

**Request for Applications**  
**Community-based Mental Health Promotion and Suicide Prevention Services**  
Washington State Department of Social and Health Services  
Division of Behavioral Health and Recovery (DSHS/DBHR)

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**RFA COVER PAGE**

<b>Request for Applications:</b>	<b>Community-based Mental Health Promotion and Suicide Prevention Services</b>
<b>Short Title:</b>	MHPSP Grant Application – December 2017
<b>Request for Application (RFA) number:</b>	DBHR Reference number #18/19-006 (RFA # 1713-665)
<b>Estimated Contract Period:</b>	February 9, 2018 to June 30, 2018. Amendments extending the period of performance, if any, shall be at the sole discretion of DSHS.
<b>Application Due Date:</b>	All Application Packages must arrive by Monday, <b>January 8, 2018 by 5:00 P.M.</b> Pacific Time.
<b>Submit Application To:</b>	Submit complete application packages to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> with the Subject line: RFA #18/19-006 - MHPSP Grant Application – [Community or CBO Name]
<b>Informational Webinar:</b>	<b>December 12, 2017 10:00 A.M. – 11:00 A.M. Pacific Time.</b> <b><u>PLEASE REGISTER IN ADVANCE</u></b> <a href="https://attendee.gotowebinar.com/register/213932455941144451">https://attendee.gotowebinar.com/register/213932455941144451</a> Webinar ID: 642-368-203
<b>Questions:</b>	Questions may be submitted to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> until December 14, 2017 at 5:00 P.M. with the subject line “#18/19-006 - MHPSP Grant Application – [Community Name]”– by December 19, 2017 at 5:00 P.M. a list of Questions and Answers will be posted here: <a href="http://www.theathenaforum.org/grants">http://www.theathenaforum.org/grants</a> . In addition, an Addendum containing a complete list of questions and answers will be posted on the RFA Notification Websites listed below.
<b>RFA Notification Websites:</b>	Request for Applications and related forms and information can be found at any of the following sites: <a href="http://www.theathenaforum.org/grants">http://www.theathenaforum.org/grants</a> <a href="https://www.dshs.wa.gov/fsa/central-contract-services/procurements-and-contracting">https://www.dshs.wa.gov/fsa/central-contract-services/procurements-and-contracting</a> <a href="https://fortress.wa.gov/ga/webs/">https://fortress.wa.gov/ga/webs/</a>
<b>RFA Coordinator:</b>	Helen Haynes; <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> ; (360) 725-1582
<b>Application:</b>	Request for Applications and related forms and information can be found at <a href="http://www.theathenaforum.org/grants">http://www.theathenaforum.org/grants</a>

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## **Part A: Definitions**

Additional definitions for Contract-specific terms are found in the Sample Contract set forth as Exhibit 1 to this Request for Applications.

The following definitions shall apply to the terms used in this Request for Applications.

- a. **“Action Plan”** means the completed version of the template set forth as Form D of this RFA which all Applicants must complete, describing their plan for implementing the proposed program described in applicant’s Project Narrative (Form B) during the Contract term. The Action Plan must include details about program(s), Target Audience, dates, dosage, leadership, and implementation partners.
- b. **“Allowable costs”** means costs that may be reimbursed with the funding that is provided under a Contract awarded pursuant to this Request for Applications. Allowable costs shall be those costs allowed under the cost principles of PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.
- c. **“Applicant”** means an entity or organization that submits a Proposal in response to this Request for Applications.
- d. **“Application” or “Application Package” or “Proposal”** means the set of completed Forms A – F submitted by an Applicant in response to this Request for Applications.
- e. **“Coalition”** means a formal arrangement for cooperation and collaboration between groups or sectors of a community. Each participant in the Coalition retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.
- f. **“Community”** means a geographic area within school district boundaries, or within High School Attendance Areas (HSAA) and their feeder schools.
- g. **“Community-based organization” or “CBO”** means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community, or of significant segments of a community, and that provides educational or related services to individuals in the community. This includes faith-based and religious organizations.
- h. **“Community Prevention and Wellness Initiative” or “CPWI”** means the DSHS substance use prevention delivery system that focuses prevention services in high-need communities in Washington State as selected by Counties and Contractors and approved by DSHS. More information about CPWI is available at [www.TheAthenaForum.org/CPWI](http://www.TheAthenaForum.org/CPWI).
- i. **“Complaint”** means a process that may be followed by a prospective Applicant that alerts DSHS of certain types of asserted deficiencies in the Request for Applications.
- j. **“Contract” or “Funded Program Contract”** shall refer to an agreement between DSHS and a Selected Applicant to carry out the Selected Applicant’s Proposal.
- k. **“Debriefing”** means a short telephone meeting an Applicant who is not selected for a Contract may request with the Coordinator following the announcement of the Selected Applicants, for the purpose of receiving information regarding the review and evaluation of that Applicant’s Proposal.
- l. **“Educational Service District” or “ESD”** means a regional agency described in RCW 28A.310.010 to (1) provide cooperative and informational services to local school districts; (2) assist the superintendent of public instruction and the state board of education in the performance of their respective statutory or constitutional duties; and (3) provide services to school districts and to the Washington state center for

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childhood deafness and hearing loss and the school for the blind to assure equal educational opportunities.

- m. **“Evidence-Based Program” or “EBP”** means a program that has been tested in heterogeneous or intended populations that can be implemented with a set of procedures to allow successful replication in Washington. An EBP has had multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, and the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes. For the purposes of this project, only programs from the list in Form A are to be considered EBP.
- n. **“Innovative Program”** means any program that does not fall into the other categories of Evidence-based, Research-based, or Promising.
- o. **“Program”** means one of the programs listed in Section 10 of Form A, or an Innovative Program relating to Suicide Prevention.
- p. **“Project Narrative”** means the written answers to the questions on Form B: Project Narrative, that describe the Programs an Applicant seeks to carry out if awarded a Contract.
- q. **“Promising Program”** means a program that is based on statistical analyses or a well-established theory of change, shows potential for meeting the “evidence-based” or “research-based” criteria, and could include the use of a program that is evidence-based for outcomes other than the alternative use. For the purposes of this project, only programs from the list in Form A are to be considered Promising.
- r. **“Protest”** means the process described in this Request for Applications whereby an Applicant who is not selected for a Contract and has participated in a Debriefing may alert DSHS to certain types of alleged errors in the evaluation of the Applications.
- s. **“Research-Based Program”** means a program that has been tested with a single randomized and/or statistically controlled evaluation, demonstrates sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term “evidence-based,” but does not meet the full criteria for “evidence-based.” For the purposes of this project, only programs from the list in Form A are to be considered Research-based.
- t. **“RFA Coordinator”** means an employee of the DSHS who is designated on the cover page of this RFA and is who responsible for conducting this Request for Applications Process.
- u. **“RFA Notification Websites”** means the websites listed at the bottom of page 1 of this RFA, on which notifications relating to this RFA shall be posted.
- v. **“Selected Applicant”** means an Applicant that has been selected for funding and a Contract pursuant to this Request for Applications.
- w. **“Target Audience”** means the indicated program participant a service is designed for based on the program design. A community may determine target audience by geography or sub-population to ensure effective program delivery.
- x. **“Work Plan”** means the completed Project Narrative and Action Plan and Budget, once approved by DBHR, which shall be set forth in the Statement of Work that is included in the Contract.

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## **Part B: General Application Instructions**

### **1. Purpose**

The Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR) intends to award contracts to Community Prevention and Wellness Initiative (CPWI) communities, local community-based organizations, government and public agencies (for example, school districts, law enforcement, counties, ESDs, and Tribes) that serve high-need communities in Washington State to provide quality and culturally competent replications of evidence-based, research-based and promising mental health promotion and suicide prevention programs. Organizations are encouraged to partner with Community Prevention and Wellness Initiative (CPWI) Coalitions or other existing community coalitions when possible.

DBHR intends to award a minimum of ten (10) grants at up to \$20,000 per proposal that will serve a single or multiple communities with evidence-based programs, research-based programs, and best practices for enhancing mental health and reducing suicide. Any proposals for innovative or promising programs must be able to demonstrate a logical link to outcomes. This overall funding opportunity is weighted to fund no less than 60% Evidence-based Programs/Research-based programs (EBP/RBP) and no more the 40% Promising/Innovative Programs. Note that the required Youth Mental Health First Aid trainings and Community Awareness Raising activities do not count towards these percentages.

DBHR reserves the right to negotiate with applicants for project scope and funding amounts. Special consideration during selection will include community geographic location(s) to provide for project distribution statewide.

### **2. Eligible applicants**

To be eligible for consideration, Applicant must be a local community-based non-profit organization, a government entity, or a public agency within the state of Washington. Examples of a public agency, for purposes of this RFA, include: a school district, law enforcement agency, county agency, educational service district, a recognized American Indian organization, an Urban Indian Health Organization, or a Tribe.

Applicants are encouraged to partner with Community Prevention and Wellness Initiative (CPWI) Coalitions or other existing community coalitions when possible. However, only one legal entity may submit the Application.

Applicants failing to meet these Eligibility requirements will be disqualified from further consideration.

### **3. Scope of Work**

The work of successful applicants shall include but not be limited to the following:

- a. Implement approved Work Plan, submitted in Project Narrative section of application. Work Plan shall include Approved Program(s) from list found in Form A. Organizations proposing suicide prevention only activities may choose to do an innovative program in lieu of those listed in Form A if strong justification is made. The *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* may be a useful document to reference (<https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf>).
- b. Applicant shall include Youth Mental Health First Aid (YMHFA) training(s) and community awareness raising activities as part of both the plan and associated budget (these two items do not count towards the EBP/RBP calculations).
  - i. No more than \$5,000 of the total award shall go towards YMHFA Training

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- ii. A minimum of three (3) community awareness activities shall be implemented.
- c. Applicant shall select one of the following proposal options (a.i, a.ii, a.iii, b.i, b.ii, b.iii, or b.iv)
  - a. Mental Health Promotion Options (Must include EB/RB/P programs from the lists in Form A. Innovative programs are not permitted for this option).
    - i. Only Evidence-based (EB) or Research-based (RB) services are proposed.
    - ii. Only Promising Program (PP) services are proposed.
    - iii. Combination of EB/RB/PP program services proposed (Innovative Programs are allowed for suicide prevention efforts only and may not be included with this option).
  - b. Suicide Prevention Options (Must include EB/RB/P programs or identify approved Risk/protective factors from the lists in Form A).
    - i. Only Evidence-based (EB) or Research-based (RB) services from the lists on Form A are proposed.
    - ii. Only Promising Program (PP) services from the lists on Form A are proposed.
    - iii. Only Innovative Program services are proposed.
    - iv. Combination of EB/RB/PP/IP program services proposed.
- d. Program implementation must be in alignment with the approved Action Plan and Budget submitted with the RFA, including Approved Program(s), dates & timelines, scope, dosage, Target Audience(s), leadership, and responsible parties.
- e. Enter approved implementation Work Plan into designated prevention reporting system, "Substance Use Disorder Prevention and Mental Health Promotion Reporting System" (Minerva) within 30 days of executed contract.
- f. Complete monthly program or strategy services reporting by the 15th of the month following the month of services, including required pre/post-test data.
- g. Participate in DBHR learning community meetings.
- h. Participate in check-in phone calls with DBHR contract manager or designee as needed.

#### **4. Eligible Expenses:**

These funds are intended primarily to cover increased staff and operating costs associated with the implementation of effective programs and practices as well as the Youth Mental Health First Aid (YMHFA) training and awareness raising events in the community. The following are allowable costs:

- a. Implementation of selected mental health promotion or suicide prevention programs – Allowable costs include: consulting with program developers to ensure "best fit", training local instructors/facilitators to ensure program fidelity and associated travel costs, purchasing curriculum materials, and ongoing technical assistance from developers or other certified regional or state experts.

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- b. Funding awards are contingent upon an actual implementation of the selected program(s) by June 30, 2018
- c. It is acceptable to select and implement a new program from the list and/or expand implementation of a program on the list that is presently being implemented within the identified community. For suicide prevention only, it is also allowable to implement a program or practice that is innovative. Innovative suicide prevention programs must include justification of a demonstrated need and how the principles of effectiveness were considered and incorporated in the development of the program (<http://www.theathenaforum.org/sites/default/files/CSAP%20Principles%20of%20Substance%20Abuse%20Prevention.pdf>)
- d. Youth Mental Health First Aid – Up to \$5,000 in costs for implementing at least one training in a community including trainer and travel costs, meals, materials, and all other expenses associated with the training. It is also acceptable to use these funds to train YMHFA facilitators who will provide training workshops for your community (though at least one training must occur within the project timeline).
- e. Implementation of community awareness projects including marketing/advertising expenses.
- f. Personnel - Up to 20 percent of the total award can be used to support staff time to ensure effective planning and implementation of the selected program(s).
- g. Admin: Up to 8 percent of the total contract amount for administering the project(s) is allowed.

Note: DBHR reserves the right to negotiate for project scope and funding.

## **Part C: Submission of Application**

Applications shall be emailed directly to the Coordinator at the email address provided on page 1. Applications must be received on or before the due date and time for submission of Applications set forth in Appendix 1.1. unless an Amendment to this RFA is posted that extends this due date and time. Applicant's completed version of each of the Forms A-E shall be included as a separate attachment to the Applicant's email(s). Due to system limitations, more than one email shall be used if the combined attachments exceed 30 MB.

DSHS will not accept late Applications, nor grant time extensions for individual Applicants. DSHS will disqualify any Application and withdraw it from consideration if it is received after the Response submission due date and time.

## **Part D: Content and Scoring of Applications**

### **1. Content and Format of Applications**

Applicants shall submit their Application Packages consisting of a short submittal letter signed by the organization or agency that is the Applicant, accompanied by completed Forms A, B, C, D, E and F. Be sure to include page numbers, the name of the Applicant community, and the RFA title from page one of this document as a footer on each page. Applications should be typed in 12 point Calibri or Times New Roman font. Each Form should be clearly labeled and completed as follows:

- a. **Form A: Application Face Page.** (Administrative Requirement – Not Scored) Contractor must complete this form, and indicate its selection of the Programs it proposes to carry out.

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- b. **Form B: Project Narrative** (Up to 44 points available). Applicant must provide a complete and detailed Project Narrative by answering all of the questions on Form B. If an Applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question. The total length of the completed Project Narrative shall not exceed ten pages. If you choose to create a word document, please re-state and bold each question in your narrative. Place all responses and required information under the correct question. Do not direct reviewers to find information related to the applicable question by referring another question. Each question must be answered in its entirety within the numbered question's answer. While supplemental documents may be included with the Application, all pertinent information that Applicant wishes DSHS to consider must be included in the Project Narrative.
- c. **Form C: Action Plan** (Up to 4 points available). Applicant Proposed Action Plan must align with the Project Narrative and describe completion of the Funded Program no later than June 30, 2018. The Action Plan must be complete and detailed, to include program/strategy, community/name, Target Audience(s), dates, dosage, leadership, and responsible parties. If the proposed Action Plan and narrative do not reconcile, points will be reduced. If an Action Plan is incomplete or includes unallowable proposed costs or programs, the application will be subject to disqualification.
- d. **Form D: Budget** (Up to 4 points available). Proposed budget items must align with the proposed Action Plan and with the Project Narrative and be utilized for activities that will be completed by June 30, 2018. The Budget must be complete, detailed and all costs proposed must be allowable under the cost principles of PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.
  - i. Note that a description of how you derived the costs is required under the budget narrative component of the Project Narrative. If the proposed Budget, Project Narrative and Action Plan do not reconcile, points will be reduced. If Budget is incomplete or includes unallowable costs or programs, the Application will be subject to disqualification.
  - ii. The Budget shall consist primarily of costs associated with the implementation of effective programs and practices in the Program Narrative, as well as the costs proposed for Youth Mental Health First Aid (YMHA) training and awareness raising events in the community including marketing/advertising expenses.
    - 1. Personnel costs may be up to 20 percent of the total proposed Budget and may be used to support staff time to ensure effective planning and implementation of the selected program(s).
    - 2. Up to 8 percent of the total Budget may be charged for the costs of administering the project(s).
    - 3. For mental health promotion or suicide prevention programs, allowable costs that may be proposed include: consulting with program developers to ensure “best fit”, training local instructors/facilitators to ensure program fidelity and associated travel costs, purchasing curriculum materials, and ongoing technical assistance from developers or other certified regional or state experts.
    - 4. For Youth Mental Health First Aid, up to \$5,000 in costs must be proposed for implementing at least one training in a community including trainer and travel costs, meals, materials, and all other expenses associated with the training. It is also



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acceptable to use these funds to train YMHFA facilitators who will provide training workshops for your community (though at least one training must occur within the project timeline).

- e. **Form E: Contractor Intake Form** (Administrative Requirement - Not Scored). All Applicants must complete and sign the Contractor Intake Form attached to this Request for Applications as Attachment E. This form can be downloaded in Microsoft Word format for ease of completion at <https://www.dshs.wa.gov/fsa/forms>. Applicant can provide its Washington business license, if required, after award.
- f. **Letters of Support** (Administrative Submission - Not Scored). Applicants are encouraged but not required to provide letters from Coalition or Community representatives demonstrating support for the proposed Program.

## **2. Scoring Criteria**

Only complete applications will be reviewed and scored. For the purposes of this project, a complete application is one that includes all required forms, support documents, and that completely answers each question. Funding is dependent on interest, application scores, state distribution of resources across geographic locations and community population size.

Place all responses and required information under the correct question. Do not direct reviewers to information related to one question in another question or section. Each question must be answered in its entirety within the numbered question's answer. All pertinent information must be included in the response in the respective section for appropriate scoring.

- a. The Project Narrative must be complete and detailed for total possible points. Project Narrative is over 80% of the total score. If the Project Narrative is incomplete or includes federally unallowable costs, the application will be subject to disqualification. The Project Narrative will be scored according to how well the applicant answers each question using the criteria below. Each narrative question will be assessed when determining the score for each question. If an applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.
- b. Proposed Action Plan must align with the Project Narrative. Action Plan must be complete and detailed. This shall include program/strategy, community/name, Target Audience(s), dates, dosage, leadership, and responsible parties. If the proposed Action Plan and narrative do not reconcile, points will be reduced. If an Action Plan is incomplete or includes unallowable proposed costs or programs, the application will be subject to disqualification.
- c. Proposed Budget items must align with the proposed Work Plan in the Project Narrative. Budget must be complete, detailed and all costs proposed must be allowable. A description of how you derived the costs shall be provided in the Budget question (#9) in the Project Narrative. If the proposed Budget and Work Plan do not reconcile, points will be reduced. If Budget is incomplete or includes unallowable proposed costs or programs, the application will be subject to disqualification.
- d. If the applicant is a current contractor, past performance and implementation of approved Work plan will be included in the consideration for funding.
- e. Applications that do not have a minimum score of at least 30 points will not be considered for funding in the final selection.

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### 3. Scoring Points and Point Standards:

a. **Total points available are as follows:**

- 1) Project Narrative – up to a total of 44 points available
- 2) Action Plan – up to 4 points available
- 3) Budget – up to 4 points available

b. **Points for Project Narrative: Project Description, Action Plan and Budget.**

<b>0 points - Unacceptable:</b> The applicant organization does not explicitly address the narrative question. The applicant organization states the question, but does not elaborate on the response. The applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is completely deficient in addressing the narrative question.
<b>1 Point - Marginal:</b> The applicant organization provides minimal details and insufficient descriptions that do not completely answer the narrative question. Limited information is presented or the applicant merely repeats back information included in the RFA. The applicant may answer part of the narrative question but miss a key point or there are major gaps in the information presented. Application has some strengths but includes identified weaknesses that will likely impact the successful implementation of proposed project.
<b>2 Points - Acceptable:</b> The applicant organization provides a basic response to the narrative question but does not include sufficient detail or supporting documentation. There are some gaps and/or lack of clarity in describing how the proposal will be implemented. Identified weaknesses will likely have some impact on the successful implementation of proposed project.
<b>3 Points - Very Good:</b> The applicant organization provides substantive descriptions and relevant details in addressing the narrative question but the response is not fully comprehensive. Any identified weaknesses will likely have minor impact on the successful implementation of proposed project.
<b>4 Points - Excellent:</b> The applicant organization provides substantive descriptions and relevant details in addressing the narrative question. A sound understanding of the topic is demonstrated and includes pertinent examples. All criteria are fully addressed without identified weaknesses.

Final determination of selected grantees is dependent on application scores, state distribution of geographic location and community population size. Additionally, it is the intent of DBHR to ensure that 60% of funded programs (not counting Youth Mental Health First Aid and community awareness activity requirements) will be allocated for EBP/RBP/PP. Inversely, only 40% of programs (not counting Youth Mental Health First Aid and community awareness activity requirements) across all funded communities will be awarded for innovative programs.

## Part E: Contracting Procedures

### 1. Contract Execution

The Successful Applicant(s) is expected to sign a contract with DSHS containing terms acceptable to DSHS and a Statement of Work consistent with the approved scope and funding.

### 2. Non-Endorsement

The award of a Contract is not an endorsement by the State or DSHS of the Applicant or Applicant's Services and shall not be represented as such by Applicant in any advertising or other publicity materials. By submitting a Response to this Request for Applications, the Applicant agrees to make no reference to DSHS in any literature, promotional materials, brochures, sales presentations or the like without the prior written consent of DSHS.

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### **3. Background Checks**

Individuals who will be performing the Contract on behalf of the Apparent Successful Applicant may be required to undergo background checks. Individuals who have disqualifying results (showing crimes and/or negative actions) may not be permitted to provide Services under the Contract.

### **4. Electronic Payment**

The State prefers to utilize electronic payment in its transactions. The successful Applicant will be required to register in the Statewide Vendor Payment system, <http://www.des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>, prior to submitting a request for payment under their Contract. No payment shall be made until the registration is completed.

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**Part F: Application Materials**

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**Form A: Application Face Page (Note: the following sample contains only the first of several pages)**

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

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**Form A: Application Face Page -**

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

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The Request for Applications packet contains program details, requirements and reporting deadlines for funding available to community-based and public organizations local community-based organizations, government and public agencies (for example, school districts, law enforcement, counties, ESDs, and Tribes) that serve high-need communities in Washington State to provide quality and culturally competent replications of evidence-based, research-based and promising mental health promotion and suicide prevention programs. **Selection of programs should match the need of the community.**

(Note: Not all applications will be awarded. Funding is dependent on interest, application scores and program funding amounts awarded may vary. See scoring criteria in Part D and Form B of the RFA.)

1. Is this an application for: <input type="checkbox"/> a single community <input type="checkbox"/> multiple communities.
2. This application is for a proposal requesting (check one): a. <b>Mental Health Promotion Options (Must include EB/RB/P programs from the lists in Form A. Innovative programs are not permitted for this option).</b> i. <input type="checkbox"/> Only Evidence-based (EB) or Research-based (RB) services are proposed. ii. <input type="checkbox"/> Only Promising Program (PP) services are proposed. iii. <input type="checkbox"/> Combination of EB/RB/PP program services proposed (Innovative Programs are allowed for suicide prevention efforts only and may not be included with this option). b. <b>Suicide Prevention Options (Must include EB/RB/P programs or identify approved Risk/protective factors from the lists in Form A).</b> i. <input type="checkbox"/> Only Evidence-based (EB) or Research-based (RB) services from the lists on Form A are proposed. ii. <input type="checkbox"/> Only Promising Program (PP) services from the lists on Form A are proposed. iii. <input type="checkbox"/> Only Innovative Program services are proposed. iv. <input type="checkbox"/> Combination of EB/RB/PP/IP program services proposed (Innovative Programs are allowed for suicide prevention efforts only).
3. Community name(s) (service area(s) where proposed services will be provided):
4. School district(s) within service area(s):
5. County(ies):
6. Organization name: , Mailing address:
7. Organization contact person name: , Title: , Email: , Phone number:
8. Organization's DUNS number: Zipcode: +4 (assigned by the US Postal Service)
9. Applicant type: <input type="checkbox"/> public agency <input type="checkbox"/> community-based organization (non-governmental)

10. Please check the program(s) from the list below you intend to implement with this funding:  
\* = Programs that have identified dual outcomes for mental health promotion and either general substance abuse prevention outcomes or marijuana-specific prevention outcomes

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## **Form B: Project Narrative**

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

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Please provide complete information to the following questions to describe the proposed program(s) selected. Please remember: The Project Narrative will be scored according to how well the applicant answers each question. Each narrative question will be assessed when determining the score for each question. If an applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.

### **Project Description**

Briefly answer the following:

#### **Overview (16 points)**

- a. Provide a brief overview of how you propose to implement the proposed strategies in your community. (4 Points)
- b. Briefly describe the demographics of the community you intend to serve. (4 points)
- c. Briefly describe the mental health and suicide issues as you currently understand them in the community you intend to serve. (4 points)
- d. Explain how the applicant will provide culturally competent and appropriate services, using specific details that demonstrate this capacity. (4 points)

#### **Implementation (16 points)**

- a. Provide a brief description of how your organization will implement the chosen program(s). (4 points)
- b. Indicate which Approved Program(s), from Form A OR; if you are not using Approved Program(s) from Form A, please provide the name of the Innovative suicide prevention program(s) your organization is proposing and describe in detail, citing references when appropriate, the logical connection between the identified risk/protective factor and how the proposed program will impact it in a positive way. (4 Points)
- c. Describe the applicant agency's experience and/or qualifications that demonstrate capacity to fulfill the scope of the services described within the action plan including reaching the goal number of participants. (4 points).
- d. Explain how you will get programs started within the first two (2) months of an executed contract. (4 points).

#### **Budget Narrative (4 Points)**

- a. Provide a budget narrative describing each of the costs outlined in the proposed budget and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). (4 points)

#### **General Collaboration/capacity (8 Points)**

- b. Describe the applicant organization's collaborative relationship with other community organizations. For programs that are being implemented in facilities not operated by the applicant, describe in detail the collaborative relationship between the two agencies (i.e. coalition applicant implementing school-based services) and include letters of support where applicable. (4 points).
- c. Discuss the readiness to implement services as part of a project and what steps you will take to increase readiness if necessary. (4 points).

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**Note: In addition to the Application Face Page (Form A) and the Project Narrative (Form B), other Scored and/or required materials include:**

**Form E: Project Budget (4 Points)**

- a. Submit an accurate and complete Budget using the approved template on Form E.

**Form D: Project Action Plan (4 Points)**

- a. Submit a completed Action Plan including all Columns for each program/activity.

**Other**

- a. **Submit a completed and signed Contractor Intake Form (Form C).**
- b. **Submit letters of support if applicable. Letters of support are only applicable if interagency collaboration is necessary for successful implementation of the service (i.e. School-based services, services that are dependent on partnerships for instructors, space, access to clients etc.)**

*Note: Fillable forms to complete this application can be downloaded at The Athena Forum at <http://www.theathenaforum.org/grants>*



*If you need technical assistance accessing these forms, please Email [Prevention@dshs.wa.gov](mailto:Prevention@dshs.wa.gov)*



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**Form C: New Contractor Intake**

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

 <b>Contractor Intake Instructions</b>	 <b>Contractor Intake</b>																																																		
<p><b>All New DSHS Contractors must:</b></p> <ul style="list-style-type: none"><li>Complete, sign and submit the Intake Form to the Department of Social and Health Services (DSHS).</li><li>Register in the <b>Statewide Payee Registration System</b>. This system is maintained by the Washington State Department of Enterprise Services (DES) to process payments for all Washington state agencies. To register, follow the online instructions at <a href="http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx">http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx</a>. You must complete this step in order to be paid.</li></ul> <p>Please do <b>not</b> return this DSHS Contractor Intake Form to DES; they will <b>not</b> process it.</p> <p><b>All Existing DSHS Contractors</b> who have changed their business name or business organization, or experienced other significant changes, <b>must</b>:</p> <ul style="list-style-type: none"><li>Update their information in the <b>Statewide Payee Registration System</b> by following the instructions at <a href="http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx">http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx</a>.</li><li>Complete, sign and submit a new Contractor Intake form to the Department of Social and Health Services (DSHS).</li></ul> <p><b>Section One: Contractor Name/Business Organization</b></p> <ol style="list-style-type: none"><li><b>Contractor name.</b><ul style="list-style-type: none"><li>For an <b>Individual or Sole Proprietor</b>, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.</li><li><b>Other entities.</b> Enter your business name as shown on the legal document creating the entity.</li></ul></li><li><b>Business Organization.</b> Please mark only one.<ul style="list-style-type: none"><li>If you are a <b>nonresident alien foreign person</b> or a <b>business entity established in another state or country</b>, the IRS may require you to complete Form W-8.</li><li>If you are a <b>Non-profit Corporation</b> or a <b>Faith-Based Non-Profit Corporation</b> attach a copy of your 501(c) status.</li></ul></li><li><b>Taxpayer Identification Number (TIN).</b><ul style="list-style-type: none"><li><b>Individual or Sole Proprietor.</b> If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employer Identification Number (EIN).</li><li><b>Other Business Entities.</b> Enter the entity's Employer Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.</li><li><b>Resident alien.</b> If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your individual taxpayer identification number (ITIN). Enter it in the SSN box.</li></ul></li><li><b>Default Reported, Fiscal Year, UBI Number, Business License, and DUNS Number.</b><ul style="list-style-type: none"><li>List any contracts that you have had with the state that have been terminated for default.</li><li>Provide your fiscal year end date.</li><li>Provide your Washington State Uniform Business Identifier (UBI) Number.</li><li><b>Attach a copy of your State Master Business License.</b> You may be exempt from registering with the State of Washington under certain circumstances. For more information review: <a href="http://b/s.dor.wa.gov/faqlicense.aspx">http://b/s.dor.wa.gov/faqlicense.aspx</a></li><li>Provide your Dun and Bradstreet (DUNS) Number.</li></ul></li></ol> <p><b>Section Two: Contractor Primary Address</b> Enter the primary address information of your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.</p> <p><b>Section Three: Contractor Ownership.</b> Check those that, in your opinion, apply to your organization. If you have a certification number, please provide that also. For the definition of microbusiness, minibusiness and small business, See RCW 39.26.010 (19), (20) and (21).</p> <p><b>Section Four: Contractor Contact Person(s)</b> Enter the primary contact information, and job title, for your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.</p> <p><b>Section Five: Additional Information</b></p> <ol style="list-style-type: none"><li><b>Contractor Additional Addresses.</b> If applicable, provide additional addresses used for DSHS Contracts.</li><li><b>Contractor Additional Staff.</b> If applicable, provide additional staff information for DSHS Contracts. Additional staff may include those who have authority to sign a DSHS contract on behalf of the business, and are referred to as a signatory.</li></ol> <p><b>Section Six: Contractor Certification</b> You must sign, date, and return this form before DSHS will issue a contract.</p> <p>DSHS 27-043 (REV. 05/2015) <span style="float: right;">Page 1 of 4</span></p>	<p><b>Section One: Contractor Name/Business Organization</b> (DSHS staff enter on ACD Intake Detail screen)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">1. CONTRACTOR NAME</td><td colspan="2">DBA OR FACILITY NAME</td></tr><tr><td colspan="4">2. BUSINESS ORGANIZATION</td></tr><tr><td colspan="2"><input type="checkbox"/> Individual or Sole Proprietor</td><td colspan="2"><input type="checkbox"/> General Partnership</td></tr><tr><td colspan="2"><input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status)</td><td colspan="2"><input type="checkbox"/> Limited Liability Partnership (LLP)</td></tr><tr><td colspan="2"><input type="checkbox"/> For Profit Corporation</td><td colspan="2"><input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)</td></tr><tr><td colspan="2"><input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation</td><td colspan="2"><input type="checkbox"/> Limited Liability Company, filing as a Corporation</td></tr><tr><td colspan="2"><input type="checkbox"/> Faith Based (FBO) Unincorporated</td><td colspan="2"><input type="checkbox"/> Limited Liability Company, filing as a Partnership</td></tr><tr><td colspan="2"><input type="checkbox"/> Governmental Entity</td><td colspan="2"><input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor</td></tr><tr><td colspan="2"><input type="checkbox"/> Foreign Person or Entity</td><td colspan="2"></td></tr></table> <p>If your business is <b>NOT</b> a sole proprietorship, attach a list of the partners, members, directors, officers, and board members.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>3. TAXPAYER IDENTIFICATION NUMBER (TIN) Enter your TIN in appropriate box.<ul style="list-style-type: none"><li>For individuals, enter your Social Security Number (SSN).</li><li>For entities, enter your Employer Identification Number.</li></ul></td><td>Social Security Number  OR Employer Identification Number</td></tr><tr><td colspan="2">4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER If you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of terminated contracts with an explanation why each contract was terminated. Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? _____</td></tr><tr><td colspan="2">What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES) <b>Attach a copy of your current Washington State Master Business License.</b> If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.) _____ What is your Dun and Bradstreet (DUNS) number? _____ (Enter all nine numbers, NO DASHES).</td></tr></table> <p><b>Section Two: Contractor Primary Address</b> (DSHS staff enter on ACD Intake Detail screen)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)</td></tr><tr><td colspan="2">CITY, STATE, AND ZIP CODE</td></tr><tr><td>EMAIL ADDRESS</td><td>COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)</td></tr><tr><td>PHONE NUMBER (INCLUDE AREA CODE)</td><td>FAX NUMBER (INCLUDE AREA CODE)</td></tr></table> <p>DSHS 27-043 (REV. 05/2015) <span style="float: right;">Page 2 of 4</span></p>	1. CONTRACTOR NAME		DBA OR FACILITY NAME		2. BUSINESS ORGANIZATION				<input type="checkbox"/> Individual or Sole Proprietor		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status)		<input type="checkbox"/> Limited Liability Partnership (LLP)		<input type="checkbox"/> For Profit Corporation		<input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)		<input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation		<input type="checkbox"/> Limited Liability Company, filing as a Corporation		<input type="checkbox"/> Faith Based (FBO) Unincorporated		<input type="checkbox"/> Limited Liability Company, filing as a Partnership		<input type="checkbox"/> Governmental Entity		<input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor		<input type="checkbox"/> Foreign Person or Entity				3. 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Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? _____		What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES) <b>Attach a copy of your current Washington State Master Business License.</b> If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.) _____ What is your Dun and Bradstreet (DUNS) number? _____ (Enter all nine numbers, NO DASHES).		CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		CITY, STATE, AND ZIP CODE		EMAIL ADDRESS	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
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**Request for Applications**  
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**Form D: Action Plan**

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

**Community-based Mental Health/Suicide Prevention Services**  
**Action Plan Template\***  
**State Fiscal Year 2018**

This template is for use with the State Fiscal Year 2018 DSHS/DBHR Community-based Mental Health Promotion/Suicide Prevention Services grant application.

Organization Name:  Date Submitted:

Goal:

Objective:

Risk/Protective Factor(s):

For assistance using this template please contact the DBHR Prevention Training Team at [Prevention@dshs.wa.gov](mailto:Prevention@dshs.wa.gov). This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits.

**Action Plan:**

**Services through June 30, 2018:**

Program/ Strategy	Community Name	Will you be able to begin services by 1/16/17	How Often	When	Who & How Many	Lead	Responsible Party (ies)
Name of program/ strategy	Name of community(ies) this program will serve	Yes or No?	How many times will be provided?	Start of the implementation months of the program	Who is this service for? How many people reached?	Organization delivering program?	Who is making sure this gets done?

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MHPP Grant Application RFA # 18/19-006

\*This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a contract.

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**Form E: Budget**

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

A		B
1	<b>Instructions:</b> This template is for use with the <b>DSHS/DBHR 2017 Community-based Mental Health</b>	
2	For your convenience, we have included formulas that calculate down the column and subtotal. You may insert rows if needed, however, be sure to adjust and check the formulas to make sure that the totals include all the numbers that you want. You can review the formula by clicking on the cell. Double click the cell to highlight the cells that you want to add.	
3	<b>Organization Name:</b>	
4	<b>Date Submitted:</b>	
5	<b>Line Items</b>	<b>Mental Health Promotion/Suicide Prevention Funding 2018</b>
6	<b>Administration</b>	
7	8% Maximum Allowable Admin of Budget (may be divided between contractor and sub-contractors but may not exceed 8% of total budget).	
8	<b>Subtotal</b>	\$ -
9	<b>Travel/Training/ Capacity Building for Program/Strategy</b>	
10	<b>Program Name:</b>	
11	This is an EBP/ERP, Promising, Innovative, YMHFA, or Community Awareness: (select from drop-down)	
12	Mileage	
13	Air	
14	Hotel	
15	Lodging	
16	Per diem	
17	Transportation	
18	Registration fee	
19	<b>Subtotal</b>	\$ -
20	<b>Travel/Training/ Capacity Building for Program/Strategy</b>	
21	<b>Program Name:</b>	
22	This is an EBP/ERP, Promising, Innovative, YMHFA, or Community Awareness: (select from drop-down)	
23	Mileage	
24	Air	
25	Hotel	
26	Lodging	
27	Per diem	
28	Transportation	
29	Registration fee	
30	<b>Subtotal</b>	\$ -
31	<b>Program(s) / Strategy(ies)</b>	
32	<b>Program Name:</b>	
33	This is an EBP/ERP, Promising, Innovative, YMHFA, or Community Awareness: (select from drop-down)	
34	Community name:	
35	Salary (% or \$ FTE)	
36	Benefit	
37	Travel	
38	Professional Services (name)	
39	Program Supplier	
40	Program Printing	
41	<b>Subtotal</b>	\$ -
42	<b>Program Name:</b>	
43	This is an EBP/ERP, Promising, Innovative, YMHFA, or Community Awareness: (select from drop-down)	
44	Community name:	
45	Salary (% or \$ FTE)	
46	Benefit	
47	Travel	
48	Professional Services (name)	
49	Program Supplier	
50	Program Printing	
51	<b>Subtotal</b>	\$ -
52	<b>Program Name:</b>	
53	This is an EBP/ERP, Promising, Innovative, YMHFA, or Community Awareness: (select from drop-down)	
54	Community name:	
55	Salary (% or \$ FTE)	
56	Benefit	
57	Travel	
58	Professional Services (name)	
59	Program Supplier	
60	Program Printing	
61	<b>Subtotal</b>	\$ -
62	<b>Program Name:</b>	
63	This is an EBP/ERP, Promising, Innovative, YMHFA, or Community Awareness: (select from drop-down)	
64	Community name:	
65	Salary (% or \$ FTE)	
66	Benefit	
67	Travel	
68	Professional Services (name)	
69	Program Supplier	
70	Program Printing	
71	<b>Subtotal</b>	\$ -
72	<b>Total</b>	
73	<b>Total Budget Amount Requested</b>	\$ -

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## **Appendix 1: Explanation of Request for Application Process**

### **1. Request for Applications Schedule**

The Request for Applications Schedule set forth below outlines the tentative schedule for important events relating to this Request for Applications. Except as modified in an Amendment issued by the RFA Coordinator, the dates and times listed through the date of Application Package Submission are mandatory deadlines. The remaining dates are estimates and may change without the posting of an Amendment. Failure to meet the Response deadline will result in Applicant disqualification.

<b>Item</b>	<b>Action</b>	<b>Date</b>
1.	DSHS posts Request for Applications	12/5/17
2.	DSHS holds Informational Webinar	12/12/17
3.	Prospective Applicants may submit written questions or requests for change in Contract Requirements until 5:00 p.m. Pacific Time.	12/14/17
4.	DSHS will post an Addendum consolidating responses to written questions. (Responses to individual questions may be posted informally before this date)	12/19/17
5.	Applicants may submit written Complaints by 5:00 p.m. Pacific Time (five business days before Response is Due).	12/29/17
6.	Deadline for Submission. Applicants must submit their Application Packages by 5:00 p.m. Pacific Time on this date.	1/8/18
7.	DSHS evaluation of Application Packages by this date	1/12/18
8.	Announcement of Selected Applicant(s) on the RFA Notification Websites and beginning of contract negotiations	1/17/18
9.	DSHS notifies Applicant(s) not selected for a Contract	1/17/18
10.	Applicants not selected for a Contract may request a debriefing conference until 5:00 p.m. Pacific Time	1/22/18
11.	DSHS holds debriefing conferences, if requested	1/23/18
12.	Applicants not selected for a Contract and who participated in a debriefing conference may submit a Protest by this date which shall be five business days after debriefing date	1/30/18 (Estimated)
13.	DSHS considers Protests, if any, and issues determination	Up to 10 days of Protest receipt
14.	Approximate Contract Execution/Start Date	2/9/18

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#### **4. Posting of Request for Applications**

DSHS shall post this Request for Applications, and all related amendments and announcements, on the RFA Notification Websites.

#### **5. Amendment, Cancellation/Rejection of Applications, Reissuance of Request for Applications**

DSHS may amend or add to, retract from or cancel this Request for Applications at any time, in whole or in part, and without penalty. DSHS reserves the right to reject all Applications and cancel or reissue this Request for Applications at any time. If there is a conflict between the information contained in amendments or between an amendment and this Request for Applications Document, the document issued latest shall control.

#### **6. Communications Regarding Request for Applications**

Upon the posting of this Request for Applications, all communications concerning this Request for Applications must be directed via email to the Coordinator listed on the cover page of this Request for Applications document. DSHS may disqualify any Applicant who communicates with anyone in DSHS other than the Coordinator regarding this Request for Applications. Oral communications shall be unofficial and non-binding on DSHS. Applicants should rely only on written statements issued by the Coordinator.

#### **7. Informational Webinar**

Applicants are invited, but are not required, to attend an informational webinar sponsored by DBHR during which information shall be provided and questions shall be answered or collected. The informational webinar date and instructions are set forth on the RFA Cover Page at the beginning of this RFA. DSHS shall summarize the information shared during the informational webinar and include it with the Q and A Amendment that will be posted on the web pages listed in the RFA Cover Page. Applicants should consider the information that is included in this Q and A Amendment to be an accurate summary of information provided during the informational webinar when preparing their Applications.

#### **8. Questions and Answers**

Applicants may send written questions concerning this Request for Applications to the Coordinator by the date and time set forth on the Request for Applications Schedule in Appendix 1.1. Questions should be sent via email and should include the number and title of this Request for Applications in the subject line.

DSHS may consolidate Applicant questions and shall respond by posting one or more Amendments on the RFA Notification Websites on or around the date specified in the Request for Applications Schedule. Prospective Applicants who wish to receive a copy of the Amendments should email the Coordinator prior to the date for submission of questions.

#### **9. Request for Change in Request for Applications Requirements**

If Applicant believes that this Request for Applications contains requirements which would unreasonably prohibit or restrict Applicant's participation, or believes that different requirements would provide better value to the State, Applicant shall submit a written explanation of the issue together with proposed alternative requirements to the Coordinator no later than the deadline for Applicant Questions as stated in the Request for Applications Schedule set forth in Appendix 1.1. The Coordinator shall not be required to consider requests for changes after this date. If any changes are made to the Request for Applications requirements, an Amendment setting forth those changes will be posted on the RFA Notification Websites.

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## **10. Complaints**

In the event an Applicant believes that this Request for Applications either: (a) unnecessarily restricts Applicant's ability to compete for the funding opportunity; (b) contains an unfair or flawed evaluation or scoring process; or (c) contains inadequate or insufficient information to permit preparation of an Application Package, the Applicant shall submit a written complaint to the Coordinator. The Coordinator will forward the complaint to the DSHS Chief of Central Contracts and Legal Services for review. The complaint shall include a proposed remedy and shall be submitted no later than five (5) business days prior to the date when Applications are due. DSHS shall post its response to the Complaint on the RFA Notification Websites.

Should an Applicant's complaint identify a change that would be in the best interests of DSHS to make, DSHS may issue an Amendment modifying this Request for Applications. The DSHS decision regarding a complaint is final and no further administrative appeal is available. If no complaint is filed, an Applicant cannot later file a Protest based on any of the above complaint criteria.

## **11. Applicant Debriefing and Protest Procedure**

### **a. Debriefing Conferences**

No later than 5:00 p.m. on the third business day following the announcement of the Selected Applicant(s) on WEBS, Applicants who are not selected for a Funded Program Contract may send an email to the Coordinator requesting a Debriefing Conference. The Debriefing Conference will be held on a date designated in Appendix 1.1., Request for Applications Schedule. The debriefing conference will be held by telephone and limited to the following topics:

- a. Evaluation and scoring of the Application
- b. Critique of the Application based on the evaluation
- c. Review of Applicant's final score in comparison with the other final scores

No comparisons between Applications will be allowed during the Debriefing Conference. Since debriefing conferences pertain to the formal evaluation process, Applicants who were disqualified as nonresponsive and therefore did not go through the formal evaluation process shall only be entitled to request a debriefing on the issue of their disqualification for non-responsiveness.

### **b. Grounds and Filing of Protest**

An Applicant who has participated in a Debriefing Conference may file a formal Protest if the Applicant asserts that there are facts that indicate error in the evaluation of Applications on one or more of the following grounds:

- Bias, discrimination or conflict of interest on the part of the evaluator or in the process
- Mathematical errors in computing the score
- Non-compliance with procedures described in the Request for Applications document or in DES policy

Protests must be emailed to the Coordinator and must be received no later than 5:00 p.m. (Pacific Time) on the 5th business day following the day of the Applicant's Debriefing Conference. The Protest must adhere to the requirements set forth in this Section or it will not be considered. This protest procedure constitutes the sole administrative remedy available to Applicants from DSHS under this Request for Applications.

Protests must include the protestor's mailing address and phone number and the name of the individual responsible for filing the Protest. The Protest must state the name of the RFA, grounds for the Protest,

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specific facts to support these grounds, and a description of the relief or corrective action being requested.

Protests not based on one of the grounds set forth in this Section will be rejected. Questions about an evaluator's professional judgment on the quality of a response or DSHS' assessment of its own needs or requirements shall not be grounds for a Protest.

**c. DSHS Protest Review Process**

The Coordinator will immediately forward any Protest to the Chief of Central Contracts and Legal Services to assign to a Protest Coordinator for review. The Protest Coordinator, an individual who was not involved in the Request for Applications, will consider the record and all available facts and will endeavor to issue a decision within ten (10) business days following receipt of the Protest. If additional time is required, the protesting party will be notified of the delay.

In the event a Protest involves the conduct of or information submitted by another Applicant, such Applicant will be given an opportunity to submit its views and any relevant information on the issue(s) raised by the Protest.

**d. Determination of Protests**

The Protest Coordinator shall issue a written determination regarding the Protest. This written determination shall include one or more of the following determinations:

Upholding DSHS determination of the Selected Applicant(s) on the basis that there are insufficient facts to establish the alleged error; or

Upholding DSHS' determination of the Selected Applicant(s) on the basis that there are only technical or harmless errors in DSHS' evaluation process; or

- Finding errors and identifying actions which may be taken by DSHS, such as:
- Correction of errors and re-evaluation of all Applications,
- Cancellation and re-issuance of the Request for Applications (in which case all the Applicants will be notified), or
- Other corrective actions as may be appropriate

There is no further administrative process or remedy available within DSHS to appeal the determination that resulted in a Protest. If the protesting party does not accept DSHS' determination, the protesting party can seek relief from Superior Court in Thurston County, WA.

## **12. Minority & Women's Business Enterprises (MWBE) and Veteran-Owned Business Enterprises**

In accordance with the legislative findings and policies set forth in RCW 39.19, 43.60A.200, 39.26.240 and 39.26.245, the State of Washington encourages participation by veteran-owned business enterprises and Minority-Owned and Women-Owned Business Enterprises (MWBE), either self-identified or certified by, respectively, the Department of Veterans Affairs or the Office of Minority and Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does seek equitable representation from the veterans, minority and women's business communities.



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Participation by veteran-owned and MWBE contractors may be either on a direct basis in response to this Request for Applications or as a subcontractor to a contractor. However, no preference will be given in the evaluation of Applications, no minimum level of MWBE or veteran-owned business participation shall be required, and Applications will not be evaluated, rejected, or considered non-responsive on that basis.

Applicants may contact the Office of Minority and Women's Business Enterprises (OMWBE) at <http://omwbe.wa.gov/> and/or the Department of Veterans Affairs at <http://www.dva.wa.gov/program/veteran-owned-business-certification> to obtain information on certified firms for potential subcontracting arrangements or for information on how to become certified. Nothing in this section is intended to prevent or discourage participation from non-MWBE firms or non-veteran-owned businesses.

### **13. Auxiliary Aids and Services**

DSHS will provide access to this Request for Applications document to individuals with disabilities. Please contact the Coordinator to request auxiliary aids and services. If an individual believes that the Department has discriminated on the basis of a disability, please contact the DSHS Investigations Unit for the Nondiscrimination Policy Brochure and complaint process. The brochure can be found at:

<https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/Non-discrim%2022-171.pdf>.

### **14. Cost to Prepare Application**

DSHS will not be liable for any costs incurred by the Applicant in preparing, conducting a site assessment, or submitting the Application Package.

### **15. Acceptance of Request for Applications Terms**

In submitting its Application Package, Applicant accepts all terms of this Request for Applications Document, including all of its Attachments.

### **16. Applicants working with Coalitions**

Only one entity may submit an Application, even if that entity is working with a Community Coalition. In such event, the Coalition members must agree to work with the Applicant. The Applicant will be DSHS sole point of contact through the Request for Applications process. If selected for a Funded Program Contract, the Applicant shall be the Contractor and as such, will be responsible for performance under the Contract.

### **17. Withdrawal of Application**

An Applicant may withdraw its Application after it has been submitted, but before signing a Contract. A written request to withdraw the Application, signed by an authorized representative of the Applicant, must be submitted to the Coordinator. After withdrawing an Application, the Applicant may submit another Application through the deadline for submission of Applications.

### **18. Ownership of Applications**

All materials submitted in response to this Request for Applications become the property of DSHS, unless received after the deadline in which case the Response shall be returned to the sender. DSHS shall have the right to use any of the ideas presented as part of the process in any manner as it deems appropriate or beneficial.

### **19. Announcement of Selected Applicant(s)**

DSHS shall announce the Selected Applicant(s) on the RFA Notification Websites on the date indicated in Appendix 1.1., Request for Applications Schedule, and may also send out direct notifications. All selections of



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Applicants for a Contract are subject to the negotiation of a Contract satisfactory to DSHS. DSHS may require that the scope or amount of the Application be modified in any Funded Program Contract that is awarded.

Applicants who are not selected for a Contract may request a Debriefing conference with the Coordinator concerning the evaluation of their Application and may, under certain circumstances, file a formal Protest requesting that DSHS provide an identified remedy if Applicant believes certain types of errors occurred. A more detailed description of these processes is set forth in Appendix 1.9, Debriefing and Protest Procedure.

## **20. Ethics, Policies and Law**

This Request for Applications, the evaluation of Applications, and any resulting contract will be made in conformance with applicable Washington State laws and Policies. Specific restrictions apply to contracting with current or former state employees pursuant to RCW 42.52. Applicants should familiarize themselves with the requirements prior to submitting an Application.

## **21. No Proprietary or Confidential Information; Public Disclosure**

Applicants may not submit proprietary or confidential information as part of their Application Packages. Materials submitted in response to this Request for Applications shall be deemed public records as defined by RCW 42.56. All Applications and accompanying documentation shall become the property of DSHS upon receipt, and will not be returned.