2025 Application Cycle
Program Application Instructions

1. PROGRAM DESCRIPTION 2025 TASK

Agency Name

Program Name

Total Amount of Funds Requested for 1 Program Year

Program Information
- **Enter the location(s) where the services will be provided**
- **Enter the service area of the program**
- **Enter the number of unduplicated individuals that will benefit from the program in 2025**

Project Contacts – In the form fields provided, please enter the following information:
- **Enter the staff contact for this application**
- **Enter the staff contact's title**
- **Enter the staff contact's phone number**
- **Enter the staff contact's email address**
- **Individual authorized to sign contracts name**
- **Individual authorized to sign contracts title**

Program Narrative
- **Give a detailed description (summary) of your program including specific activities it will provide (Word Limit – 300)**
- **Provide a brief description of your program goal(s) (Word Limit – 100)**
- **List the specific costs (expenses) the requested grant funds will pay for (Word Limit – 100)**

Program History (Word Limit - 200) – In the text box provided:
- **Give a brief history or background of the program to be funded, and**
- **How the program fits with the overall mission of the organization.**
  - **If funding is for an existing program, describe how it has evolved over time.**
  - **If funding is for a new program, give a brief description of how the program came about.**

Program Staff (Word Limit - 500) – In the text box provided, please list:
- **All the staff that are involved with this program,**
- **Their qualifications and experience, and**
- **Their roles in the program,**
- **Any changes to staff or program management in the last six months or anticipated in the next six months. Include what positions under this program are currently vacant or have been vacant in the last six months.**

Challenges (Word Limit - 200) – In the text box provided:
- **Provide a description of the challenges that face this program**
  - **Include challenges such as serving a difficult to reach population, lack of stable funding, achieving goals, outcomes that are difficult to measure; and**
- **How you plan to address these challenges.**

Best Practices (Word Limit - 200) – In the text box provided please answer the following:
- **What are the specific best practices used by the program, and**
- **How does each one support the client outcomes.**

1. PROGRAM DESCRIPTION 2025 TASK

Complaint Process (Word Limit - 200) – In the text box below, respond to the following:
- **Please describe the program's complaint process (when a client has a complaint) and how the program responds to complaints.**
- **Please describe how clients are informed about the complaint process and how the program ensures that clients feel safe to make complaints.**

Access to Care (Word limit -300) -In the text box below, respond to the following:
- **Please describe the process for the community to access this program.**
- **What is the eligibility for enrollment or access to services.**
- **Are there areas for change in the process, that would improve or increase that access.**

Advancing Racial Equity (Word Limit - 200)
What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

2. NEED & POPULATION SERVED 2025 TASK

Community Need (Word Limit – 200)
What is the need this program is filling in the community?
How did your agency determine there was an unmet need (include supporting statistics).

Target Population and Income Level (Word Limit - 200)
Specify the target population and their income level. How did you tailor your program design to specifically respond to this populations needs?

Community Impact (Word Limit – 200)
Describe how this program will create positive changes in the lives of individuals, families and the community.
Be as specific as you can and illustrate with examples or case studies to demonstrate community impact.

Upload the intake form or program application
[UPLOAD FILE]

Community Collaboration (Word Limit - 200) – In the text box provided, please answer the following:
- **How are the services this program provides integrated with other community services**
- **Describe any formal partnerships with other Kitsap agencies that this program utilizes to benefit clients**

Outreach Plan (Word Limit - 200) – In the text box provided, please answer the following:
- **Describe your outreach plan to your target population**
- **How will your plan ensure that eligible persons have access to your program**
- **Describe how you will reach persons with disabilities**
- **Describe how you will reach limited English-speaking persons and minority populations**
- **Describe how persons from underserved communities learn about and have access**

Culturally Competent Care - How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

2. NEED & POPULATION SERVED 2025 TASK

Trauma Informed Care - How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

3. PROGRAM FINANCIAL INFORMATION 2025 TASK

Sources of Financing (project funding sources) – Download the Excel workbook, MHCDTC Sources of Financing 2025 and fill it out depicting your program budget. Upload the completed workbook.
- **Complete the Sources of Financing worksheet. In this worksheet describe what sources of funding you anticipate using for the program and whether the sources are committed, conditional, or tentative.**
    - o **The *2025 Services Grant Request - Total CGAP Requested Funds* is the total funding you are requesting from all CGAP funding sources (CDBG, HOME, AHGP/HHGP, MHCDTC, CIAH) to operate your services program. This total should equal the Total Funds Requested in the Program Narrative section of this services application.**
    - o **Funds that are committed or conditional should have a letter or email from the funder.**
    - o **Conditional funding would be conditioned on something like local matching funds.**

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Funding Commitments or Sources
Indicate if you have funds shown in the committed or conditional columns on the Sources of Financing worksheet
- o **If yes, upload documentation from the funding source to show the commitment. This is typically a letter or an email from the funder.**
- o **If no, you may skip the upload and proceed to the next question.**

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Years the agency has received MHCDTC funding – all years, even if there has been a break in years, total years funded.
[INTEGER]

Sustainability (Word Limit - 200)
Describe your agency's plan for financial sustainability for this program. Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Attachment E Combined Budget: Agency and Program
Download Attachment E Combined Budget
Directions – The purpose of the Total Agency Budget Form is to assess the financial capacity of the parent organization. Complete this side of the form for the entire agency budget. For extremely large or complex organizations, the Proposer may substitute an operational unit or department budget, provided that the organization can demonstrate the financial stability required. Include actual revenue and expenses for year 2023.

Grant Proposal Special Project (portion of the form) Directions – In the 2024 Funding All Sources column, include all funds, from all sources, you were awarded for year 2024, if awarded. If not, leave it blank. In the 2024 Award MHCDTC column, include ONLY MHCDTC Award for 2024. In the 2025 Requested Funds column, use projected budget figures for 2025. Include all the funds you are requesting from the MHCDTC ONLY for this grant proposal,

3. PROGRAM FINANCIAL INFORMATION 2025 TASK

indirect is limited to 5%. The Percentage % column will automatically calculate the percentage difference in 2024 Award verses 2025 Request Award.
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Attachment F Sub-Contractor Budget
Download Attachment F Subcontractor Budget
Directions – Enter the amount for each Sub-Contractor organization (include the name of the organization on the left where is reads Organization: NAME OF SUBCONTRACTOR) you are planning to subcontract services. Only include the funds per each sub-contract budget. If you have more than one subcontract do a separate budget for each. Indirect will be limited to 5% and will be detailed on Attachment F.
[UPLOAD FILE – if applies to application]

Attachment G Salary Summary
Download Attachment G Salary Summary
Directions - This is for the proposed project only, not the entire agency. Provide Number of FTE's, salary and benefit information for the entire project including sub-contracts.
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4. 1/10th of 1% for MH Eligibility Requirements 2025 TASK

Organization is a government entity; public or private nonprofit organization 501(c)(3); private for profit; or faith-based organization.
(Y/N)

Project funds are used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services.
(Y/N)

Organization has received Mental Health, Chemical Dependency and Therapeutic Court Program funding in previous years. This can include any year in the past.
(Y/N)

If you are offering treatment services, the following provisions apply. Requirements for providing behavioral health "treatment" services include:

Organization is proposing to provide mental health, substance use disorder, co- occurring and/or problem and pathological gambling "treatment" services, or subcontracts with an organization or agency that meets the requirements applicable to local and state rules, state, and federal statutes, must be authorized, licensed and/or certified to provide these services. If services include State Department of Health Social Worker, independent clinical social worker, a licensed mental health counselor, or a licensed marriage and family therapist, all providers under this section must meet the requirements of chapter 388-877 WAC.

OR

Organization is proposing to provide behavioral health services on the continuum of care that do not require licensure or certification as a "treatment" service.

4. 1/10th of 1% for MH Eligibility Requirements 2025 TASK

(Y/N)

Please check which strategic goal(s) the project addresses

- ☐ **Improve the health status and wellbeing of Kitsap County residents.**
- ☐ **Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.**
- ☐ **Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.**
- ☐ **Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.**
- ☐ **Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.**
- ☐ **Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.**

Objective(s) and Strategy(s) from the 2021 Kitsap County Strategic Plan does your project address? Be specific.
Work Limit (200)

Organization can meet all county requirements for contracting including insurance requirements, audit, and financial requirements.
(Y/N)

Applicant Eligibility Information
- **Primary Contact Name**
- **Primary Contact title**
- **Email**
- **Phone**
- **Organization Name**
- **Program Title**
- **Organization Name**

5. MHCDTC GRANT PROPOSAL EVALUATION WORKSHEET 2025 TASK

GRANT PROPOSAL EVALUATION WORKSHEET: Download the <u>Attachment D 2025 Evaluation Worksheet</u> to answer this question and upload it to your online application.

Directions – Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output(number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the "SMART" guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date ("time- bound" part of column C).
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