**NEK-PCE Sub-award Application Form**

***The actionable timeframe of this grant is 7 months. All activities and expenditures must be completed by September 30, 2022. Please keep this timeframe in mind as you envision your project and structure your application.***

Instructions: Applications are required to be submitted using this application form, titled Attachment 1. Paper submissions will **not** be accepted. Email the completed application and additional attachments, as stated in the checklist below, to [PCE@NVRH](mailto:PCE@NVRH.org).org.

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

◻Cover sheet

◻ Project Description (Section A)

◻ Workplan and Evaluation (Section B)

◻ Sustainability Plan (Section C)

◻ Budget and Justification Narrative (Section D)

◻ 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:

[org name] NEK PCE proposal.doc

[org name] NEK PCE W9.pdf

[org name] NEK PCE Budget.doc

Files may be submitted separately or as one combined PDF.

**NEK-PCE 2022 Cover Sheet (Applicant information):**

|  |  |
| --- | --- |
| Entity Name (must match IRS Form W-9, Request for Taxpayer ID): | |
| Fiscal agent if different than above: | |
| Fiscal year end date: | |
| Single Point of Contact:  First Name:  Last Name  Title:  Email:  Work Phone:  Cell Phone: | Individual Authorized to Bind the Organization:  First Name:  Last Name  Title:  Email:  Work Phone:  Cell Phone: |
| Name of School/Organization that will be leading the project:  Street Address:  P.O. Box:  Town:  Zip Code:  Organization Description (250 Word Max): | |
| Project Name (provide a brief title for your project): | |
| Project Timeline (provide the proposed start date and end date of the project or a projected length of time): | |
| Please indicate which priority area(s) for which you are applying:   * Priority 1**: Increase supports for LGBTQ youth across the region (only schools and supervisory unions)** * Priority 2: **Increase mental health supports for youth across the region** * Priority 3: **Create a community where youth feel valued and connected**   Requested Funding Amount (provide the TOTAL amount of funding that is being requested to complete this project) *Applicants addressing Priority Area 1 may request up to $5,000 and up to $10,000 for Priority areas 2 and 3.* | |
| Please indicate which level of the Vermont Prevention Model your project fits within (check all that apply):   * Policies and Systems (Local, state, and federal policies and laws, economic and cultural influences, media) * Community (Physical, social and cultural environment) * Organizations (Schools, worksites, faith-based organizations, etc.) * Relationships (Family, peers, social networks) * Individual (Knowledge, attitudes, beliefs) | |
| Summary of proposed project (note that this summary may be used in future public communications about this grant ) (100 Word Max): | |
| This project involves work directly with children / youth:  ☐  Yes ☐ No | |
| If you checked that your project works directly with children/youth, please describe the process you will use for background checks for staff and/or volunteers\*:  *\*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.* | |

1. **PROJECT DESCRIPTION**

The NEK-PCE funding is for the purpose of planning, implementing, and evaluating activities to prevent substance use disorder. As a result of regional data review, the Advisory Committee of the NEK-PCE have recommended that the NEK-PCE RFA focus on the following priorities for the region:

**1. Priority 1: Increase supports for LGBTQ youth across the region**

*Rationale:*LGBTQ youth have statistically higher rates than their heterosexual/cisgender peers of past 30-day use of almost all substances in Caledonia County, as well as marijuana, cigarettes, and prescription medications in Orleans County. LGBTQ youth are also more than twice as likely to report feeling sad or hopeless in the past year, about half as likely to report feeling like they matter to their community, and twice as likely to report experiencing sexual and/or dating violence[[1]](#footnote-1). See **page 9** of the Strategic Plan for further data and details, located at [bit.ly/NEKPCEStrategicPlan](https://bit.ly/NEKPCEStrategicPlan).

**Priority 1 funding**: up to $5,000

**Eligibility:** Schools and supervisory unions to enhance or launch a Genders & Sexuality Alliance (GSA) group at a local school.

1. **Priority 2: Increase mental health supports for youth across the region.**

*Rationale:*About a third of youth in the NEK report feeling sad or hopeless. The rates are significantly higher for LGBTQ youth, and youth of color in Orleans County[[2]](#footnote-2). These data were collected before the pandemic, which has taken an additional toll on youth mental health. There is a clear link between substance use and mental health. See **page 11** of the Strategic Plan for further data and details, located at [bit.ly/NEKPCEStrategicPlan](https://bit.ly/NEKPCEStrategicPlan).

**Priority 2 funding**: up to $10,000

**Eligibility:** Any eligible organization may apply (see section E)

1. **Priority 3: Create a community where youth feel valued and connected**

*Rationale:*Only around half of youth in the NEK report that they feel like they matter to people in the community, and this is much lower among LGBTQ youth[[3]](#footnote-3). See **page 12** of the Strategic Plan for further data and details, located at [[bit.ly/NEKPCEStrategicPlan](https://bit.ly/NEKPCEStrategicPlan)](https://nvrh.org/nek-pce/).

**Priority 3 funding**: up to $10,000

**Eligibility:** Any eligible organization may apply (see section E)

The purpose of this funding is to prioritize and address the priorities above.

**Please provide a description of this project including the following components:** *(****500 word maximum****)*

1) A brief description of the target population (e.g., students in a particular school/grade, youth in a specific community or a specific population of youth, parents/families, service providers, other), town(s) in which activity or service will be offered, and any defining characteristics of this population.

2) How this project will address one or more of the priorities described in section D of the Request for Applications.

1. **WORKPLAN AND EVALUATION**

Please provide a workplan which will detail the strategies and associated activities of your proposed project. Strategies should directly relate to the priority area for which you are applying. 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 priority(ies), 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.

Priorities: Successful applicants will design their proposal based on the risk and protective factors, supporting data, and SMART objectives listed in the Strategic Plan that can be found at [bit.ly/NEKPCEStrategicPlan](https://bit.ly/NEKPCEStrategicPlan).

Priority 1: Increase supports for LGBTQ youth across the region (only schools and supervisory unions).

Priority 2: Increase mental health supports for youth across the region.

Priority 3: Create a community where youth feel valued and connected.

|  |  |  |
| --- | --- | --- |
| **Priority:** | | |
| **Strategy 1:** | | |
| **Activities:** | **Who is**  **responsible?** | **By when?** |
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|  |  |  |
| **How will you measure success?** | | |

|  |  |  |
| --- | --- | --- |
| **Priority:** | | |
| **Strategy 2:** | | |
| **Activities:** | **Who is**  **responsible?** | **By when?** |
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| **How will you measure success?** | | |

|  |  |  |
| --- | --- | --- |
| **Priority:** | | |
| **Strategy 3:** | | |
| **Activities:** | **Who is**  **responsible?** | **By when?** |
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|  |  |  |
|  |  |  |
|  |  |  |
| **How will you measure success?** | | |

1. **SUSTAINABILITY** **PLAN** ***(250 word maximum****)*

Describe your plan for sustainability of this project beyond the project period.

1. **BUDGET & JUSTIFICATION NARRATIVE**

**Budget Template (use of this template is required):** [[[[https://nvrh.org/nek-pce/](https://nvrh.org/nek-pce.)](https://nvrh.org/nek-pce/)](https://nvrh.org/nek-pce/)**[.](https://nvrh.org/nek-pce.)**](https://nvrh.org/nek-pce.)

* **Budgets are expected to conform to the Code of Federal Regulations Subpart E-Cost Principals at** <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E> Unallowable costs should not be included in your budget. For example, unallowable costs include, but are not limited to, food, incentives, and stipends.
* 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.
* Sub-award 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/description 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.

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 sub-award 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of fiscal agent representative (if applicable):

By:

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Data are from the 2019 YRBS. Note that the number of respondents in Essex County is too small to report data for LGBTQ youth specifically. [↑](#footnote-ref-1)
2. Data are from the 2019 YRBS. Note that the number of respondents in Essex County is too small to report data for LGBTQ youth and youth of color specifically. [↑](#footnote-ref-2)
3. Data are from the 2019 YRBS. [↑](#footnote-ref-3)