

Attachment 1 NEK PCE Subaward Application Form

The actionable timeframe of this grant is 5.5 months, all activities and expenditures must be completed by September 15, 2021. Please keep this timeframe in mind as you envision your project and structure your application.

Instructions: Applications should be 12pt Times New Roman, double spaced with one-inch margins. No paper submissions will be accepted: email documents in Word/Excel or PDF only. A Word version of the application form is available here: <https://nvrh.org/nek-pce>. The required budget template is also available in Excel on the same webpage.

Application Checklist: To be considered complete, applications must include the following sections:

- Cover sheet
- Proposal (Sections I-V)
- Work plan template (Section VI)
- Budget narrative and template (Section VII)
- Project evaluation (Section VIII)
- Resumes of staff designated as key personnel in Staffing Table – Project Team
- W-9, Request for Taxpayer Identification Number and Certification (for applicant organization, or fiscal sponsor where applicable)
- Federally negotiated indirect cost rate (only if requesting rate different than 10% de minimis rate)
- Signature(s) of Official Authorized to Bind the Organization and Fiscal Agent Representative (if applicable)

Do not submit additional documents. They will not be considered and failure to follow instructions may result in rejection of your application.

All files submitted should adhere to these naming conventions:

[abbreviated organization name][document title], for example:

NEK PCE proposal.doc

NEK PCE budget.xls

NEK PCE W9.pdf

ORG MSmith resume.doc

Files may be submitted separately or as one combined PDF.

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Cover Sheet (Applicant information):

Entity Name (must match IRS Form W-9, Request for Taxpayer ID):	
Fiscal year end date:	
Contact Person Name and position in organization:	
Contact Person Email:	
Name and Title of Individual Authorized to Bind the Organization, if different from Contact Person:	
Title of Project:	
This project involves work directly with children / youth:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked that your project works directly with children/youth, please describe the process you will use for background checks*:	
<p><i>*By signing the submitted application, your organization attests that it will follow the procedures described above in relation to background checks for all work related to this application.</i></p>	

Applicant Proposal:

I. Experience Managing Grants (150 words):

Please describe your organization’s level of experience managing grants, including federal dollars awarded directly from the government or through the state of Vermont. Level of experience managing grants/federal funds will not be used for or against applicants during the award selection process. This information will be used to design the monitoring plan if you are selected for funding.

Please list all current federal and state of Vermont funding for the proposed project. **Note:** Word count does not include information shared in the table below.

Funding Agency	Amount	Award Period	Funded Activities

II. Needs Statement: (350 words):

What needs have you identified that will be addressed in your project and how was this need identified (i.e., what data describes the need)? Describe the population and service area to be addressed. Please indicate if your project will focus on primary or secondary prevention strategies to address one or more of the following: substance use/misuse, risk/protective factors, or build prevention capacity.

III. Project Description (1,000 words)

What is your project? What is already in place within your community and among your partners that will help set up this project for success? How will it help build strong and meaningful relationships and supportive, healthy environments and/or address the concepts of SDoH and/or reduce health disparities as described in section B? How will your project engage other partners and/or people in the community, particularly those most impacted by the community conditions described in your needs statement? Explain how your project would eventually have an impact on the long-term goals of reducing the misuse of substances such as alcohol, marijuana, tobacco, prescription and illicit opioids, and other drugs.

IV. Organizational Capacity (200 words)

Please demonstrate how your organization will be able to take on this project with current capacity. If this project will be a collaboration between multiple partners, please describe how work will be managed and coordinated. If you are using a fiscal agent, please describe your organization’s

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relationship to the fiscal agent and how you will work together to monitor grant and budget expectations.

Staffing Chart – Project Team

Please list all individuals covered by the budget or included as in-kind personnel resources. Resumes of all individuals designated as key personnel must be submitted with your application. Any changes to key personnel during the project period require prior approval of the Prevention Center of Excellence Grant Managers.

Name, Title, and Organization (if not employed by the applicant)	Key Personnel? Yes/No	Proposed Role on Subaward Activities

V. Flexibility in the COVID Environment (200 words):

Please tell us about how you adapted your programming during the COVID shutdown. How would you use creativity and flexibility to continue your planned project if another shutdown or similar disruption occurred? The grantee is expected to adhere to applicable COVID-19 health and safety guidance issued or supported by the Vermont Department of Health.

VI. Workplan

Please provide a workplan which will detail the strategies and associated activities of your proposed project. The NEK -PCE grant project seeks to use the Results Based Accountability (RBA) method for determining program success. This framework posits that success can be effectively measured by using three guiding questions;

- How much did you do?
- How well did you do it?
- Is anybody better off?

Please use the table below to indicate your strategies and activities as well as who is responsible for each activity and when you anticipate the activity will take place. Please also include a description of how you plan to measure your success, keeping in mind the three guiding questions described above. An example is provided below. You may add additional rows as needed to this template.

Workplan Example:

Strategy: Advocate for substance free town events		
Activities:	Who is responsible?	By when?
Partner with key Stakeholders	Staff and identified key stakeholders	April 2021
Research sample ordinances and municipal policies	Staff/town staff	May 2021

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Meet with Select Board chair to assess level of support	Staff/Select Board	May 2021
Develop and administer surveys to gauge public support. Analyze results.	Staff/community partners	June 2021-July 2021
Develop a presentation and present to Select Board	Staff/Select Board	August 2021
How will you measure success? number of survey respondents, survey results, number of Select Board meetings attended, number of presentations to Select Board, number of substance free town events established though policy		

Workplan Template:

Strategy 1:		
Activities:	Who is responsible?	By when?
How will you measure success?		
Strategy 2:		
Activities:	Who is responsible?	By when?
How will you measure success?		
Strategy 3:		
Activities:	Who is responsible?	By when?
How will you measure success?		

VII. Budget (500 words)

In this section include a brief narrative of how the budget will be expended. **Please note:**

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- **Budgets are expected to conform to the federal [cost principles in 2 CFR 200.400 – 200.475](#).** Unallowable costs should not be included in your budget.
- No more than \$1,000 may be requested for furniture or other capital expenses.
- Federal funds must be used to supplement existing state and local funds for project activities and must not replace funds that have been appropriated for the same purpose. There are strict federal rules against the use of federal funds to supplant current funding of an existing project.
- Subaward recipients are not required to obtain a financial match from another source, but if you will be using other funds to help achieve project goals, please include the source and amount in your budget narrative and note whether those funds are already secured or if the request is still pending. If still pending, explain briefly what changes in budget/scope would be required if you do not receive those additional funds.

Budget Template (use of this template is required): An Excel version of this template is available at: <https://nvrh.org/nek-pce>.

Topic	Description	Request
Staffing		\$
Benefits (include the overall percentage)		\$
Consultants (legal fees for policy research, trainers, etc.)		\$
Materials & Supplies (printing, curriculum, training materials, etc.)		\$
Travel		\$
Other (fees for conferences, trainings etc.)		\$
Indirect ____%	Limited to de minimis rate of 10% unless another rate has been federally negotiated	\$
Total:	Should equal the amount you are applying for	\$

VIII. Project Evaluation (200 words)

Results-Based Accountability (RBA) is an intentional way of thinking and taking action used by communities to improve the lives of children, families and the community as a whole. RBA is also used by agencies to improve the performance of their programs.

RBA will be used to evaluate all projects funded as part of the PCE grant. Training and technical assistance in RBA will be provided to all successful applicants. Level of RBA training and experience will not be used for or against applicants during award selection process. The following questions are intended to assess RBA training and support needs.

Please indicate your organization's level of training in RBA:

- One or more staff has completed formal RBA training (e.g., 4-part series offered by Benchmarks for a Better Vermont, RBA conference and coaching offered to previous Prevention Network Grant subrecipients)
- One or more staff has attended 1-2 hour overview training with an RBA trainer
- One or more staff has completed the RBA Professional Certification Program offered online by Clear Impact
- Other: please explain

Please explain how your organization uses RBA currently OR if you do not use RBA, please explain the evaluation process that you currently use.

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Attestation:

Prevention funds are granted to NVRH through the Vermont Agency of Human Services (AHS), which requires that costs are incurred up front and then reimbursed at the end of a period, usually monthly or quarterly. *This subaward opportunity allows for monthly invoicing.*

By signing below, your organization understands that these grants are required to comply with the AHS cost reimbursement model and you will need to incur costs up front. NVRH will reimburse error-free invoices for allowable expenditures, submitted by the due date specified in the award document, within 30 days.

Signature of applicant official authorized to bind the organization:

By:

Name (please print): _____

Signature

Title

Date: _____

Signature of fiscal agent representative (if applicable):

By:

Name (please print): _____

Signature

Title

Date: _____