attachments must be submitted in a sealed envelope to the Washtenaw County Purchasing Department by May 23, 2008 at 3:00 p.m.

Late proposals and proposals that are not in compliance with RFP guidelines will not be considered.

### **9. Criteria for Judging Bids**

The criteria for judging bids will be available at the Bidders Conference. The Washtenaw Community Health Organization reserves the right to reject all bids, to waive or not waive informalities or irregularities in bids or bidding procedures, and to accept any bid determined through the review process to represent the best interest of Washtenaw Community Health Organization and its customers.

- All bids must be submitted through the Community Grants website using their online application.
- DO NOT BIND OR PLACE THE ATTACHMENTS IN A HARD COVER.
- Specifications for attachments and the order of those attachments are noted later in this RFP.

Please note the insurance requirements set forth on page 12 of this RFP ("Requirements for Grantees"). Insurance certificates verifying that an agency complies with these insurance requirements must be submitted prior to a contract being issued.

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If a current provider is not in compliance with their contractual agreement at the time of RFP submission, their RFP will not be considered. Proposals that do not meet a minimum of 5 points in the financial section will not be read.

The Washtenaw Community Health Organization will retain responsibility for balancing the proposals/outcomes to meet the community of needs in both Livingston and Washtenaw Counties. The WCHO reserves the right to consider, in addition to the score, other criteria such as community needs, geographical needs, priority populations, efforts to reduce duplication of services. This means that some proposals that score higher may not be funded.

### **10. Reporting**

The Washtenaw Community Health Organization, in coordination with the local Boards that issue the contract, will stipulate reporting requirements. Bidder must be able to meet reporting requirements as required by the WCHO and local boards. Exact ongoing requirements will be outlined and made part of the contract. Contact the WCHO Provider Relations Unit for a sample contract.

### **11. Directions For Application Submission**

Your application package must be in the following order:

1. Signed cover sheet from the online grant application (original and one copy).
2. The following attachments

Attachments:

- .. PROGRAM BUDGET SUMMARY (submitted online)
- .. PROGRAM BUDGET/COST DETAIL (submitted online)
- .. A COPY OF THE BOARD'S LAST FISCAL AUDIT (hard copy – submit 3 copies)
- .. ORGANIZATIONAL CHART (submitted online)
- .. LETTERS OF SUPPORT – The WCHO is particularly interested in letters indicating collaborative efforts. (Signed hard copies – submit 3 copies of each letter)

#### Instructions for Attachments:

Ensure that you have included each required attachment. Please make sure the attachments are clearly labeled, separated by cover sheets and in the following order. Please note that any attachment submitted in addition to those listed below will not be read by the review team.

## **Glossary of Terms**

### **Collaboration**

Collaboration is defined as a process to reach goals that cannot be achieved acting singly. Collaboration includes all the following elements:

- Jointly developing and agreeing to set of common goals and directions;
- Sharing responsibility for obtaining those goals and
- Working together to achieve those goals, using the expertise of each collaborator (Michigan Department of Mental Health paper on collaboration.)

Collaboration means more than either communication or coordination. Communication can help people do their jobs better by providing more complete information, but it does not require any joint activity, but allows individuals to maintain their own sets of goals, expectations and responsibilities. In contrast, collaboration requires the creation of joint goals to guide the collaborators' actions. (Bruner)

### **Fidelity**

The extent to which the delivery of a prevention program conforms to the curriculum, protocol, or guidelines for implementing that program.

A program delivered exactly as intended by its originator has high fidelity. A program delivered quite differently than intended by its originator has low fidelity. Because programs delivered with high fidelity are more likely than those with low fidelity to achieve their original intended results – results that identify them as effective – fidelity is important for prevention practice.

### **Universal**

One of the three categories (Universal, Selective, Indicated) developed by the Institute of Medicine, (IOM 1994) to classify preventive interventions. Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs to prevent or delay the use/abuse of alcohol, tobacco, and other drugs. *Types of services conducted and methods used for conducting this type of strategy include: mass media campaigns, school-based health curricula that target the general population.*

### **Selective**

Selective prevention strategies focus on specific groups viewed as being at higher risk for mental health disorders or substance abuse because of highly correlated factors (e.g., children of parents with substance abuse problems). *Types of services conducted and methods used for conducting this type of strategy include: mentoring programs aimed at children with school-performance or behavioral problems that target those at higher-than-average risk for substance abuse.*

### **Indicated**

Indicated prevention strategies focus on preventing the onset or development of problems in individuals who may be showing early signs but are not yet meeting diagnostic levels of a particular disorder. *Types of services conducted and methods used for conducting this type of strategy include: parenting programs for parents with substance abuse problems, youth involved with the juvenile justice system or demonstrating other high-risk behaviors.*

(Source: <http://nrepp.samhsa.gov/help-glossary.htm#substance-abuse-prevention> )

**Prevention Strategies:**

**Community-Based Process**

Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. *Types of services conducted and methods used for implementing this strategy include the following: Accessing services and funding, assessing community needs, community/volunteer services, community teams, community team activities, training services, and technical assistance.*

**Environmental**

The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service-and action-oriented initiatives. *Types of services conducted and methods used for implementing this strategy include the following: Environmental consultation to communities; preventing underage sale of tobacco and tobacco products-Synar amendment; preventing underage alcoholic beverage sales; establishing ATOD-free policies; changing environmental codes, ordinances, regulations, and legislation; and public policy efforts.*

**Information Dissemination**

Information dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. *Types of services conducted and methods used for implementing this strategy include the following: Clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaigns, speaking engagements, and telephone information services.*

**Education**

Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interacting between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities. *Types of services conducted and methods used for implementing this strategy include the following: Children of substance abusers groups, classroom educational services, educational services for youth groups, parenting/family management classes, peer leader/helper programs, and small group session.*

**Alternatives**

Alternatives provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances. *Types of services conducted and methods used for implementing this strategy include the following: alcohol, tobacco and other drug-free social/recreational events, community drop-in centers, community drop-in center activities, community services, and youth/adult leadership functions.*

**Problem Identification and Referral**

Problem identification and referral aims to classify those who have indulged in illegal or age-inappropriate use of tobacco and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not

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include any function designed to determine whether a person is in need of treatment. *Types of services conducted and methods used for implementing this strategy include the following: employee assistance programs, student assistance programs, and DUI, DWI and MIP programs.*

### **Terms on the Application:**

***[Located at [communitygrants.org](http://communitygrants.org) (from Rensselaerville Framework)]***

### **Customer**

Customers are people who directly interact with an organization's product and its implementers. This interaction is intended to result in a change in customer behavior or condition in line with organizational outcomes and mission. The outcome framework prefers the term customer rather than client because customers have a choice about participation whereas clients do not. Even those people who are required to participate in a program can choose not to, or can participate marginally so that no gain is made. Implementers need to think about how to appeal to the group they are working with as if that group is a customer.

### **Key People**

Experience in result attainment offers one powerful lesson: the right people are just as important as the right program! A large part of the probability that an investment will lead to its intended return lies in the energy and capability of the people who do the work. Of special note are the people who actually meet and work with customers. These are the key people.

### **Milestone:**

A critical point that customers must reach to ensure that a project is on course to achieving its performance target.

### **Performance Target**

Performance targets are the specific result that an implementer commits to achieve. It is tangible in the sense that it can be verified and narrow enough to be directly achieved by the implementer. It almost always represents a change in behavior or condition for the customer of a program. A target includes these elements:

- The area of change or condition
- Degree of change...how much, how long, etc.?
- Baseline...what happens if there is no intervention?
- A number...how many will change?

### **Product**

A program or service with specific core features that is offered to a customer. In target setting, a product is described in terms of benefit or value to a customer. A set of core features is developed.

### **Program Outcome**

The end-state that everyone is working toward. The establishment of a compelling outcome statement sets a vital tone for effective outcome thinking. It becomes the core of organizational leadership and a prelude to high performance. For example, "A community where the schools are drug-free and youth from 12-18 are alcohol and drug free."

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### Requirements for Grantees

In the event that the proposal submitted for the RFP is funded, all applicants must be able to comply with the following requirements:

1. Insurance: A copy of the applicant's insurance certificate will be mailed to the WCHO prior to a contract being issued. Insurance requirements are as follows:
  - A. Workers' Compensation Insurance with the Michigan statutory limits and Employer's Liability Insurance with a minimum of \$1,000,000 each accident.
  - B. Comprehensive General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily and property damage. The policy shall include contractual liability and personal injury coverage. **Washtenaw Community Health Organization must be named as 'Additional Insured'**.
  - C. Automobile Liability Insurance covering all owned, hired, and non-owned vehicles with personal protection insurance and property protection insurance to comply with the provisions of the Michigan No Fault Insurance Law, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.
  - D. Professional Liability Insurance coverage with a minimum of \$1,000,000 each occurrence. **Washtenaw Community Health Organization must be named as "Additional Insured"**.
  - E. Staff Fidelity Bonding.
2. Subcontracting: The Applicant promises that it has not employed or retained any company or person, other than bona fide employees working solely for the Applicant, to solicit or secure this contract and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Applicant, any fee, commission, percentage, brokerage fee, gifts or any other considerations contingent upon or resulting from the award or making of a contract.
3. Non-Discrimination: The Applicant does not discriminate against any employee or applicant for employment because of race, creed, color, sex, sexual preference, national origin, physical handicap, age, height, weight, marital status, veteran status, religion or political belief.
4. Conflict of Interest: The Applicant promises that it has no interest and will not acquire any interest, which would conflict with the performance of services required by this contract.
5. Records and Accounts: The Applicant agrees to maintain records and accounts including property, personnel, and financial records, as are deemed necessary by the Coordinating Agency to assure a proper accounting for all project funds. Such records shall be retained for three (3) years after the expiration of this agreement unless permission to destroy them is granted by the Coordinating Agency.
6. Performance Reports: The Applicant agrees to complete a performance report, provided by the Coordinating Agency, which will delineate the activities conducted in accordance with the market population and targets/milestones. The report will describe the extent to which the projected outcomes of the project were met.
7. Audits: The Applicant agrees to at least one compliance audit during the course of the contract year.

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET SUMMARY

DCH-0385 3/01  
Replaces FIN-110

Page \_\_\_ of \_\_\_

PROGRAM	CODE	BUDGET PERIOD	DATE PREPARED
CONTRACTOR		to	
ADDRESS		BUDGET FOR ORIGINAL AGREEMENT	
CITY	STATE	OR AMENDMENT #	
ZIP CODE	PAYEE IDENTIFICATION		

	EXPENDITURE CATEGORY				TOTAL BUDGET
1.	Salaries and Wages				
2.	Fringe Benefits				
3.	Travel				
4.	Supplies and Materials				
5.	Contractual (Subcontracts)				
6.	Equipment				
7.	Other Expenses				
8.	TOTAL DIRECT EXPENDITURES				
9.	Other Cost Distributions				
10.	TOTAL EXPENDITURES				

**SOURCE OF FUNDS**

11.	Fees and Collections				
12.	State Agreement				
13.	Local				
14.	Federal				
15.	Other				
16.	TOTAL FUNDING				

COMPLETION IS A CONDITION OF FUNDING

PROGRAM BUDGET SUMMARY  
FORM PREPARATION

The Budget Summary is utilized to provide a standard format for the presentation of the financial requirements for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule. General instructions are as follows:

- a. **Page \_\_\_ of \_\_\_.** Enter the page number of this and the total number of pages comprising the complete budget package.
- b. **Program –** Enter the title of the program
- c. **Code –** not applicable
- d. **Budget Period –** Enter the inclusive dates of the budget period.
- e. **Date Prepared –** Enter the date prepared.
- f. **Contractor –** Enter the name of your agency.
- g. **Original or amended –** Check whether this is an original budget or an amended budget. The budget submitted with the contract at the time it was signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the number of the amendment to which the budget is to be attached.
- h. **Address –** Enter the complete address of the Agency.
- i. **Employer Identification Number –** Enter Federal Identification Number/
- j. **Category Column**

**Expenditures**

1. **Salaries and Wages** – This category includes the compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This does **not** include contractual service, professional fees or personnel hired on a private contract basis. Subcontractor services are recorded in the Contractual expenditure category line 5 and Vendor services are recorded in the Other Expenses expenditure category Line 7.

**The salaries and wages line must be supported on the Program Budget-Cost Detail which lists each type of position description, number of positions assigned to the program and the budget amount. This applies only to those positions within the contractor, not to personnel of subcontractors.**

2. **Fringe Benefits** – This category is to include the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program. **Specific fringe benefits provided must be checked on the Cost Detail Schedule.**
3. **Travel** – Use only for travel costs of permanent and part-time employees assigned to the program. This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conference and other approved travel costs incurred by the

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employees for the conduct of the program. Travel of consultants is reported under Other Expenses – Consultant Services Line 7. Specific detail on the DCH-0386 form should be provided if this expenditure category total exceeds 10% of total expenditures, Line 11.

- a. **Supplies and Materials** – Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. Specific detail on the DCH-0386 form should be provided if this expenditure category total exceeds 10% of total expenditures, Line 11.
- b. **Contractual (Subcontracts)** – Use for written contracts or agreement with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with state and federal grant requirements is delegated to the subrecipient contractor. Vendor payments such as auditing and accounting services, janitorial services, stipends and allowances for trainees, consulting fees, etc. are to be identified in the Other Expenses category Line 7.
- c. **Equipment** – This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category.**

**All equipment items summarized on this line must be detailed on the Program Budget-Cost detail Schedule (DCH 0386).** The schedule must include item description, quantity and budgeted amount. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit.

- d. **Other Expenses** – This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under Line 7. If all other expenses can not be identified in the space provided under Line 7. **Specific detail on the DCH-0386 should be provided if this expenditure category total exceeds 10% of total expenditures, Line 11.**
  - i. **Consultant Services** – There are costs for consultation services related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
  - ii. **Space Cost** – Costs of building space, rental of equipment instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space privately owned facilities in the general locality.
  - iii. **Communication Costs** – Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.
  - iv. **Other** – All other items purchased exclusively for the operation of the program and not previously included.

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- e. Total Direct Expenditures - Enter the sum of the direct expenditures lines 1 – 7.
- f. Indirect Costs – Not allowable.
- g. Other Cost Distributions – Not allowable.
- h. Total Expenditures – Enter the total expenditures budgeted for the program. This is the sum of lines 8, 9, and 10.

### **Source of Funds**

- 12. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds, which the program earns through its operation and retains for operation purposes. This would include fees for services, and other collections.
  - 13. State Agreement – Enter the amount of State funding allocated for support of this program. State percentages are not required.
  - 14. Local – Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. In-kind and donated services from other agencies/sources should not be included on this line. If in-kind and donated services are allowed by Department, record the total amount of these services in the Other Funding category, Line 16. COBO grants report funds here.
  - 15. Federal – Enter the amount of any federal grants received directly by the Contractor in support of this program and identify the title of grant received.
  - 16. Other – Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. **In-kind and donated services should not be included unless specifically requested by the Department.**
  - 17. Total Funding – The total funding amount is entered on line 17. This is determined by adding lines 12 through 16 and must equal line 11 – Total Expenditures.
- K. Total Budget Column – The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “Total Budget” column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

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**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET - COST DETAIL**

DCH 03863/01  
REPLACES FIN-116

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PROGRAM	CODE	BUDGET PERIOD T0	DATE PREPARED
LOCAL AGENCY	ORIGINAL BUDGET ____	AMENDED BUDGET ____	AMENDMENT NUMBER
1. SALARY & WAGES - POSITION DESCRIPTION	POSITIONS	TOTAL	COMMENTS
	REQUIRED	SALARY	
L TOTAL SALARIES AND WAGES			
2. FRINGE BENEFITS:			
(Specify)	FICA _____	LIFE INS. _____	DENTAL INS. _____
	UNEMPLOY INS. _____	VISION INS. _____	WORK COMP. _____
	RETIREMENT _____	HEARING INS. _____	COMPOSITE RATE: _____
	HOSP. INS. _____	OTHER: _____	<b>TOTAL FRINGE BENEFITS</b>
3. TRAVEL (Specify if any items exceed 10% of Total Expenditures)			TOTAL TRAVEL
4. SUPPLIES AND MATERIALS (Specify if any item exceeds 10% of Total Expenditures)			TOTAL SUPPLIES AND MATERIALS
5. CONTRACTUAL (Subcontracts)			TOTAL CONTRACTUAL
6. EQUIPMENT (Specify):			TOTAL EQUIPMENT
7. OTHER EXPENSES (Specify if any item exceeds 10% of Total Expenditures)			TOTAL OTHER EXPENSES
8. TOTAL DIRECT EXPENDITURES (Sum of Totals of lines 1-7)			
9. INDIRECT COST CALCULATION			
Rate #1: Base	x RATE	TOTAL INDIRECT COSTS: RATE #1	
Rate #2: Base	x RATE	TOTAL INDIRECT COSTS: RATE #2	
10. OTHER COST DISTRIBUTIONS (LOCAL HEALTH DEPARTMENTS ONLY)			TOTAL OTHER COST DISTRIBUTIONS

COMPLETION IS A CONDITION OF FUNDING (AUTH. P.A. 368 OF 1978)

## PROGRAM BUDGET-COST DETAIL SCHEDULE FORM PREPARATION

Use the Program Budget-Cost Detail Schedule (DCH-0386) supplied by the Michigan Department of Community Health through the CA. An example of this form is attached (see Attachment) for reference.

- A. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program – Enter the title of the program.
- C. Code – Enter the program code if applicable.
- D. Budget Period – Enter the inclusive dates of the budget period.
- E. Date Prepared – Enter the date prepared.
- F. Contractor – Enter the name of your agency.
- G. Original or amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number.
- H. Salary and Wages – Position Description – List all position titles or job descriptions required to staff the program.
- I. Position Required – Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Comments – Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward.
- L. Total Salary and Wages – Enter a total in the Position Required column and the Total Salary column. The total salary amount is transferred to the Program Budget Summary – Salaries and Wage Category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total amounts.
- M. Fringe Benefits – specify if fringe benefits are applicable with an “x” for staff position. Check type of fringe benefits that apply, enter composite fringe benefit rate and total amount of fringe benefits.
- N. Travel – Enter cost of employee travel (mileage, lodging, registration fees). A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385.

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- O. Supplies and Materials – Enter cost of supplies and materials (medical, office, postage). A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385,
- P. Contractual (Subcontractors) – Identify subcontractor(s) by name working on this program, including subcontractor(s) address, amount by subcontractor and total of all subcontractor(s).
- Q. Equipment – Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. All equipment listed must cost \$5,000 or more.
- R. Other Expenses – Enter amounts by type of other expenses and total for all types.
- S. Total direct Expenditures – Enter the sum of the total of lines 1-7.
- T. Indirect Cost Calculations – Not allowable.
- U. Other Cost Distributions – This category is only for the use of local public health departments.
- V. Total Expenditures – Enter the sum of the total of lines 8, 9, and 10.

**CREDENTIALING ATTACHMENT**

The Michigan Dept. of Community Health, Office of Drug Control Policy has established new certification requirements for staff in programs receiving state and federal SA Prevention and Treatment Block Grant and/or PA2 funds. In our region, the Regional Substance Abuse Coordinating Agency WCHO- individuals/staff of funded programs in certain job categories will require certification. These requirements apply regardless of the professional licensure held by staff and are effective October 1, 2008.

The following requirements will apply to any staff funded through the CA to provide substance abuse prevention services. The following guidelines apply to Prevention Professionals. The certification requirements are a combination of education, supervision, experience and testing. A mechanism exists to credit individuals seeking certification and a registered development plan is acceptable to demonstrate the intention to become certified. For a detailed description and specific requirements please refer to the Michigan Certification Board for Addiction Professionals, (MCBAP) [www.mcbap.com](http://www.mcbap.com) website.

The Staff categories are as follows:

**Prevention Professionals** -- commonly referred to as program coordinators, prevention specialists, consultants or community organizers. This represents staff responsible for implementing a range or variety of prevention plans, programs and services. Below please find the titles for this certification as recognized by MCBAP, Michigan Certification Board for Addiction Professionals.

- Certified Prevention Specialist –Michigan (CPS-M)\*
  
- Certified Prevention Consultant –Michigan (CPC -M) \*
- IC &RC certifications: Certified Prevention Specialist/Consultant –Reciprocal (CPS-R and CPC-R)
- The following alternative certification:
  - Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing

**OR**

- Are timely in their implementation of a registered development plan leading to certification

**Note:** staff whose job responsibilities are paraprofessional or specifically focused, i.e., someone whose sole responsibility would be to provide the *Life Skills Training Curriculum, Project Success or S.T.A.R.S.*, would be considered specifically focused and therefore not require the CPC or CPS certification provided that they work under the supervision of credentialed staff.

\*The Michigan Certifications are available through 9/30/2008. There is a grand parenting opportunity to receive the certifications. Consult the website [www.mcbap.com](http://www.mcbap.com) for more information. In addition, the MCBAP website has a mechanism to verify certification.

**Prevention Supervisors** represent individuals responsible for overseeing prevention staff and/or prevention services.

- IC& RC Certification offered through the Michigan Certification Board for Addiction Professionals (MCBAP) as a Certified Prevention Consultant- Reciprocal (CPC-R).
  
- The following approved alternative supervisory certification:
  - Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing

**OR**

- Are timely in their implementation of a registered development plan leading to certification.