

BIDDER'S COMPANY NAME

# **REQUEST FOR PROPOSAL**

**RFP # 6426**

Strategic Prevention Framework  
State Incentive Grant

**Substance Abuse Prevention Programs in Dexter and Pinckney**

**January 2009 through September 30, 2009**

Prepared by:  
Washtenaw Community Health Organization  
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**WASHTENAW COUNTY**  
**Finance Department**  
Purchasing Division  
220 N. Main, Ann Arbor, MI 48104  
Phone (734) 222-6760, Fax (734) 222-6764

**REQUEST FOR PROPOSAL #6426**

October 24, 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 to be provided in the Dexter and Pinckney communities.

**Sealed Proposals:** Vendor will deliver one (1) original cover page of the Community Grants application with an original signature and three (3) 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. 48104**

**by Thursday, November 13, 2008 at 2:00 pm**

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

- The envelope must be clearly marked "SEALED RFP # 6426"
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760.

Thank you for your interest.

## **TIMELINE FOR RFP # 6426**

Bid to Substance Abuse Advisory Council for review September 22, 2008

Bid to WCHO Board of Directors (Organizational Operations Committee) for review October 1, 2008

Bid to WCHO Board of Directors for approval October 21, 2008

Letter notifying potential contractors of bid October 23, 2008

Bid advertised in local newspapers October 26, 2008

Bid available to bidders at Purchasing Department October 24, 2008

Bid submission deadline and bid opening November 13, 2008 (2:00pm)

Bidder interviews begin November 20, 2008

Award recommendation to WCHO Board of Directors (Organizational Operations Committee) for review December 3, 2008

Award recommendations approved by WCHO Board of Directors December 3, 2008

Final Approval by WCHO Board December 16, 2008

Award notices late December, 2008

Contracts prepared by early January, 2009

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## 1. Background

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 the Dexter and Pinckney communities.

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. SAMHSA's five step approach (assessment, capacity building, planning, implementation and evaluation) was used to direct this initiative.

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 identify the communities of Dexter and Pinckney to engage around the issues of underage drinking and related traffic crashes.

## 2. Investment Outcomes

The **Strategic Prevention Framework** is a data driven, community-level, outcome-based approach to substance abuse prevention which focuses on population-level change. The ultimate outcomes are to reduce *alcohol-related traffic crash deaths* and reduce *underage drinking*.

## 3. Program Components

In the spring of 2008, Town Hall meetings were held in the Dexter and Pinckney communities to discuss the issues of underage drinking and related traffic crashes. Staff from Washtenaw County Public Health (WCPH) shared local data on these topics and gathered community input on contributing factors for underage drinking in the two communities. Residents of both communities identified **social access** – parent permissiveness, adults buying for youth, access to alcohol in the home, as well as home and community policies that support youth alcohol use – as key contributing factors for underage drinking.

WCPH researched relevant evidence-based interventions to address the issues of community capacity building and social access. The following interventions were shared with numerous members of both communities in the fall of 2008 and endorsed as appropriate in each community. This proposal provides funding to implement these strategies in both Dexter and Pinckney, tailoring the implementation to take into consideration the particular needs and

assets of each community. It is possible that other interventions may be implemented in addition to these strategies, as desired by the coalition(s) and as this funding permits.

- Community Mobilizing – the foundation of success in both communities will be mobilizing various sectors, raising awareness of the issue of underage drinking, and working together over the long run to sustain change. The Communities Mobilizing for Change (CMCA) model program includes a significant community mobilizing effort which centers on the development and continuation of a community-based coalition. We expect that CMCA will provide a guide to the funded agency for coalition-building in Dexter and Pinckney. More information may be found at these websites:
  - <http://www.epi.umn.edu/alcohol/cmca/index.shtm> - University of Minnesota
  - [http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\\_ID=116](http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=116) – Substance Abuse and Mental Health Services Agency program details
- Parents Who Host Lose the Most – has been implemented in several communities across the country, as well as by the Livingston County Community Alliance, to raise awareness among parents about the perils of hosting home parties where youth use alcohol. More information about this program may be found at these websites:
  - <http://www.drugfreeactionalliance.org/pwh.php> - Drug-Free Action Alliance from Ohio
  - <http://www.maine.gov/dhhs/osa/prevention/adult/parenthost.htm> - Maine's implementation site
  - <http://www.nhtsa.dot.gov/PEOPLE/INJURY/alcohol/StopImpaired/planners/2311ParentYouthPlanner/pages/index.htm> - National Highway Transportation Safety Administration
- Sticker Shock – this EBI involves a collaboration between youth, adults, and alcohol retailers to raise awareness of the laws against adults providing alcohol to minors.
  - <http://www.mcrud.org/AAM%202007/program%20ideas/project%20sticker%20shock.pdf> – Michigan Coalition to Reduce Underage Drinking PDF on Sticker Shock

**\*\*\*\*PLEASE NOTE: Live links to all of the above sites are available at [www.ewashtenaw.org/stopunderaging\\_drinking](http://www.ewashtenaw.org/stopunderaging_drinking) - click on “Dexter/Pinckney Coalitions to Reduce Underage Drinking” at top right**

#### **4. Appropriation of Funds**

Up to \$70,000 will be available for the time period of January 1 – Sept. 30, 2009 pending availability of funds.

## 5. 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:

- All of the EBIs listed in section 2, Program Components, will be implemented in both communities. Proposal should explain their plans to work with existing coalition and community efforts to develop sustainable community coalitions in each community. As mentioned previously, these coalitions will provide the springboard for the other EBIs.
- Youth must be involved in the respective community coalitions in a meaningful way. At least 10% of the coalition membership should be comprised of youth, with youth also involved any leadership teams.
- Coalitions should include representation from multiple community sectors, such as the following: education, law enforcement, faith community, parent groups, health care and human service organizations.
- Applicants should demonstrate agency ability to achieve and report results.
- Applicants should ensure that the evidence-based program is delivered in a culturally competent fashion for the population to be served (e.g. age appropriateness, ethnicity, language/translation etc.)
- Effective 10/1/08 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 Attachment A: Credentialing for more detailed descriptions and/or contact MCBAP [www.mcbap.com](http://www.mcbap.com) for requirements.

## **Application Directions**

The proposal narrative should be no more than 10 pages, double-spaced, 12 point font, with one inch margins. The budget forms do not count towards the page limit. Please provide responses to the following areas:

### **I. APPLICANT CONTACT INFORMATION**

- Agency name
- Name of contact person
- Address
- Telephone number
- Email address
- Total amount of funding requested

### **II. HISTORY OF SUBSTANCE ABUSE PREVENTION PROGRAM IMPLEMENTATION**

Briefly describe the agency's past accomplishments in implementing successful substance abuse prevention efforts, especially experience conducting community-level change strategies. Explain your agency's relationship with the Dexter and Pinckney communities. Describe the agency's history of engaging youth to plan or deliver programs.

Review Criteria:

- Does the agency have prior history and understanding of implementing population-level change programming?
- Does your agency have prior experience organizing community-wide coalitions or serving on them?
- Has agency engaged youth in meaningful ways?

### **III. PROGRAM DELIVERY**

Please describe how you will implement each of the evidence-based interventions identified on pages 5 & 6. Please explain methods you will use to connect with vital sectors of the community, develop leadership, create a workplan, and engage the whole community in the coalition-building process.

Review Criteria:

- Does the applicant outline reasonable plans for building a coalition of diverse partners?
- Does the agency demonstrate capacity to implement this project in Dexter and Pinckney?

#### **IV. KEY PEOPLE**

Please review page 6 for information regarding credentialing.

Identify and describe key agency staff people and their role in service delivery/program implementation. Include relevant education, training, substance abuse prevention experience, and relevant certification (CPS-R, CPC-R, etc.). If the 'key people' are not certified at the time of the submission of this application, are they under the supervision of credentialed staff or do they have a development plan registered with MCBAP? Please describe.

Review Criteria:

- Is the amount of staffing request to be funded by the project reasonable?
- Are staff percent time on the project and roles clearly defined?
- Is the staff qualified with relevant background, expertise and certification to fulfill their role in the project?

#### **V. COLLABORATORS/PARTNERS**

Please identify collaborative partners, joint programming ventures, or other working agreements with other agencies. Describe how each will contribute to the success of your project and/or enhance the opportunity for environmental/community-based change.

Review Criteria:

- Is there evidence that the agency has on-going connections or partnerships in the community that will contribute to the success of this project?
- Does the agency demonstrate willingness to strengthen existing partnerships as well as form new ones?

#### **VI. CULTURAL COMPETENCE**

Please describe your understanding of the selected communities of Dexter and Pinckney (including 'cultural norms', behaviors and attitudes regarding underage drinking and the associated consequence of alcohol-related traffic crash deaths, and access to alcohol).

Review Criteria:

- Does the agency demonstrate knowledge of cultural competence issues as they relate to Dexter and Pinckney?

#### **VII. SUSTAINABILITY**

Describe how changes in the customer/community/environment will be sustained as the result of the implementation of the proposed strategies.

Review Criteria:

- Is there evidence that the agency can promote long-term change through this project?

**VIII. PROGRAM BUDGET AND BUDGET NARRATIVE**

See pages 12 - 20 of this RFP for more information.

**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.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET SUMMARY

DCH-0385 3/01  
Replaces FIN-110

Page  
of

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

**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 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.

- 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.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET - COST DETAIL

DCH 03863/01  
REPLACES FIN-116

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PROGRAM	CODE	BUDGET PERIOD TO	DATE PREPARED
LOCAL AGENCY	ORIGINAL BUDGET _____	AMENDED BUDGET _____	AMENDMENT NUMBER _____
1. SALARY & WAGES - POSITION DESCRIPTION	POSITIONS	TOTAL	COMMENTS
	REQUIRED	SALARY	
<b>L</b> TOTAL SALARIES AND WAGES			

2. FRINGE BENEFITS:

(Specify) FICA \_\_\_\_\_ LIFE INS. \_\_\_\_\_ DENTAL INS. \_\_\_\_\_  
 \_\_\_\_\_ COMPOSITE  
 \_\_\_\_\_ UNEMPLOY INS. \_\_\_\_\_ VISION INS. \_\_\_\_\_ WORK COMP. \_\_\_\_\_  
 \_\_\_\_\_ RATE:  
 \_\_\_\_\_ RETIREMENT \_\_\_\_\_ HEARING INS. \_\_\_\_\_  
 \_\_\_\_\_ HOSP. INS. \_\_\_\_\_ OTHER: \_\_\_\_\_ TOTAL FRINGE  
 BENEFITS

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)

MATERIALS

TOTAL SUPPLIES AND

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

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8. TOTAL DIRECT EXPENDITURES (Sum of Totals of lines 1-7)

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9. INDIRECT COST CALCULATION

Rate #1: Base x RATE

TOTAL INDIRECT COSTS: RATE #1

Rate #2: Base x RATE

TOTAL INDIRECT COSTS: RATE #2

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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.
- 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.

## ATTACHMENT A: CREDENTIALING

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.