State of Alaska
Department of Health and Social Services
Division of Behavioral Health

Request for Proposals
Alaska Youth Pathways to Behavioral Health
For FY2027 Through FY2028

Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

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PROPOSAL DUE DATE: May 15, 2026, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: May 5, 2026, 3:59 PM
PROJECT PERIOD BEGINS: July 1, 2026

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Amendments

Amendment 1 Amendment 1 - Funding Correction **Posted: 4/27/2026**

Explanation

This amendment serves to correct language in section 1.01 Introduction and Program Description, and to correct the available funding amounts in section 1.06 Program Funding.

Additional Information

1.01 Introduction and Program Description

Amendment serves to remove the language "peer support" from "Provide essential supports that are not typically covered by Medicaid, such as prevention services, *peer support*, family engagement, and early intervention programming."

1.06 Program Funding

Funds available for this program are anticipated to total $8,528,853.00 per fiscal year. Total estimated funding for the two-year duration is $17,057,706.00. Each regions receives a Base Equity Floor of $189,530.07. To ensure awards are large enough to sustain meaningful delivery service, funding will be structured into award units of approximately $400,000 per award, rather than smaller awards. The revised Regional Funding Envelopes and Estimated Awards are as follows:

Anchorage Municipality

Base Equity Floor: $189,530

Population-Based Allocation: $2,007,583

Rural Adjustment: $0

Total Funding Envelope: $2,197,113

Estimated Number of Awards: 6

Fairbanks North Star Borough

Base Equity Floor: $189,530

Population-Based Allocation: $672,002

Rural Adjustment: $17,057

Total Funding Envelope: $878,590

Estimated Number of Awards: 2

Northern & Interior

Base Equity Floor: $189,530

Population-Based Allocation: $167,974

Rural Adjustment: $34,115

Total Funding Envelope: $391,620

Estimated Number of Awards: 1

Kenai Peninsula Borough

Base Equity Floor: $189,530

Population-Based Allocation: $423,596

Rural Adjustment: $17,057

Total Funding Envelope:$630,184

Estimated Number of Awards: 1-2

Mat-Su Borough

Base Equity Floor: $189,530

Population-Based Allocation: $803,092

Rural Adjustment: $0

Total Funding Envelope: $992,622

Estimated Number of Awards: 2-3

Western Region

Base Equity Floor: $189,530

Population-Based Allocation: $299,541

Rural Adjustment: $34,115

Total Funding Envelope: $523,187

Estimated Number of Awards: 1

Northern Southeast

Base Equity Floor: $189,530

Population-Based Allocation: $317,914

Rural Adjustment: $17,057

Total Funding Envelope: $524,502

Estimated Number of Awards: 1

Southern Southeast

Base Equity Floor: $189,530

Population-Based Allocation: $169,638

Rural Adjustment: $34,115

Total Funding Envelope: $393,284

Estimated Number of Awards: 1

Gulf Coast / Aleutian Region

Base Equity Floor: $189,530

Population-Based Allocation: $255,966

Rural Adjustment: $34,115

Total Funding Envelope: $479,612

Estimated Number of Awards: 1

Amendment 2 Amendment 2 - Response to Written Inquiries **Posted: 4/29/2026**

Explanation

This amendment serves to provide answers to written inquiries.

Additional Information

Amendment 2, issued April 29th, 2026, serves to provide answers to written inquires. Please see the document titled "Amendment 2 - Answers to Written Inquiries" in the attachments section of this RFP.

Amendment 3 Notice of Cancellation of Request for Proposals **Posted: 5/15/2026**

Explanation

This amendment, issued 5/15/2026, serves as a Notice of Cancellation to the posted Request for Proposals. After considering provider feedback about system readiness to engage in planned updates, the Division has decided to pause implementation of the new FY27 grant programs and will continue the Comprehensive Behavioral Health Treatment and Recovery (CBHTR) Outpatient and CBHTR Residential programs for an additional two years.

Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health (DOH), Division of Behavioral Health (DBH), is requesting proposals from eligible applicants to provide Alaska Youth Pathways to Behavioral Health services for the State of Alaska in FY2027 through FY2028.

This request for proposal solicits applications from agencies that are approved by the Department as Community Behavioral Health Services providers under 7 AAC 70, currently enrolled, in process of or prepared to enroll with the Alaska Medicaid program, and that operate programs delivering a range of behavioral health services, including services authorized under Section 1115 Waiver and the Medicaid State Plan. Grant funds may not be used to pay for Medicaid-reimbursable services. Grant funding will support proposed projects that include non-reimbursable activities that strengthen program operations, workforce capacity, service access, or system infrastructure within the publicly funded behavioral health system.

A core priority of this grant program is the implementation and strengthening of effective referral management, defined as the process of welcoming, screening, and guiding families at the point of entry to facilitate timely connection to the most appropriate level of care. Referral management includes assessing whether an applicant agency can meet an individual's needs and, when services cannot be provided due to eligibility, capacity, or scope limitations, ensuring active, supportive, and accountable linkage to appropriate alternative services. All applicants must demonstrate the capacity to function as a meaningful access point within the behavioral health system by providing assisted referrals. In alignment with statewide, federal, and state priorities, these funds are intended to expand access to behavioral health treatment for individuals who are uninsured, underinsured, Medicaid-ineligible, or otherwise lack the resources to pay for care, as well as for other priority populations who are disproportionately impacted by gaps in the behavioral health system.

These priorities are informed by statewide planning efforts, including Strengthening the System II: Alaska's Comprehensive Integrated Mental Health Program Plan, which identifies coordinated access and referral management as critical system needs. This plan reflects the identified needs and strategies developed with input from experts at state agencies, provider organizations, and Alaskans across the state. Public funds should be directed toward the priorities that Alaskans themselves have identified as essential to improving the behavioral health system.

This Request for Proposals (RFP) builds on statewide and federal assessments that highlight gaps in Alaska's youth behavioral health system and outlines both the resources available and how communities can take action. In 2023, the Department of Health (DOH) launched the Behavioral Health Roadmap for Youth (BHRM), establishing a statewide vision to strengthen the full continuum of care through regionally tailored approaches. This includes expanding early intervention, increasing access to community-based and culturally responsive services, and improving coordination across education, health, and social service systems.

Through this RFP, the Division of Behavioral Health (DBH) is making funding and technical support available to organizations that can deliver practical, community-driven solutions. Applicants are encouraged to propose programs that:

- Build local service capacity, particularly in underserved or rural areas;
- Strengthen referral pathways between schools, primary care, behavioral health providers, and community organizations;
- Reduce system fragmentation by improving coordination and communication across sectors; and
- Provide essential supports that are not typically covered by Medicaid, such as prevention services, peer

support, family engagement, and early intervention programming.

Proposals should clearly describe how the proposed services will be implemented, who will be served, and how partnerships will be leveraged to ensure accessibility and sustainability. Applicants should also outline measurable outcomes and a plan for tracking progress, as funded programs will contribute to statewide reporting on improvements aligned with the BHRM.

The need for these services is significant. National data indicate that approximately 20 percent of children experience a diagnosable mental health condition each year, and about 10 percent experience symptoms that significantly interfere with daily functioning. In Alaska, youth face even greater risks, with suicide remaining one of the leading causes of death among young people. Substance use, particularly early cannabis use, further increases the likelihood of depression, anxiety, academic challenges, and long-term substance use disorders. Many youth experiencing mental health challenges also use substances as a coping mechanism, reinforcing a cycle of worsening outcomes.

This RFP prioritizes proposals that directly address the intersection of youth mental health and substance use. Successful applicants will demonstrate how their approach increases access to timely, developmentally appropriate supports and creates clear, coordinated pathways for youth and families to receive help when and where they need it.

The DBH's primary goal is to strengthen Alaska's publicly funded behavioral health system of care by supporting a stable, statewide network of providers that facilitates access to a full continuum of behavioral health services in their communities.

Program Services are authorized under 7 AAC 78 Grant Programs. Funding under this solicitation is subject to federal law, including the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), 8 U.S.C. §§ 1611–1646. Additional governing statutes are 7AAC 70 Behavioral Health Services and Background check 7 AAC 10.900. State of Alaska statutes and regulations are accessible at the Department of Law Document Library or through the contact person identified on the cover page of this Request for Proposals (RFP).

1.02 Program Goals and Anticipated Outcomes

The proposed project must demonstrate a thorough understanding and support of the grant program goals and outcomes anticipated by the Department.

Program Goal 1: Improve access for Alaskan children, youth and families to timely and behavioral health services.

Anticipated Outcome: Alaskan children, youth, and families experience increased and timelier access to prevention and behavioral health services, resulting in earlier intervention, improved mental and behavioral health outcomes, and reduced unmet service needs.

Program Goal 2: Improve coordination and navigation across Alaska's youth behavioral health system

Anticipated Outcome: Youth and families experience smoother pathways to care with fewer delays.

Program Goal 3: Improve children, youth and families' experience accessing behavioral health services.

Anticipated Outcome: Improved access resulting in shorter wait times, increased successful referrals, and improved outcomes for children and youth.

Program Goal 4: Bolster awareness, education, treatment, and recovery support to reduce the incidence rates of cannabis misuse in Alaska children and youth populations.

Anticipated Outcome: Reduced incidence rates of cannabis misuse among Alaskan children and youth, as evidenced by increased awareness, higher treatment engagement, and improved recovery outcomes.

Program Goal 5: Promote and support early intervention and timely treatment for children and youth to enhance overall wellness.

Anticipated Outcome: Children and youth receive early identification, intervention, and timely treatment services, resulting in improved physical, emotional, and developmental well-being, reduced severity of health and behavioral issues, and increased ability to thrive at home, in school, and in their communities.

Projects must meet or exceed anticipated minimum outcomes described in this RFP.

1.03 Program Services/Activities

Applicants must adhere to all standards applicable to grantees under this solicitation. Funding awarded through this solicitation must be used for activities that strengthen access to behavioral health services for Alaska's priority populations and contribute to a coordinated, statewide network of care.

Grant funds are intended to support services, activities, or infrastructure that fall outside established Medicaid reimbursement structures and that strengthen access to behavioral health services. Applicants must only request funding for costs that fall outside the components used to calculate Medicaid reimbursement rates. See Section 1.06 for additional information on rate components.

Applicants proposing youth behavioral health services may serve children ages 6–17, transitional-aged youth ages 18–24, and their families, or both. Identification of the proposed age group(s) is required for tracking and system planning purposes only and will not impact application scoring.

The following requirements apply to all funded programs, unless otherwise specified, and should be carefully reviewed when developing project narratives, budgets, and service delivery plans.

1. Referral management (Required Activity)

Agencies funded under this program must provide referral management that supports a "no wrong door" approach, ensuring individuals are engaged respectfully at entry using person-centered, trauma-informed, and culturally responsive practices, and connected to appropriate behavioral health services in a timely manner.

The referral management referral management process includes:

- Determine service appropriateness, considering program scope, eligibility, and capacity.
- Provide active referral support when services cannot be delivered directly.
- Ensure individuals receive guidance on alternative services, timelines, and follow-up steps including offering assistance to complete forms or support in helping individuals get transportation to the next appointment or provider they are referred to.
- Use existing referral tools and local system knowledge (e.g., Alaska 2-1-1, FindTreatment.gov) to support navigation.

A referral is considered complete when one of the following occurs:

- Direct coordination occurs between the grantee and another provider to facilitate service access; AND

One of the following happens:

- An appointment is scheduled with another provider, OR
- The individual is placed on a waitlist and provided clear next steps and follow-up information; AND
- Client feedback is collected.

Client Feedback

Agencies must offer individuals the opportunity to provide **brief, anonymous feedback** following referral support.

The feedback tool must be designed to minimize burden on both staff and individuals and may be integrated into existing agency workflows. Use of an existing agency feedback tool is allowable if it captures the required domains.

At a minimum, the feedback tool must assess:

- Whether the individual felt respected and listened to
- Whether next steps were clearly explained
- Whether the referral support was helpful
- Overall satisfaction with the experience of accessing behavioral health services

Participation must be voluntary and must not delay or affect access to services. Feedback responses will be reported in aggregate and used by the Division of Behavioral Health to monitor service quality, identify barriers to accessing care, and support program evaluation and quality improvement.

Referral Documentation: Agencies must document all referrals in an auditable recordkeeping system maintained in the ordinary course of business, including the electronic health record (EHR) when one is used by the agency. At a minimum, documentation must include the name of individual/family being referred, contact information, date of referral, the provider or agency contacted, and the method of referral.

Tracking and Quality Improvement: Agencies must track referral completion rates and related outcomes to assess the effectiveness of referral management processes and to identify gaps in access to services for continuous quality improvement, including at least quarterly review of referral outcomes and barriers. Individuals and partner agencies should have opportunities to provide feedback on the referral process. Staff must identify and report systemic barriers (e.g., long waitlists, service gaps) to inform system level improvements.

While some agencies may already conduct referral management activities and may not request funding through this solicitation to support them, applicants may include proposed costs in their budgets if additional resources are necessary to meet all required standards.

Training Requirement

Staff responsible for providing referral management activities must participate in two (2) DBH-sponsored referral management or system alignment trainings annually. These trainings will be provided via virtual platform. Training content and scheduling will be announced at the Grantee Kick-Off Meeting and throughout the grant period. Participation is required regardless of whether the agency requests grant funding to support referral management activities.

2. Provide Behavioral Health Services to individuals who are uninsured, ineligible for Medicaid, underinsured, or otherwise lacking resources to pay for behavioral health services (Required Activity)

All applicants must allocate a minimum of 20% of the total grant budget to provide behavioral health services to individuals who are uninsured, ineligible for Medicaid, underinsured, or otherwise lacking resources to pay for behavioral health services.

3. Administer the Behavioral Health Consumer Survey (Required Activity)

Each year, DBH sends behavioral health treatment and recovery grantee providers the Behavioral Health Consumer Survey (BHCS) to collect information from the individual receiving services and caregiver when applicable about their experience receiving care. The BHCS asks them to evaluate their satisfaction across several domains, including access to services, quality and appropriateness of services, outcome, participation in treatment planning, cultural sensitivity of staff, general satisfaction with services, functioning, and social connectedness. Survey responses are anonymous and are used by DBH to help guide service delivery improvements, identify opportunities for future grant funding to address unmet needs, and are reported in aggregate to the SAMHSA in partial satisfaction of the State's federal grant-related reporting requirements. As part of their grant agreement with DBH, behavioral health treatment and recovery grantee providers are responsible for informing service individuals receiving services and their caregiver's when applicable about the purpose and cycle of the BHCS and facilitating distribution of surveys.

4. Substance Use Prevention Treatment and Recovery Services Block Grant Required Activities (Required Activity)

This grant program is supported by multiple funding streams, including the SUPTRS Block Grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). As a result, all funded youth behavioral health projects must operate in alignment with applicable SUPTRS statutory and regulatory requirements. While applicants may not routinely serve every population addressed in these requirements, agencies are expected to have the necessary policies, procedures, and operational workflows in place to ensure compliance should those populations present for services. For example, several federal requirements relate to services for persons who inject drugs, which may be particularly relevant for transitional-aged youth. Applicants proposing youth services serving ages 6–17, transitional-aged youth ages 18–24, or both -must design programs and systems that are prepared to respond appropriately, track required activities and maintain compliance if these needs arise. All proposed projects should be structured to support readiness, accountability, and continuity of care across Alaska's behavioral health system.

Projects must operate in alignment with applicable SUPTRS statutory and regulatory requirements including:

A. Outreach to Persons Who Inject Drugs (PWID) (Required Activity when serving PWID) (45 CFR 96.126(e))

For any program that serves PWID with grant funds, the agency must conduct outreach activities designed to encourage entry into treatment.

Agencies must utilize outreach models that are scientifically sound and evidence-informed where available and applicable to the local context. Where no such model is applicable, agencies must use an outreach approach that can reasonably be expected to be effective in the local community.

At a minimum, required outreach activities must include:

1. Selecting, training, and supervising outreach workers with appropriate knowledge of life-saving opioid overdose prevention, confidentiality (42 CFR Part 2), and local community context.
2. Contacting, communicating, and following up with high-risk substance users, their associates, and neighborhood residents—consistent with all applicable federal and state confidentiality requirements, including 42 CFR Part 2;
3. Promoting awareness among people who inject drugs about the relationship between injecting drug use and

communicable diseases such as HIV and viral hepatitis.

4. Recommending practical steps to reduce the risk of HIV and other communicable disease transmission; and
5. Actively encouraging and facilitating entry into treatment, including warm handoffs or direct referrals when appropriate. (addressed above under required activity #1 referral management)
6. Agencies must document outreach activities, including training of outreach staff, types of outreach conducted, populations reached, and referrals or linkages to treatment.

B. Services for Pregnant Individuals and Individuals with Dependent Children (45 CFR 96.124(c)–(e); 96.131; 96.137; 96.126(f))

1. **Family-Centered Treatment (Unit of Care)**
   i. Funds set aside for services to pregnant women and women with dependent children must be used to serve those who lack other financial means to obtain such services, consistent with 45 CFR 96.137.
2. **Minimum Required Services** At a minimum, **subgrantees** must provide or arrange for the provision of the following services for pregnant women and women with dependent children:
   i. Subgrantees and all programs providing such services must provide family-centered treatment and treat the family as the unit of care. Programs must admit both the woman and their dependent children into treatment services when clinically and programmatically appropriate, including women who are working to regain custody of their children.
3. **Use of Funds (Payer of Last Resort for Perinatal Services)** At a minimum, subgrantees must provide or arrange for the provision of the following services for pregnant women and women with dependent children:
   i. **Primary Medical Care and Prenatal Services:** Primary medical care for women, including referrals for prenatal care. (45 CFR 96.124(e)
   ii. **Pediatric Care:** Primary pediatric care for dependent children, including immunizations and age-appropriate preventive services. (45 CFR 96.124(e)(2))
   iii. **Gender-Responsive Treatment for Women & Child Care:** Gender-specific substance use disorder treatment and therapeutic interventions addressing issues such as relationships, trauma, sexual or physical abuse, parenting, and related needs; and childcare while women are participating in treatment and therapeutic services. (45 CFR 96.124(e)(1)– (3))
   iv. **Therapeutic Services for Children:** Therapeutic interventions for children in the custody of individuals in treatment, as appropriate, including services addressing developmental needs, trauma, abuse, or neglect. (45 CFR 96.124(e)(4))
   v. C**ase Management and Transportation:** Sufficient case management and transportation services to ensure access for women and their children to all required services described above. (45 CFR 96.124 (e)(5))
   vi. **Service Coordination and Documentation**
      a. Subgrantees must maintain documentation demonstrating access to and utilization of all required services, whether provided directly or through formal referral or partnership arrangements.
      b. Programs must coordinate care to ensure services are timely, accessible, and culturally appropriate. (45 CFR 96.126(f); 96.127(b); 96.131(f))

C. Priority Populations and Admission Preferences (45 CFR 96.131)

Grantees must ensure that admission practices align with SUPTRS priority treatment preferences:

1. Pregnant women who inject drugs
2. Pregnant women with substance use disorders

3. Persons who inject drugs
4. All other eligible individuals

When capacity is insufficient to admit a pregnant woman, the agency must:

1. Contact the DBH grant program manager for assistance in identifying placement; and
2. Make interim services available within 48 hours when treatment is not immediately available, including referral for prenatal care. These timelines apply when treatment is not immediately available and capacity exists within the system.

D. Referral management and Capacity Reporting (45 CFR 96.126; 96.132)

In addition to the referral management standards already outlined in this RFP, grantees must:

1. Notify DBH grant program manager within seven (7) days of reaching 90% capacity for treatment admissions.
2. Participate in any statewide capacity or waitlist management processes designated by DBH. (Addressed in required activities above)
3. Ensure individuals requesting and needing treatment are admitted within 14–120 days, consistent with federal performance expectations.
4. Make interim services available within 48 hours when treatment is not immediately available; and
5. Maintain a waitlist management process that documents: date of request, services requested, follow-up attempts, and referral outcomes.

E. Tuberculosis (TB) Services (45 CFR 96.127)

Grantees must:

1. Make tuberculosis (TB) services available to all individuals receiving substance use disorder (SUD) treatment, either directly or through referral.
2. Implement infection control procedures to prevent TB transmission; and
3. Conduct case management to support completion of TB screening and follow-up.

F. Confidentiality (42 USC 300x-53; 45 CFR 96.132(e); 42 CFR Part 2)

Grantees must maintain policies and staff training to protect against inappropriate disclosure of patient records and ensure disciplinary procedures for violations.

G. Coordination of Services (45 CFR 96.132(c))

Grantees must coordinate SUD treatment and prevention with other relevant services (e.g., primary care, housing, maternal health, and child welfare where applicable). Where appropriate, agencies should have MOUs in place with key partners.

H. Charitable Choice and Religious Freedom Protections (42 U.S.C. § 300x-65; 42 CFR Part 54)

All grantees must comply with the federal Charitable Choice provisions applicable to substance use disorder block grant funding.

Separation of Inherently Religious Activities

Grant funds may not be used to support inherently religious activities such as worship, religious instruction, or

proselytization. If a grantee is a faith-based organization, any inherently religious activities must be:

- Offered separately, in time or location, from services funded under this grant; and
- Voluntary for all program participants.

Participation in religious activities must not be required as a condition of receiving services funded under this award. (42 CFR 54.5)

Maintenance of Religious Identity

A faith-based organization receiving grant funds may retain its independence and religious character, including its religious name, governance structure, and religious symbols in its facilities. Receipt of funds under this program does not require an organization to remove religious art, icons, scripture, or other symbols from its facilities. (42 U.S.C. § 300x-65(b))

Beneficiary Protections

Grantees must ensure that:

- Individuals receiving services are not required to participate in religious activities as a condition of receiving services.
- Individuals are informed of their right to receive services free from religious coercion.
- If a beneficiary objects to the religious character of an organization, the grantee will make reasonable efforts to refer the individual to an alternative provider that is accessible and offers services of comparable value within a reasonable time frame. (42 CFR 54.8)

Grantees must maintain documentation of any such referrals.

Notice of Rights

If the grantee is a faith-based organization, the grantee must provide written notice to beneficiaries of their rights under the Charitable Choice provisions at the time of intake or service entry. The Department may provide or approve standardized notice language for this purpose.

Fiscal Accountability

All grantees, including faith-based organizations, must maintain financial records sufficient to demonstrate that SUPTRS funds are not used for inherently religious activities and must comply with 2 CFR 200 and all applicable audit and recordkeeping requirements.

A.5, D.2, D.3, and D.5 are addressed in the referral management requirements in section 1.03. F is addressed in 2.03 and G is addressed in 2.04

Workforce Development (Allowable Activity)

Workforce development activities are allowable when they directly support training specific to the proposed grant program services and activities. Applicants are expected to conduct due diligence to confirm that the proposed training is not otherwise available at no cost through existing state-sponsored opportunities, as the Department of Health currently offers multiple free trainings to support Alaska's behavioral health workforce. If workforce development activities and related expenses are included in the proposed project, total costs may not exceed 10 percent of the proposed project budget.

Transportation (Allowable Activity)

Transportation for behavioral health (BH) services is generally reimbursed by Medicaid and other funding sources. However, there are instances where Medicaid and other available resources have been exhausted or are not accessible. In those cases, grant funds may be used to support transportation associated with BH crisis intervention, treatment, outreach, or related services.

Grant funds may be used to support transportation associated with behavioral health (BH) crisis intervention, treatment, outreach, or related services only when no other funding source is available. Before requesting reimbursement from grant funds, grantees must ensure that Medicaid, insurance, and community resources have been fully utilized or confirmed unavailable.

Allowable uses of grant funds may include:

- Recipient transportation related to BH crisis needs not supported by Medicaid or any funding source and medical necessity is documented.
- Staff travel to provide in-person BH services in rural/ remote areas as well as outreach and education/training in schools; and
- Limited non reimbursable coordination or administrative activities that are directly connected to a client's crisis-related care.
- Grantees are required to maintain documentation demonstrating that other funding sources were unavailable and that transportation costs were reasonable, necessary, and directly tied to BH crisis services. Documentation must be retained in accordance with audit and grant requirements.

Project Narrative:

Applicant proposals must describe the ways in which the project aligns with the grant program intent. The submitted project proposal will identify agency resources available to the project; describe project activities; and clearly state the project's anticipated goals, outputs, and outcomes. The narrative should explain how proposed activities align with the allowable activities described in this RFP and respond to identified youth and family needs. The project narrative should address the elements in the order below in a clear and cohesive manner.

1. **Project Description and Scope**
    i. Describe the behavioral health services that will be provided to the identified target population.
2. **Projected Service Volume**
    i. State the anticipated number of individuals who will receive behavioral health services each year.
3. **Clinical Approach and Evidence-Based Practices**
    i. Identify the evidence-based practices (EBPs) that will be used and describe the expected level of fidelity to each model.
    ii. Identify the education, early intervention, screening and/ or treatment specific to cannabis that your program will include.
4. **Referral management**
    i. Describe how the agency will implement referral management in accordance with all standards outlined in Section 1.03, including:
        a. How individuals will be engaged at the point of entry;
        b. How active linkage and warm handoffs will be conducted; and
        c. How referral outcomes will be documented and monitored.
        d. How the client feedback tool will be implemented.
5. **Services for Uninsured, Underinsured, or Unresourced Individuals (20% Set-Aside)**

i. Describe the plan to serve individuals who are uninsured, ineligible for Medicaid, underinsured, or otherwise unable to pay for services. The plan must include:
   a. How these individuals will be identified and tracked;
   b. How financial need or lack of coverage will be assessed and documented;
   c. How grant expenditures will be tracked to ensure compliance with the 20% set-aside requirement; and
   d. How the agency will assist individuals in securing long-term funding sources (e.g., Medicaid, commercial insurance, community resources).

6. **Outreach to Individuals Who Inject Drugs (IVDU) – 45 CFR 96.126(e)**
   i. If grant funds will be used to serve individuals who inject drugs, describe the agency's outreach approach, including:
      a. The outreach model to be used (or the rationale if no scientifically supported model is locally applicable);
      b. How outreach staff will be selected, trained, and supervised;
      c. How the agency will contact, communicate with, and follow up with high-risk individuals, their associates, and community members while complying with 42 CFR Part 2 and other confidentiality requirements;
      d. How the agency will increase awareness of the connection between injection drug use and communicable diseases (e.g., HIV, viral hepatitis);
      e. Strategies to reduce the risk of disease transmission; and
      f. How outreach efforts will actively promote and facilitate entry into treatment (e.g., warm handoffs, direct referrals, appointment scheduling).
   ii. Describe how outreach activities will be documented for monitoring and reporting purposes.
7. **Program Development (If Applicable)**
   i. If grant funds will be used for program development, provide:
      a. A description of the services or practices to be developed and how they will expand or enhance current programming;
      b. A timeline for key milestones (e.g., policy development, hiring and training staff, initiation of services and billing);
      c. A detailed plan explaining how activities funded by the grant will be kept separate from those reimbursable by Medicaid; and
      d. An attestation that once Medicaid or insurance billable services begin, the use of grant funds for those services will cease.
8. **Non-Reimbursable Services (If Applicable)**
   i. If grant funds will support non-reimbursable services, activities, or supplies, provide:
      a. A description of the specific services, activities, or supplies and how they will enhance treatment services; and
      b. A description of how services, activities, or supplies will be tracked for the purpose of charging the grant.
9. **Public Awareness of Services for Pregnant Women – 45 CFR 96.131(b)**
   i. Describe how the agency will support State efforts to publicize the availability of treatment services for pregnant women and their statutory admission preference, including:
      a. Maintaining accurate information in 2-1-1 and FindTreatment.gov;
      b. Providing timely updates to DBH regarding service availability and capacity; and
      c. Participating in community outreach or information-sharing activities upon DBH request.
10. **Policies for Pregnant Women and Women with Dependent Children**
   i. Describe the agency's written policies addressing services for pregnant women and women with dependent children, including:

a. Priority admission procedures;
b. Referral processes for prenatal care and childcare arrangements during treatment;
c. Transportation supports; and
d. Procedures for notifying DBH and providing interim services within 48 hours if treatment capacity is unavailable.

11. **Policies Regarding Federal SUPTRS Requirements**
    i. An attestation that the agency will maintain written policies addressing:
        a. Tuberculosis (TB) Services
            1. As per the standards outlined above under "Federal SUPTRS Compliance Requirements (*Applicable to All Grantees*)".

Applicants will upload a timeline for the initiation of services and project activities.

1.04 Program Evaluation Requirements and Reporting

Results Based Accountability (RBA) Framework

The Division of Behavioral Health (DBH) uses the Results-Based Accountability (RBA) framework to evaluate program performance and impact. RBA is a data-driven approach that measures progress by answering three core questions:

1. How much did you do?

Performance Indicators:

a) Number of unduplicated youths served.

Reporting site: AKAIMS

b) Number of youth identified with Cannabis Substance Use on the AKAIMS Minimal Data Set

Reporting site: AKAIMS

c) Number of youth identified with Cannabis Substance Use on the AKAIMS Minimal Data Set and the Frequency "No use in the past month" at the time of program end.

Reporting site: AKAIMS

d) Number of uninsured or under insured, under resourced youth served.

Reporting site: AKAIMS Minimal Data Set

Data collection methods: AKAIMS, Quarterly report

Frequency: Quarterly

2. How well did you do it?

Performance Indicators:

a) Referral Management Client (RMC) Feedback response rate percentage.

Reporting site: Quarterly report

b) Summary of key themes from open-ended responses.

Reporting site: Quarterly report

c) Number and percentage of referrals completed within the following timeframes:

- Completed on the same day
- Completed within 1-2 business days
- Completed in 3 or more business days

Reporting site: Quarterly report

d) Percentage of referrals receiving active referral assistance that result in a completed connection to an appropriate service.

Reporting site: Quarterly report

Data collection methods: Quarterly report

Frequency: Quarterly

3. Is anyone better off?

Performance Indicators:

a) Percentage of individuals served who were uninsured, under insured, or without resources at the time of service.

Reporting site: AKAIMS Minimal Data Set and Quarterly report

b) Percentage of individuals reporting a positive service experience

Reporting site: Quarterly report

c) Percentage of individuals served in behavioral health program who report improved behavioral health functioning or well-being.

Reporting site: Agency electronic health record tools

Data collection methods: Quarterly report, agency electronic health record tools

Grant Reporting

Required reporting will include:

1. Cumulative Fiscal Reports recording overall grant and match expenditures by budget line; and
2. Cumulative Detailed Expenditure Report verifying amounts reported in Cumulative Fiscal Reports due at Q2 and Q4; and
3. Program Narrative Reports recording the quarterly progress of the program, due quarterly; and
4. Minimal Data Set in AKAIMS (Attachment 3 Minimal Data Set)

The applicant's proposed evaluation plan will incorporate the performance measures of effectiveness and efficiency

identified above. Applicants can propose additional performance measures for evaluating the project's progress in achieving results supportive of program goals and outcomes.

Federal and State Data Reporting Requirements

This grant program is funded through a braided funding structure that includes the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) and the Community Mental Health Services Block Grant (MHBG) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). As a condition of these funding streams, subrecipients must comply with both federal and DBH data reporting requirements.

Subrecipients are required to submit the federally mandated Minimum Data Set (MDS) Attachment 3 Minimal Data Set Quick Guide, which includes client-level demographic and required service data necessary to meet SAMHSA reporting and performance requirements.

In addition, DBH requires one note per client per month per program entered into AKAIMS. Encounter reporting is a State requirement and is used to monitor services delivered, track client-level outcomes and utilization trends, support required reporting and inform data-driven decisions regarding the effective use of grant funds. Compliance with both the SAMHSA MDS and DBH encounter reporting requirements is mandatory for all subrecipients.

1.05 Target Population and Service Area

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the program's intended target population identified in this solicitation.

Target Population: The target population for the solicited services is children and youth ages 6 -17, transitional aged youth ages 17 – 24, or both, and their families.

Service Areas and Communities: Funding for awards will be determined based on the applicant's physical location and designated service region, with recognition that organizations may provide services to individuals statewide, including through telehealth. Applicants will be required to report quarterly, through the Quarterly Program Report, on the locations and demographics of the populations served to support monitoring of geographic service coverage, strategic distribution of funds, and evaluation of program impact.

Regions: This RFP solicits services across Alaska in the context of nine (9) regions as defined in (Attachment 1 DBH Regions and Communities), which is derived from the Alaska Medicaid Section 1115 Behavioral Health Demonstration Waiver.

Applicants may apply to provide services in multiple regions. However, a separate, complete application must be submitted for each region. Each application will be reviewed and scored independently. Due to limited funding, applicants may submit only one proposal per region.

Selection of a region in GEMS does not substitute for identifying all specific communities to be served. Applicants must select each community individually within GEMS using Attachment 1 (DBH Regions and Communities). Rural is defined as a community with a census population of 7,500 or less that is not connected by road or rail to Anchorage or Fairbanks or is a community with a census population of 1,500 or less that is connected by road or rail to Anchorage or Fairbanks. The most recent census data should be used to identify population numbers.

1.06 Program Funding

Funds available for this program are anticipated to total $7,410,000.00 per fiscal year. Total estimated funding for the two-year duration is $14,820,000.00 Funding sources are as follows: Substance Use, Prevention, Treatment and Recovery Services (SUPTRS) Block Grant- $1,000,000.00, Community Mental Health Services Block Grant (MHBG) 1,118,853.00, Marijuana Education Tax $2,480,000.00, Other State funds 3,930,000.00.

The Department is not obligated to make all anticipated awards. Final award determinations will be based on proposal quality, service coverage, demonstrated need, and alignment with the regional funding methodology described in this solicitation.

The Department reserves the right to adjust the number of awards, redistribute funds among regions or service categories, or modify award amounts as necessary to ensure adequate statewide service coverage and efficient use of available funds.

If a region or service category does not yield qualified applicants, or if no applications are received for a required service type, the Department may reallocate funds, issue a targeted re-solicitation, or conduct an additional procurement process to obtain the needed services.

Applicants

The allocation of funding for youth behavioral health services in Alaska is designed to ensure equitable access, reflect population demand, and account for higher service delivery costs in rural and remote areas. Funding is distributed using a three-part methodology:

1. Base Equity Allocation (20%)

Ensures every region receives a minimum guaranteed level of funding to support essential youth behavioral health services, regardless of population size or geographic location. Each region receives a Base Equity Floor of $158,667.

2. Population-Based Allocation (60%)

Aligns funding with regional demand by distributing resources proportionally based on each region's share of the statewide population (741,147) *. This ensures regions with higher populations receive sufficient resources to meet service needs.

*The map used with regional population data may be requested by contacting doh.dbh.info@alaska.gov.

3. Rural Access Adjustment (20%)

Accounts for higher operational costs, workforce shortages, and service delivery challenges in rural and remote regions. Each region receives a rural weight adjustment based on cost-of-living and geographic barriers to ensure funding reflects local service delivery costs.

The Total Funding Envelope for each region is calculated as: Base Equity Floor + Population-Based Allocation + Rural Adjustment

To ensure awards are large enough to sustain meaningful delivery service, funding will be structured into award units of approximately $300,000 per award, rather than smaller awards. This approach reduces fragmentation and strengthens provider stability while maintaining geographic equity.

Regional Funding Envelopes and Estimated Awards

Anchorage Municipality

Base Equity Floor: $158,667

Population-Based Allocation: $1,680,665

Rural Adjustment: $0

Total Funding Envelope: $1,839,332

Estimated Number of Awards: 6

Fairbanks North Star Borough

Base Equity Floor: $158,667

Population-Based Allocation: $562,572

Rural Adjustment: $14,280

Total Funding Envelope: $735,519

Estimated Number of Awards: 2

Northern & Interior

Base Equity Floor: $158,667

Population-Based Allocation: $140,621

Rural Adjustment: $28,560

Total Funding Envelope: $327,848

Estimated Number of Awards: 1

Kenai Peninsula Borough

Base Equity Floor: $158,667

Population-Based Allocation: $354,617

Rural Adjustment: $14,280

Total Funding Envelope: $527,564

Estimated Number of Awards: 1–2

Mat-Su Borough

Base Equity Floor: $158,667

Population-Based Allocation: $672,316

Rural Adjustment: $0

Total Funding Envelope: $830,983

Estimated Number of Awards: 2–3

Western Region

Base Equity Floor: $158,667

Population-Based Allocation: $250,764

Rural Adjustment: $28,560

Total Funding Envelope: $437,991

Estimated Number of Awards: 1

Northern Southeast

Base Equity Floor: $158,667

Population-Based Allocation: $266,145

Rural Adjustment: $14,280

Total Funding Envelope: $439,092

Estimated Number of Awards: 1

Southern Southeast

Base Equity Floor: $158,667

Population-Based Allocation: $142,014

Rural Adjustment: $28,560

Total Funding Envelope: $329,241

Estimated Number of Awards: 1

Gulf Coast / Aleutian Region

Base Equity Floor: $158,667

Population-Based Allocation: $214,285

Rural Adjustment: $28,560

Total Funding Envelope: $401,511

Estimated Number of Awards: 1

Match Requirement: The budget must include matching funds equal to 25.00% of the proposed Department funds. Calculate required match with the following formula.

Total Requested Grant Award x Required Match Percentage = Required Match

Federal grant funds may not be used to match federal funds awarded through this grant program, and State grant funds may not be used to match State funds awarded through this grant program.

Eligible sources of matching funds include:

- Local Cash: local sources, including local tax receipts, municipal revenue sharing, cash donations
- Local In-Kind: donated items of value for which the applicant incurs no cost, including volunteer labor and donations of supplies, equipment, space
- Other Sources: government and non-government grant awards, third party receipts, direct receipts such as gaming or sales of goods
- Grant Income: earnings anticipated as a result of this project proposal receiving award, and Medicaid reimbursements if award of this grant is required for the applicant to bill Medicaid for awarded services
- Medicaid: includes Medicaid which is not Grant Income, as well as other third-party receipts

Proposed Budget: The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget detail and narrative, including required match, will support the program's results-based service delivery and staffing requirements stated in this RFP.

The proposed budget must clearly demonstrate:

- How requested funds support the proposed services and activities
- That proposed expenditures do not duplicate costs incorporated into Medicaid reimbursement rates
- How the required set-aside and funding limitations are met

All proposed costs must include a budget narrative explaining:

- Why the cost is non-reimbursable
- How the cost supports the proposed project
- How the cost amount was calculated

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Resources specific to budgeting are also available under the GEMS Documents tab. The Department's Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

Funding Limitations and Allowable Costs

Grant funds awarded under this solicitation are intended to support services, activities, and infrastructure that are not otherwise reimbursable through Medicaid, or other third party payors. Department funds function as payer of last resort and must not duplicate or supplement established reimbursement rates.

Applicants must ensure that all proposed expenditures fall outside the cost components used to calculate Medicaid reimbursement rates. The applicable rate methodology is described in the Alaska Behavioral Health Rate Evaluation

conducted by Guidehouse, including Table 13: Overview of Rate components

Grant funds may not be used to supplant, replace, or augment reimbursement paid by Medicaid, private insurance or any other third-party payor.

Prohibited Uses of Grant Funds

Grant funds may not be used to support cost components that are already incorporated into established reimbursement rate methodologies, including but not limited to:

Personnel and Compensation

- Staff wages or salaries associated with services reimbursable by Medicaid or other payors
- Overtime, shift differentials, or supplemental compensation tied to reimbursable services
- Employee benefits and fringe costs associated with reimbursable services

Employee-Related Expenses

- Payroll taxes and legally required benefits
- Health insurance, retirement contributions, and other employee benefits
- Paid leave including vacation, sick leave, or holiday

Direct Service Delivery Costs Already Included in Rates

- Direct care staff productivity adjustments
- Time associated with services that is not reimbursable (e.g., documentation, travel, training tied to reimbursable services)

Program Operations and Facility Costs

- Program occupancy costs including bed vacancies or lost revenue
- Supervision of staff performing reimbursable services
- No-show adjustments or revenue loss associated with missed appointments

Administrative and Overhead Costs

- Administrative staff salaries and wages
- General operating overhead not directly tied to the proposed project
- Office equipment and administrative supplies
- Rent, mortgage, property taxes, and liability insurance
- General advertising or marketing

Facility Operations

- Utilities, telecommunications, building maintenance, janitorial services, landscaping, or other facility-related operating costs

Program Support Expenses Included in Rate Methodology

- Program supplies included in established reimbursement rates
- Technology or devices already incorporated into rate calculations
- Transportation costs bundled into reimbursable services

Allowable Costs

Allowable costs are those that:

- Are **not reimbursable by Medicaid, insurance, or other payors**; and
- Directly support the services and activities proposed under this grant.

Examples of allowable expenditures may include non-reimbursable outreach, pre-treatment engagement activities, referral management infrastructure, workforce training related to the proposed program, and transportation necessary to ensure access to behavioral health services when no other funding source is available.

The Department reserves the right to request additional documentation or clarification to verify that proposed costs comply with the Medicaid rate methodology and grant requirements.

Required Budget Allocations

Applicants must include the required allocation described below and must ensure that any optional budget components comply with the maximum limits established in this section.

Services for Uninsured/Underinsured/Unresourced Clients (20% Set-Aside)

A minimum of 20 percent of the total grant budget must be allocated to provide behavioral health services to individuals who are uninsured, ineligible for Medicaid, underinsured, or otherwise lacking resources to pay for behavioral health services.

Funds from this set-aside may be used to support behavioral health services and activities that would otherwise be inaccessible to these individuals due to lack of insurance coverage or financial resources.

Grant funds may be used to support services that are typically reimbursable by Medicaid when the individual receiving services is not eligible for Medicaid or lacks another source of payment.

All services funded through this set-aside must comply with the cost limitations and allowable activities described in this section.

Workforce Development (Maximum 10%)

Workforce development activities may be included in the proposed project when they directly support the services described in this solicitation.

Total workforce development costs may not exceed 10 percent of the total project budget.

Applicants are expected to confirm that proposed training opportunities are not already available through existing state-sponsored training programs prior to requesting grant funds.

Administrative Costs (Maximum 5%)

Administrative costs may not exceed 5 percent of the proposed total project budget.

Administrative costs must be clearly described in the budget narrative and must be directly attributable to the management and administration of the grant-funded project. Administrative costs supported with grant funds must not duplicate or replace administrative expenses that are included in Medicaid reimbursement rates or other payer rate structures

Other Agency Funding: Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Indirect Costs: If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 10% De Minimis.

Payment for Services/Grant Income: Department funds are the payor of last resort. Applicants must make reasonable efforts to bill Medicaid and any other available payment sources before requesting grant support for service delivery. Any anticipated grant income must be reflected in the proposed budget and reported in accordance with Department reporting requirements.

In the applicant's proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

Section 2 Applicant Qualifications

2.01 Agency Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include Department site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed. The description must clearly identify the time period over which services were provided and the target population served.

2.02 Project Staffing

Project staffing must be sufficient to implement the proposed activities in order to meet program goals and the anticipated outcomes.

Resumes, and position descriptions and professional credentials for key project personnel must be uploaded as part of the response. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Key project personnel include:

- Project Director: This position will be responsible for oversight of the grant award and its deliverables, including all required reporting, and will be identified in GEMS as the point of contact for DBH staff.
- Staff responsible for referral management activities.

2.03 Administrative, Management, and Facility Requirements

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

Audit Requirements:

Federal Requirements: Agencies spending $1,000,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending $1,000,000 or more total State Financial Assistance in the agency fiscal year are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, Department of Law Document Library, or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator
Department of Administration
Division of Finance
PO Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

Department of Health Program Audit Requirements: All DOH grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health
Finance and Management Services
Audit Section
PO Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

Facility, Service Access, and Safety:

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.

2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for Department grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

Applicants must demonstrate the administrative, operational, and fiscal capacity necessary to implement the proposed project and comply with applicable state and federal grant requirements.

Additional Requirements and Service Standards

By submitting a proposal in response to this solicitation, the applicant affirms that it will comply with all requirements and service standards described in this solicitation.

1. Administrative and Fiscal Capacity

Applicants must demonstrate the agency's ability to manage grant funds in accordance with state and federal requirements.

Grantees must ensure that Department funds are used as the payer of last resort. Medicaid, insurance, and other available funding sources must be utilized whenever available prior to charging costs to the grant.

All expenditures charged to this grant must be **reasonable, necessary, and directly related to the approved grant project**.

Grantees must maintain financial and program records sufficient to support monitoring, reporting, and audit review in accordance with applicable state and federal requirements, including 7 AAC 78 and 2 CFR 200.

Grantees must comply with approved spending, timely and compliant reporting, and the approved grant project service plan. Grantees are required to notify the Department and receive prior approval for changes to:

- the grant project services
- the grant project director
- the approved budget

Pursuant to **7 AAC 78.260 (Changes in Approved Grant Project)**, grantees must provide written notification at least **30 days in advance** and obtain Department approval before making any of the following changes:

- modifying the grant project service plan
- changing the beginning or end dates of the grant project
- terminating a grant project or pausing service delivery

Requirements related to record transfer in the event of termination are outlined in**7 AAC 78.255 (Transfer of Records)**.

Grantees must provide **immediate written notification** to the Department and obtain approval if the grantee proposes to replace the grant project director.

2. Recordkeeping and Documentation

Grantees must maintain documentation supporting all services and activities funded under this grant.

At minimum, agencies must maintain documentation related to:

- referrals made to other service providers
- referral outcomes and follow-up actions
- outreach and engagement activities conducted with grant funds
- transportation costs charged to the grant
- services provided to individuals who are uninsured, underinsured, or otherwise lacking resources to pay for services

Documentation must be maintained within the agency's standard recordkeeping system, including the electronic health record when one is used by the agency.

Records must be maintained in accordance with state and federal audit and record retention requirements.

3. Program Operations and Service Accessibility

Funded programs must maintain operational practices that ensure equitable access to behavioral health services and compliance with applicable state requirements.

Grantees must:

- provide services regardless of an individual's ability to pay and support individuals in establishing a reasonable payment plan based on their financial situation and applicable federal poverty guidelines, including use of a sliding fee scale when appropriate
- maintain current program listings in **Alaska 2-1-1 and FindTreatment.gov** to support public awareness of available services
- support individuals in accessing public assistance programs, including assistance with **Medicaid enrollment**

All funded programs must provide access to medications for opioid use disorder (MOUD). Access to MOUD may not be conditioned on participation in counseling or other behavioral health services, consistent with federal and state guidance.

4. Monitoring and Quality Improvement

Grantees must maintain internal processes to monitor service delivery and program performance.

At minimum, agencies must conduct periodic review of referral outcomes and service access barriers in order to support continuous quality improvement and identify systemic barriers to behavioral health services.

5. Administer the Behavioral Health Consumer Survey (Required Activity)

Each year, DBH sends behavioral health treatment and recovery grantee providers the Behavioral Health Consumer Survey (BHCS) to collect information from the individual receiving services and caregiver when applicable about their experience receiving care. The BHCS asks them to evaluate their satisfaction across several domains, including access to services, quality and appropriateness of services, outcome, participation in treatment planning, cultural sensitivity of staff, general satisfaction with services, functioning, and social connectedness. Survey responses are anonymous and are used by DBH to help guide service delivery improvements, identify opportunities for future grant funding to address unmet needs, and are reported in aggregate to the SAMHSA in partial satisfaction of the State's federal grant-related reporting requirements. As part of their grant agreement with DBH, behavioral health treatment and recovery grantee providers are responsible for informing service individuals receiving services and their caregiver's when applicable about the purpose and cycle of the BHCS and facilitating distribution of surveys.

6. Compliance with State Regulatory Requirements

In accordance with applicable state regulations:

- Grantees must report to the DBH program manager any individual served in the grant-funded program who is **missing or deceased**, consistent with **7 AAC 70.100(16)**, using the form provided in the **attached Incident Report**.
- Agencies must ensure that all staff working in the grant-funded program complete required**background checks** in accordance with **7 AAC 10.900**.

2.04 Support/Coordination of Services

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are proposed;
2. Partnerships and collaborations specific to the proposed project.

Coordination with community partners and other service providers is critical to ensuring individuals are connected to appropriate behavioral health services when services cannot be provided directly by the grantee.

Community Partnerships

Applicants must demonstrate the ability to coordinate services with community partners and other service providers to support access to behavioral health services.

Where applicable, applicants may maintain **Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA)** with partner agencies to support coordination of services.

Examples of relevant partners may include:

- other behavioral health treatment providers
- primary care providers
- hospitals or health systems
- recovery support organizations
- housing or supportive service providers
- maternal and child health providers
- community-based organizations serving priority populations

Coordination of Services Under Federal Requirements

Programs funded through this solicitation must coordinate substance use disorder treatment and related services with other relevant systems when appropriate.

This may include coordination with:

- primary health care providers
- maternal health services
- housing and supportive services
- child welfare systems
- other behavioral health providers

Coordination of services must occur in a manner consistent with applicable federal confidentiality requirements, including **42 CFR Part 2**.

Section 3 General Instructions for Proposal Submission

3.01 Eligibility

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

Federal Funding Accountability and Transparency Act (FFATA): In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub- Award And Executive Compensation Information, reporting is required of any grant award with federal funding equal to or greater than $30,000. FFATA is intended to hold the federal government accountable for spending decisions. Accountability data is available to the public at U.S. Government spending. Reporting requirements extend to recipients of State-issued awards with federal funds. An Agency Power User must complete the FFATA form under Federal Reporting in the GEMS Agency Administration tab. The report data will reflect the audited figures of the agency's most recently completed fiscal year. The report captures expenses and executive compensation for your agency. More information regarding FFATA requirements can be found at Federal Funding Accountability and Transparency Act Subaward Reporting System.

Effective April 4th, 2022, the US Federal Government transitioned from the Dun & Bradstreet Data Universal Numbering System (DUNS) number to a System for Award Management (SAM) generated Unique Entity Identifier (UEI) alpha-numeric value for federal awards management. All grantees receiving awards with federal funds are required to have a UEI. More information regarding this transition can be found on the U.S. General Services Administration.

The Grants Electronic Management System (GEMS) has been updated to include fields for both the DUNS nine-digit number and the UEI twelve-digit alpha-numeric value under the General section of the Agency Administration tab. An Agency Power User must confirm the current UEI number is listed in GEMS. The DUNS number will continue to be displayed in GEMS until further notice.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

If this grant program includes Federal funding, effective November 12, 2020 Federal Uniform Guidance 2 CFR 200 requires that agencies be registered on the System for Award Management (SAM) website at System for Award Management (SAM). If an applicant is recommended for award and is not registered on this site, the offered award will not be executed, and funds will not be issued until agency registration is confirmed.

Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be considered.

3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded proposal unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.03 Inquiries

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website (Online Public Notices) for any clarifications or amendments that may be issued regarding this solicitation.

Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.

3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

3.05 Duration

This RFP is for a two-year period, beginning 7/1/2026 through 6/30/2028. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The annual decision to continue funding for the subsequent year(s) of the two-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Applicants will submit a budget proposal for year one of the grant only. Funding in each subsequent year will require submission and approval of documents needed to update service plans, evaluation measures, and budgets. Grants and Contracts will notify grantees of specific submission requirements necessary to qualify for consideration of continued funding.

This RFP is for fiscal year FY2027, 7/1/2026 through 6/30/2027.

3.06 Proposal Review

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. Department of Health staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), Department staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4**. Department staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
    i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    ii. priorities in applicable State health and social services plans;
    iii. requirements of applicable State and federal statutes; and
    iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090

Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP**. The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health or the Commissioner's designee.

3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner and received in writing at the address below within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

With a copy to the contact identified on the solicitation cover page, send appeal to:

Heidi Hedberg, Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department may withdraw this RFP at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a

result of this RFP may be withheld and the grant terminated by written notice from the State to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed to be in the best interest of the State.

Section 4 Submission Requirements/Evaluation Criteria

4.01 Minimum Responsiveness Criterion per 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1 Applicant is eligible per 7 AAC 78.030.

Evaluation/Review Criteria		Review	Points
a	Applicant is eligible per Alaska Administrative Code 7 AAC 78.030.	☑	

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1 If applying as a non-profit organization, confirm non-profit status is documented.

Evaluation/Review Criteria		Review	Points
a	The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at State Corporation Database and/or	☑	
b	The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at IRS Tax Exempt Organization Search.	☑	
c	If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b.	☑	

2 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The applicant is a recognized Alaska Native entity as verified by the Federal Register at Federal Register. If a tribal consortium, all members are recognized Alaska Native entities.	☑	

b	A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file.	☑	

3 If applying as a government entity, confirm the following criterion is met.

Evaluation/Review Criteria		Review	Points
a	The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at Local Boundary Commission ; or an REAA under AS 14.08.031 verified at Department of Education Alaska School Map.	☑	

4 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Evaluation/Review Criteria		Review	Points
a	The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at System for Award Management (SAM).	☑	

5 Electronically sign the State Grant Assurances form.

Evaluation/Review Criteria		Review	Points
a	State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.	☑	

6 This program receives federal funds. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The Federal Assurance and Certification form is electronically signed by an individual authorized to enter into legal agreements on behalf of the applicant.	☑	
b	The applicant agency GEMS record, under General in the Agency Administration tab, contains the agency's DUNS number.	☑	

c	The required Federal Funding Accountability and Transparency Act (FFATA) information, located under the Federal Reporting section of the Agency Administration tab, has been provided for the agency's most recently completed fiscal year. This task can only be completed by an Agency Power User.	☑	

7 Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.

Evaluation/Review Criteria		Review	Points
a	The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.	☑	
b	The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.	☑	
c	The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search.	☑	
d	All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.	☑	
e	The applicant's agency record contains the Agency Fiscal Year Start Date.	☑	
f	The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved.	☑	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)

1 Previous recipients of grant awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.

Evaluation/Review Criteria	Review	Points

a	Fiscal, narrative, and data reporting in prior years has been complete and timely.	☑	
b	Required State and Federal Single Audits have been submitted, verified at Division of Finance, State Single Audit. Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at Finance and Management Services Audit Contact.	☑	
c	Activities in prior year(s) demonstrate effective delivery of services. The departmental review may include documentation such as performance reports, audit reports, grant records, site visits, etc.	☑	
d	Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.	☑	
e	If a site visit was conducted at the agency for any Department of Health Grant Programs within the past three years, please identify in the application response, the date of the visit and if there were findings. If there were findings, please identify what the findings were.	☑	

4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities

1 Describe the proposed project in the text box below, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP.

Evaluation/Review Criteria		**Review**	**Points**
a	The description demonstrates a thorough understanding of program goals and outcomes..	☐	40
b	The description demonstrates how the proposed activities will achieve the stated program goals and anticipated outcomes.	☐	40

2 Provide the timeline for the initiation of services and implementation of project activities in the upload field below.

Evaluation/Review Criteria	**Review**	**Points**

a	The timeline proposed for initiation of services and project activities is compatible with program intent.	☐	60
b	If proposal includes program development activities, the applicant has included a clear plan and timeline for transitioning from grant-funded services to Medicaid reimbursable service delivery.	☐	60
c	The timeline demonstrates the applicant's capacity to manage and execute project activities according to the program goals.	☐	60

3 In the text box below, describe the ways in which the project aligns with program intent. The response will identify project resources, activities, and clearly state the project's anticipated goals, outputs, and outcomes.

Evaluation/Review Criteria		**Review**	**Points**
a	The described activities are well developed, reasonable and supportive of program intent.	☐	80
b	The response identifies project resources, activities, and clearly states the project's anticipated goals, outputs, and outcomes.	☐	40
c	The response demonstrates thorough and substantive attention to all required Project Narrative elements identified in Subsection 1.03 and integrates those elements into a cohesive and clearly articulated project design.	☐	50
d	The response demonstrates a comprehensive referral management process aligned with Section 1.03 standards, including entry engagement, active linkage/warm handoffs, and documentation and tracking of referral outcomes.	☐	60
e	The response provides a detailed and clearly defined implementation plan for the required 20% set-aside, including specific procedures for identifying eligible clients, documenting financial need, tracking grant expenditures, and demonstrating compliance through defined fiscal and reporting mechanisms.	☐	60

4 In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.

Evaluation/Review Criteria		Review	Points
a	The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04.	☐	80
b	The applicant has documented that they will comply with the requirements of AKAIMS Minimal Data Set and agree to participate in an AKAIMS data alignment each year.	☐	40

5 In the text box below, describe the target population and service area(s) of the proposed project.

Evaluation/Review Criteria		Review	Points
a	The description clearly identifies the proposed target population and service area and meets the intent of the services solicited.	☐	80

6 Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the provided Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The budget narrative is complete and mutually consistent with the budget detail.	☑	
b	Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.	☑	
c	Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.	☑	
d	Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	☑	
e	Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.	☑	

f	The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	☐	40
g	Costs are reasonable, allowable, and substantiated in the narrative. Costs within the budget fall outside the components used to calculate Medicaid reimbursement rates as identified under Section 1.06 Program Funding "Proposed Budget". All costs include a budget narrative that clearly explains a) why the cost is non-reimbursable, b) how the cost supports the proposed activities, and c) how the cost was calculated.	☐	60
h	At minimum, 20% of the total budget is allocated toward serving Uninsured, Underinsured, or Unresourced Individuals clients, under "Other Costs".	☑	
i	The proposed budget demonstrates that no more than 10% of total grant funds are allocated toward workforce development costs, as required.	☑	
j	Proposed sources of Required Match are identified in the budget narrative as well as in the Matching Fund Source table located near the beginning of the application. All proposed sources of matching funds are eligible, and the level of match is met.	☑	
k	Medicaid number has been provided or agency described status of medicaid enrollment efforts.	☑	

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities

1 In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Evaluation/Review Criteria		**Review**	**Points**
a	The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: the review by department staff will also include documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03.	☐	60
b	Agency has the financial strength and capacity to manage grants and verifies that is has the capacity to implement funds if received.	☑	

2 In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Evaluation/Review Criteria		Review	Points
a	Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.	☐	120
b	Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates.	☐	80
c	Position descriptions support the intent of the RFP and the project proposed.	☐	60
d	Administrative staff is qualified as demonstrated by the resumes provided.	☐	80
e	Administrative capacity demonstrates capability to meet management and reporting needs.	☐	80
f	Agency has indicated in the narrative proposal what the overall agency staff turnover rate has been during the past two years.	☑	

3 In the text box below, describe the procedures that will be used to protect client confidentiality.

Evaluation/Review Criteria		Review	Points
a	The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards.	☐	100

4 In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success.

Evaluation/Review Criteria		Review	Points
a	The proposal describes the facilities where services will be provided, includes an address, and describes the ways in which access to services will enhance project success.	☐	60

b	Access to the locations will enhance delivery of services to the targeted populations. The proposal description includes safety policies and procedures/protocols.	☐	60

4.06 Demonstration of Support/Coordination of Service

1 In the upload field below, provide a single-file scan of documented community support for the proposed project.

Evaluation/Review Criteria		Review	Points
a	Documentation of support is provided for each community in which services are proposed and is dated within twenty-four (24) months of the application deadline.	☐	30
b	Documentation clearly describes defined referral pathways, coordination roles, or implementation responsibilities and reflects active collaboration relevant to the proposed grant activities.	☐	30

2 In the text box below, describe partnerships or collaborations necessary to the proposed project. In the upload field below, provide a single-file scan documenting existing partnerships and collaborations specific to the proposed project.

Evaluation/Review Criteria		Review	Points
a	Partnerships and collaborations necessary for the effective delivery of services are well described. Evidence specific to the proposed project is provided. Any Memorandum of Agreements/Understanding are current and relevant to the proposed project.	☐	60