

Vermont Department of Health
Request for Proposals

Strategic Prevention Framework State Incentive
Grant (SPF SIG)

Fiscal Year 2008

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Strategic Prevention Framework State Incentive Grant
APPLICANT CHECKLIST

This list is provided to assist applicants in submitting a complete and viable application.

PLEASE NOTE: The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) reserves the right not to review late or incomplete applications. If you answer NO to any of the items listed below, your application will be considered incomplete.

HAVE YOU?

- Contacted your Regional Prevention Consultant to let him or her know you are applying
- Followed the format and page requirements
- Included the original (unstapled) and six copies (stapled) of the application

CONTENT/APPLICATION: Does the proposal include the following?

- The completed **Applicant Information Sheet** with your federal tax ID # and Vermont Business Account # and fiscal year beginning and end dates
- Include the following Grant Narrative components:
 - Community Description**
 - Organizational Capacity to Carryout the SPF**
 - Management and Staffing Plan**
 - Work Plan**
 - Budget and Budget Narrative**

REQUIRED ATTACHMENTS:

- List of your steering committee/board members (with sector representation)
- Organizational chart
- Mission statement
- Resumes for identified staff or job descriptions for un-identified staff
- Completed Work Plan template provided in Appendix I
- Letter of Commitments from organizations providing in-kind support (Appendix L)
- Letter of Support from your Regional Partnership Coordinator (or chair)
- Memorandum of Understanding between fiscal agent and coalition (if coalition is not its own 501c 3)
- Completed Budget Form and Budget Narrative
- Letter of commitment from all school superintendents or principals within service areas to participate in the 2009 and 2011 Vermont Youth Risk Behavior Survey
- Completed Evaluation Assurance (Appendix D)

I. BACKGROUND

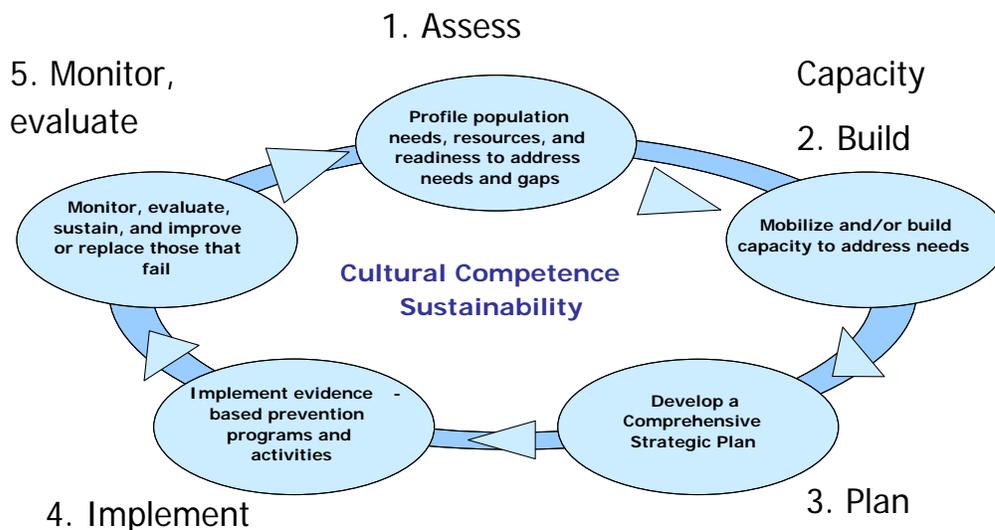
Introduction

Although youth substance use has been decreasing over time, substance abuse and its associated consequences remains at unacceptably high levels impacting Vermont's communities and health care, education, social service and criminal justice systems. The National Household Survey on Drug Use and Health indicates that among 18-25 year olds, Vermont has the highest rate in the country for both current and lifetime use of marijuana. Furthermore, Vermont has the highest adult rate of past 30-day alcohol use and the 4th highest rate of adult chronic heavy drinking in the U.S. At the same time, Vermont communities have demonstrated the ability to proactively address health issues.

To strengthen Vermont's prevention approach to alcohol and drug problems, the state has entered into a cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA) to carry out the Strategic Prevention Framework (SPF) State Incentive Grant (SIG). Vermont's grant award is \$2.332 million per year from June 30, 2005 through June 30, 2010. The SPF SIG enables state and local communities to assess, plan, implement and evaluate prevention programs, practices and policies necessary to prevent and reduce substance abuse at the community (population) level (please see Appendix A for a Glossary of Terms).

Purpose

The Strategic Prevention Framework is a public health, outcomes-based prevention process that uses assessment and evaluation to continually move states and communities toward their goal of reducing substance abuse and its consequences. This process includes the five steps depicted below.



In the first phase of Vermont's SPF SIG a Statewide Epidemiological Workgroup (SEW) analyzed available data on substance use in Vermont and the consequences of that use, while VDH staff assessed prevention capacity around the state. The SPF SIG Advisory Council reviewed and informed the SEW's initial recommendations, resulting in the final priorities for this program. They are:

- 1) Reduce underage drinking**
- 2) Reduce high-risk drinking among persons under the age of 25**
- 3) Reduce marijuana use among persons under the age of 25**
- 4) Build prevention capacity and infrastructure at the state and community levels, including a sustainable evaluation system for prevention grantees**

To find out more about the SPF SIG Epidemiological Work group and Advisory Council, please view the executive summaries of both the "Substance Abuse Assessment and Epidemiological Profile", and the "Vermont Strategic Prevention Plan" posted at <http://healthvermont.gov/adap/prevention/StrategicPreventionFramework.aspx>

This Request For Proposal (RFP) is to support communities who agree to implement the Strategic Prevention Framework process. It should be noted that for some applicants this approach may represent a change in how prevention planning and implementation is done; however, for many, this will hopefully be recognized as simply a new agreement on the way we do prevention. Applicants who are awarded a SPF grant will utilize strong collaborations between the private sector, public health, academic partners, non-profit services providers and others to implement the VT SPF-SIG, develop prevention expertise and infrastructure to sustain the process, and generate evidence to support replication of the process across the state. This program supports communities to develop plans aimed at population level change, meaning a measurable change in an identified population within a community. An example of such a change would be a significant reduction in marijuana use among 9th graders in a given town or supervisory union.

A total of \$1,882,200 is available for community grants in fiscal year 2008. It is anticipated that this will be at least a three year program, with funding in years 2 & 3 contingent upon satisfactory performance and SAMHSA approval and availability of federal funds. More detail is outlined in Section III. Four SPF SIG community grants have already been awarded through the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS), as required through the Appropriations Act of 2006.

II. ELIGIBILITY

Who is Eligible to Apply?

Applicants must be Vermont-based organizations. The following types of organizations are eligible to apply for SPF SIG grants:

- Coalitions and partnerships
- Schools and supervisory unions

- Public and private not-for-profit organizations
- Institutions of Higher Education

Who is NOT Eligible to Apply?

The following organizations are not eligible to apply but are encouraged to collaborate with applicants in their area:

- Statewide organizations
- Vermont State governmental agencies and Departments
- CHAMPPS grantees who are currently funded through the SPF SIG

Minimum Geographic Size Represented by Applicant

The geographic area of the community the applicant proposes to serve must comprise one or more entire school supervisory unions.

Grant funds **may not** be used for:

- Capital expenditures
- Payment of any person for influencing or attempting to influence an officer or employee of any agency, a Member of Legislature, an officer or employee of Legislature, an employee of member of Legislature in connection with the awarding of a Federal or State contract, continuation, renewal, amendment, or modification of any Federal or State contract, loan or cooperative agreement
- Services which duplicate activities already supported by the Drug Free Community Support program
- Media development (TV, radio, print) and airing that duplicates the efforts of the state

Required Applicant Training

Applicant agencies must send at least one representative from the applicant organization to the mandatory applicant orientation (see Appendix B for the registration form). Vermont Department of Health Employees can not serve as a community agencies representative. Organizations that do not send a participant to this training will be ineligible to apply for SPF SIG.

Required Youth Risk Behavior Survey Participation

The statewide evaluation will be based, in part, on results from the Youth Risk Behavior Survey, therefore the following requirements apply:

- Applicants must include a letter of commitment from all school superintendents or principals in their service area to participate in the 2009 and 2011 Youth Risk Behavior Survey (YRBS).

Fiscal Agent

- Applicants with their own federal tax ID number will be their own fiscal agent
- Applicants without their own federal tax ID number, or that are not otherwise formally recognized organizations, must identify a fiscal agent and a Memorandum of Understanding (MOU) with the fiscal agent must be included as part of this application (please see Appendix C for a sample MOU).

III. TYPE OF GRANTS and FUNDS AVAILABLE

Two categories of grants will be available under the SPF SIG program: capacity building and implementation grants.

Capacity Building Grants

Approximately 12 to 14 capacity building grants will be awarded up to \$68,000 per year. Capacity building grants support communities who do not have the infrastructure necessary to carry out a comprehensive substance abuse prevention plan. Prevention capacity is defined as financial resources, organizational structures and people with the knowledge and skills to carry out a prevention plan. This grant opportunity seeks to fund low capacity communities and organizations who meet these two criteria:

1. Organization is currently organized around prevention issues
2. Organization has been operational or meeting for at least 6 months

If your organization meets these criteria, you are eligible to apply for a capacity building grant.

Initially Capacity Building grantees will be funded to carry out the first three steps of the SPF:

1. Profile population needs, resources and readiness to address needs and gaps
2. Mobilize and/or build capacity to address needs
3. Develop a comprehensive strategic plan

It is anticipated that capacity building grantees will take varying lengths of time, although no longer than two years, to complete steps 1 – 3. Therefore capacity building grantees will have the option of a capacity building grants of up to \$68,000 for up to 2 years. Capacity building grantees will have the option of applying for implementation funds once their plan has been completed and approved by VDH. This will include the development of a community logic model. Once the comprehensive strategic plan and logic model has been written and approved by VDH, capacity building grantees will be eligible to apply for an implementation grant for up to \$120,000 per year through the life of the program, to complete step 4 (Implementation of

programs, practices and policies), and step 5 (Outcome evaluation). Funds are contingent on compliance with program requirements and availability of federal funds.

In order to support capacity development around the state, VDH will seek a geographic distribution of capacity building grants. Where feasible one capacity building grant will be awarded within each Agency of Human Services region.

Implementation Grants

Approximately 9 to 11 implementation grants will be awarded to communities that demonstrate the existing capacity to carry out a comprehensive implementation plan, and demonstrate outcomes in the priority areas within the timeframe of this project. Organizations that meet **all three** of the following capacity criteria are eligible to apply for an implementation grant:

- Organization is currently funded to implement a substance abuse prevention plan or research-based program, practice or policy.
- Operational or organizational strength to include that organization has been in operation for a minimum of 2 years, the organization is coordinating with other essential partners, has at least one staff person and volunteers
- Organization's operations are supported by at least 2 funding sources

Implementation grantees are required to complete all five steps of the SPF which include:

1. Profile population needs, resources and readiness to address the problems and gaps in service delivery in priority areas
2. Building community prevention system capacity
3. Development of a comprehensive community strategic plan
4. Implement evidence-based prevention program and infrastructure development activities
5. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

Implementation grantees will receive an initial grant of up to \$68,000 to complete steps 1-3. It is anticipated that implementation grantees will take varying amounts of time to complete steps 1-3, but no longer than one year. Once Implementation grantees have submitted a substance abuse prevention plan and logic model, and that plan has been approved by VDH, grantees will be eligible for up to \$120,000 per year through the life of the program to implement their plan. Continuation of funds will be contingent on completion of program requirements and availability of federal funds.

IV. GRANTEE REQUIREMENTS

The purpose of this section is to inform applicants of what will be required once funded. As a condition of their grant award, successful applicants must meet the following requirements:

Requirements for all grantees ONCE FUNDED:

✓ Targeted Priorities

All grantees (capacity building and implementation) will be required to address the following two priorities in their plan:

1. Reduce underage drinking
2. Build prevention capacity and infrastructure, including a sustainable evaluation system for prevention grantees

In addition grantees will be required to address one of two additional priority outcomes, depending on what they learn after they conduct their local needs assessment. They are:

3. Reduce high risk drinking among persons under 25
4. Reduce marijuana use among persons under the age of 25

Note: Applicants are not being asked to identify which of these 2 priorities they will be asked to address. This will be done during the Step 1 assessment process

✓ Training

1. All Grantees will participate in a statewide learning community whereby Vermont communities can learn from and support each other in the implementation of the SPF process.
2. In the first year of the grant grantees will be expected to participate in up to four statewide training events. Training topics covered in year one will cover implementation of steps one, two and three. Grantees will be expected to participate in trainings on steps 1, 2 and 3 prior to completion of their implementation plans. Training and technical assistance will be provided by VDH.

✓ Technology Requirement

1. All Grantees are required to have a functional computer, software, e-mail address, internet and fax capacity.

✓ Budget

1. All grantees will be expected to allocate \$8,000 in FY08 to support training, evaluation, communications services provided to implement the SPF SIG. Grantees will be required to sub-grant to organizations selected by VDH in order to assure consistency of services around the state. (Note: Grantees will be expected to allocate a percentage of their award amount to support training, evaluation and communications services provided to implement the SPF SIG in each year of the program. Allocation amounts will be determined by VDH and may vary from year to year).

☑. Communications

1. All grantees will be expected to promote the goals of the Strategic Prevention Framework Grant in their local community, including educating local media outlets and community members.
2. Participate in the state developed Common Theme Campaigns by participating in at least 1 (and up to 3) statewide “common theme” campaigns each grant year. Community events and activities will be held in conjunction with mass media (TV, radio, web or print) developed by ADAP and their media contractor. *Grantees are expected to develop and conduct local events and activities targeting the same audience, at the same time and using a consistent message*, thus reinforcing the “common theme” of the statewide campaign. Specific goals and evaluation measures will also accompany each common theme campaign.
3. Conduct focus groups with community members to support development of common theme campaigns

☑. Implement the five steps of the SPF process

Note: Step 4 (Implementation) is to begin only after a community strategic plan has been submitted and approved and funding has been awarded to proceed to this step. Also although Step 5 (Evaluation) is a separate step in the SPF model, please note that all grantees will be expected to conduct process evaluation activities throughout the lifetime of the grant as agreed to in the Evaluation Assurance Form found in Appendix D.

☑. Assessment (SPF Step #1)

1. Review local data on alcohol and marijuana, consumption and related consequences, and determine which optional priority (#3 or #4 as specified on page 9) the community will address.
2. Collect and review local data on the community causal factors and conditions that will need to be addressed in order to reduce the priority outcomes. Guidance and tools will be provided by VDH.
3. Collect and review local data on the community’s and the grantee organization’s resources, capacity and readiness to implement the SPF SIG. This will include running focus groups for the common theme campaign. Guidance and tools will be provided by VDH.
4. Solicit qualitative information through surveys, interviews and formative research. This will include running focus groups for the common theme campaign.

Note: VDH has compiled a limited amount of statewide and sub state level data (See Appendix E). In addition, applicants are encouraged to build on information and data already collected and compiled by agencies and organizations in the community.

☑. Capacity Building (SPF Step #2)

1. Identify and plan for outreach and involvement in target groups, including but not limited to youth and young adults
2. Conduct an assessment of prevention capacity including resources and gaps in infrastructure, work force, leadership, ability to conduct evaluation, ability to reach underserved groups. An assessment tool will be provided by VDH.
3. Conduct a community readiness assessment. An assessment tool will be provided by VDH.
4. Strengthen and create partnerships and collaborations with partners needed to address SPF priorities.

☑. Strategic Plan (SPF Step #3)

1. Develop a community strategic plan specific to the identified SPF priorities.
2. Submit and receive approval from VDH for the required Community Strategic Plan, including the development of a community logic model, using evidence-based policies, programs and practices for all activities. **Environmental strategies aimed at community-wide change must be included as part of the plan.**
3. Develop plan based on the guidelines outlined in the following document, “Identifying and Selecting Evidence-Based Interventions, A Guidance Document for the Strategic Prevention Framework State Incentive Grant Program,” (SAMHSA/CSAP, 2007). This document can be found at the following website, <http://prevention.samhsa.gov/> Click on “What’s New” and scan down list until you see the title of the document and then click on the title to open the document.

☑. Implementation (SPF Step #4)

1. Provide a work plan for implementing evidence-based programs, practices or policy change supported through this grant
2. Ensure fidelity to evidence-based policies, practices and programs
3. Justify and specify all necessary adaptations of evidence-based programs, practices and policies
4. Collection of process and outcome data specific to evidence-based programs, practices and policies

☑. Evaluation (SPF Step #5) and Reporting

Note: All SPF SIG grantees will be required to participate in the National SPF SIG Cross-Site Evaluation. Please review the following evaluation requirements thoroughly:

Guidance and instruments to be used in the evaluation step will be provided by ADAP. The primary evaluation activities include:

1. Participate in required reporting and evaluation activities as outlined by SAMHSA/CSAP’s national cross-site evaluation. The two requirements are to complete a web-based survey regarding SPF SIG implementation every six months, and to cooperate with the VDH and contracted evaluation staff in conducting a process and outcome evaluation of Vermont’s SPF SIG (see following points 2 through 5).

2. Ensure that middle and high schools falling within the geographic area served by the applicant will participate in the 2009 and 2011 Youth Risk Behavior Survey.
3. Collect follow-up data on a) causal factors and conditions, and b) community and grantee organizations resources, capacity and readiness, at one or more points in time after the initial assessment conducted for Step 1.
4. Collect data on the level and quality of implementation of the five SPF steps, including implementation of specific prevention strategies supported by the SPF SIG.
5. Assist in identifying and obtaining local sources of outcome measures that are not available through statewide data collection system.

V. Timeline for grant submission, review, notification and initial training

August 10 & 15, 2007 - Applicant Orientation – see Appendix B for Registration Form, which lists specific sites and times. Please remember that REGISTRATION and ATTENDANCE is mandatory

October 5, 2007 - Grant Application Deadline

October/November 2007 - Grant Review

No later than **November 16, 2007** - Notification of Grant Awards

VI Grant review and award process

Proposals will be reviewed by a grants committee comprised of members of the SPF SIG Advisory Council, (composed of representatives from various state departments and community organizations) and designated Vermont Department of Health (VDH) staff. Regional Agency of Human Services (AHS) Field Directors and VDH District Directors will also review proposals submitted from organizations within their regions. Please see contact list for Field Services Directors and District Directors, and an AHS regional map in Appendix F. Please see Appendix G for the review scoring tools as there is one scoring sheet for Capacity Building Applicants and one for Implementation Applicants.

The points assigned to each category are as follows:

Category	Capacity Building Applicants	Implementation Applicants
Community Description	20	15
Organizational Capacity	15	25
Management & Staffing Plan	10	10
Work plan	16	16
Evaluation	4	4
Budget	5	5
District Office Review	30	25
Total	100	100

The grant review committee will make final recommendations for funding to the Commissioner of Health. VDH reserves the right to reject any application that does not comply with eligibility requirements. It also reserves the right to reject any and all applications after they have been reviewed, to negotiate awards after the application process and to accept applications deemed most favorable to the interest of the State of Vermont and the goals of the SPF SIG initiative. If

feasible, VDH intends to spread capacity building grants geographically. In determining final recommendations, VDH may also consider such factors as population density and the potential to complement related state initiatives, such as the Drug Enforcement, Treatment, Education and Rehabilitation (DETER) and Incarcerated Women's Initiative. If feasible, VDH also intends to fund at least one community grantee affiliated with an institution of higher education.

VI. Assistance

Individuals with questions regarding the SPF SIG grant application or process, please contact:

Lori Tatsapaugh Uerz
SPF SIG Coordinator
Vermont Department of Health
802.652.4149
luerz@vdh.state.vt.us

VII. Submission and Deadline

APPLICATIONS THAT DO NOT MEET ALL OF THE FOLLOWING GUIDELINES WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE APPLICANT:

- The Applicant Information Sheet must be submitted as the first page of the application
- The narrative section must not exceed 12 double-spaced pages, printed on one side, with one-inch margins and 12-point Times New Roman font.
- Information critical to the proposal should be contained in the narrative and not in the attachments; only the attachments listed on the Applicant Checklist will be reviewed
- Pages must be numbered and attachments clearly labeled
- One unstapled single sided original and six (6) securely stapled double-sided copies of the entire proposal must be submitted
- The signature of the organization's "**Duly Authorized Agent**" (If your organization is not a 501c (3), your fiscal agent must sign as your duly authorized agent) is required on the Applicant Information Sheet.
- Applications must be received at the Vermont Department of Health **by 4:30 pm on October 5, 2007**. No faxed or electronic copies will be accepted. **Applications received after the deadline will not be accepted for review and will be returned to the applicant.**
- Applications are to be sent to:
 - Jessica Rosato
 - Vermont Department of Health
 - 108 Cherry Street, Box 70
 - Suite 201
 - Burlington, VT 05402

**Strategic Prevention Framework State Incentive
Vermont Department of Health
APPLICANT INFORMATION SHEET**

**NOTE: This information sheet must be included as the cover sheet of the application submitted. Be sure to complete this form in its entirety.

Applicant Organization: _____

Contact Person: _____

Title: _____

Mailing Address: _____

Town, State, ZIP: _____

Telephone: _____ Fax #: _____ E-mail Address: _____

Fiscal Agent (Organization Name): _____

FY Starts: ___/___/___ FY Ends: ___/___/___

Financial Contact Person: _____

Mailing Address: _____

Town, State, ZIP: _____

Telephone: _____ Fax #: _____ E-mail Address: _____

Federal Tax ID Number: _____ State Tax ID Number _____

Are you currently a DFC grantee? ___ Yes ___ No

Type of Grant Requested (✓ only one)

___ Capacity Building

___ Implementation

Total Amount Requested: _____

List specific geographic area and the population of people under the age of 25 to be served:

Whom should we contact if we have questions about this application during the month of October?

Name: _____

Phone #: _____

Signature of Duly Authorized Agent

Date

Please print name of Agent

Phone number

VI. PROGRAM NARRATIVE INSTRUCTIONS

Please note that applicants are being asked to describe their readiness and capacity to carry out the SPF process. This RFP is **NOT** asking applicants to identify the programs, policies and practices they intend to carry out because grantees will need to implement steps 1-3 **before** they identify the strategies they most need to implement to reach their target groups. Therefore it is critical that applicants carefully review the grantee requirements (see Section IV above) in order to appropriately describe their community's capacity and readiness to carry out the requirements of the program.

Each section of your Program Narrative should be labeled to correspond to the letters below and should provide a concise response to the information requested for that section. This section is limited to no more than 12 double-spaced, single-sided pages, with one inch margins on all sides and 12 point Times New Roman font.

A. Community Description

All Applicants

- Provide a brief description of the geographic area to be served and engaged in the Strategic Prevention Framework process. Please provide the names of the school supervisory union(s) and constituent towns which lie within your geographic area and boundaries.
- Provide relevant demographic information, to include but not be limited to total population, the number of people under age 25 who reside within the geographic area you propose to serve, gender, cultural, ethnic and racial composition. Please identify any socioeconomic factors that play a significant role in your community through the Vermont census data at <http://crs.uvm.edu/census/>
- Please describe the resources, strengths and challenges for substance abuse prevention activities specific to target populations of people under 25 years of age in your community.
- Please describe both gaps and resources in your community's capacity and prevention infrastructure
- Please list other events or factors at play in your community that have increased the community's interest in mobilizing on alcohol and drug issues

IMPLEMENTATION GRANT APPLICANTS please also answer these additional questions

- Provide examples of past or current prevention initiatives underway in your community with youth, families and young adults
- Provide examples of community capacity and experience in activities pertinent to the SPF, such as data-driven and strategic planning and development, selecting evidence-based strategies, implementing evidence-based prevention practices, including environmental strategies, and evaluation

B. Organizational Capacity to Carryout the Strategic Prevention Framework

The Strategic Prevention Framework (SPF) is a process designed to further develop, strengthen and maintain prevention services infrastructure throughout the state and community level, and to impact at a community level the three outcome priority areas of underage drinking, high-risk drinking among persons under the age of 25 and marijuana use among persons under the age of 25. It is expected that capacity building applicants will focus on how they plan to build their capacity in this section. It is expected that implementation applicants (as defined by the criteria on page 8) will be expected to describe their experience(s) and effectiveness with substance abuse prevention initiatives.

CAPACITY BUILDING APPLICANTS please respond to these questions:

The purpose of this section is to describe your organization (mission, services, etc...) and how they relate to the SPF priorities as described on page 5 of this application. Please address the items outlined below.

- Please indicate how long you have been in existence and the organization's mission
- Please identify any staff currently allocated to carry out substance abuse or other prevention planning, evaluation or program implementation within your organization and describe their training and experience.
- Please provide an organizational chart or a proposed plan for the development of an organizational chart.
- Describe steps, tasks and/or activities you have undertaken to organize action on substance abuse or other prevention issues in your community.
- If you are not currently at capacity, please identify all stakeholders and sectors represented in your current planning process.
- If you are currently not at capacity to begin a planning process, please discuss your understanding of a community planning process and your plan to operationalize such a process.
- Describe how the SPF priority target population (under 25 years old) and the larger community were actively involved in past or present needs or resource assessments.
- Describe how you will work with your regional VDH District Office(s) Please see list of VDH District Directors and Substance Abuse Prevention Consultants in Appendix H.

IMPLEMENTATION APPLICANTS please respond to these questions:

It is expected, based on the criteria outlined on page 8, that your agency/coalition/organization is currently at high capacity to meet the priorities of the SPF. Please provide examples of past experience and work that allows the reviewers to be confident that your agency is operating at high capacity.

- Describe your organizational capacity, including but not limited to, how long your organization has been in existence, mission, extent and level of coordination with other essential partners, staff and volunteers.

- Please include an organizational chart and membership list of your organization’s board or governance body.
- Please list stakeholders or sectors represented in your planning process and the mechanisms through which they collaborate with and support your efforts. A list of partners/collaborating organizations and their contact persons must be submitted as an attachment to your proposal..
- Describe your organization’s experience in:
 - data-driven strategic planning
 - involving youth or young adults in planning processes
 - building relationships with representatives from various cultures represented in your community
- Describe your past implementation of evidence-based prevention practices, programs or policies, including environmental change strategies (i.e., policy, education, enforcement, communication and collaboration).
- Describe experience with evaluating prevention efforts including outcomes your organization has achieved in the area of substance abuse prevention and how those findings have been used.
- Identify your organization’s current prevention funding sources and what programs, practices or environmental change efforts they support.

C. Management and Staffing Plan

Describe how the project will be structured, organized, staffed and managed throughout the first three steps of this project.

- Describe the specific roles and responsibilities of the project staff and/or volunteers for this grant. Summarize experience, training or other qualifications for actual program staff. Attach resumes. If staff has not yet been identified please describe your intended recruitment efforts and attach a job description, if applicable.
- Who will supervise the coordinator, program staff and volunteers? How will they be supervised, including performance reviews?
- Please describe who will be responsible for submission of the required reports, meetings, and evaluation activities?
- We anticipate that each SPF grantee will send a team of at least 2 people to SPF trainings. Please describe who will be included on this team.
- What is the role of the fiscal agent, if applicable, in making decisions, supervision of staff, reporting, hiring, staff performance reviews and firing, etc.. Provide a Memorandum of Understanding (MOU) between a fiscal agent and coalition (See Appendix C for a sample).
- What experience does the applicant or fiscal agent have in managing federal grants?

D. Work plan

All applicants will be required to complete a narrative description of your work plan as well as the completion of a work plan template provided in the Appendix section of this RFP.

For **Capacity Building** applicants, briefly describe **how** you plan to start organizing for this project. Appendix I summarizes some initial developmental tasks for organizing to carry out the strategic prevention framework process to assist you in writing the work plan. It is intended as a guide. You are not limited to the activities listed in the appendix, nor are you required to list every step listed. Please also describe how you intend to work with the VDH District Office in your region. In addition to the narrative, please complete the work plan template in Appendix I. Once funded, Capacity Building grantees will be required to complete a detailed work plan or Steps 1-3 within the first 2 months of funding.

For **Implementation** applicants, in the narrative briefly describe **how** you plan to carry out the tasks identified in the work plan template (Appendix J), and the rationale (the connections between the proposed activity and the current level of your organization). In addition to the narrative, please complete the work plan template in Appendix J. The tasks identified in the template represent the minimum key activities expected for each of the five steps to implement the SPF with the understanding that once funded a more detailed work plan will be developed to ensure completion of the SPF SIG process...

E. Evaluation

As stated in the Evaluation section on page 12, and in the Evaluation Assurance form in Appendix D, there are substantial evaluation requirements for the Strategic Prevention Framework. Because the specific tasks required by SPF grantees are provided in the assurance form, **no narrative is required**. However, please note that application score points have been assigned for the following two required attachments:

1. Completion (signature) of the Evaluation Assurance Form (Appendix D)
2. Letter of Commitment from all school superintendent or principals within service areas to participate in the 2009 and 2011 VT Youth Risk Behavior

F. Budget and Budget Narrative

Using the budget form in Appendix K, both a budget and budget narrative must be submitted. The purpose of the narrative is to justify all budget items so the reviewers can understand the rationale for the sum requested. Please include hourly rates for staff and consultant time and list each position separately. Consider costs for meetings and local trainings, coalition/agency development, travel, internet access, etc.

Grantees will be required to contribute \$8,000 for SPF training, Common Theme Campaigns, and evaluation services. Further instruction will be provided about the vendor to which this payment must be made. Please include this contribution in your budget preparations.

If you are currently funded under the federal Drug Free Communities Support Program, CHAMPPS or New Directions and you are proposing to utilize current Drug Free Communities Support Program, CHAMPPS or New Directions funds to support the start up of this project, please list these funds in the “Other Funding” column and provide a brief description in the narrative of your current years activities for each funding source.

The budget narrative should also include your plan for continued funding at the end of the grant period and specific steps you will take to carry out this plan should be listed here.

Matching/In kind funds – **While no matching or in-kind contributions are required during year one**, if you are proposing to use in-kind contributions to assist in the start up of the project, please list these funds, under the “Match/In Kind” column and provide a brief description of how those funds will be used. If you are planning to utilize in kind contributions, please submit a Letter of Commitment (found in Appendix L)

Indirect costs can not exceed 10% of the total approved annual grant award. Indirect costs are costs incurred by the fiscal agent to administer the grant.

Expenditures of the grant funds must adhere to the specific line items in the grantee approved grant budget. Transfers among operating line items (increases and decreases) in excess of 10% of the total approved annual grant award are permitted only with the express written consent of the Division of Alcohol & Drug Abuse Programs (ADAP). All transfers among line items for staff salaries, consultant fees, benefits, equipment and administration costs (increases and decreases) are permitted only with the express written consent of ADAP.

Appendix A

Glossary of Terms

Advisory Council

Broadly speaking, the State Advisory Council is the body that is responsible for statewide implementing of the SPF SIG grant. The Vermont SPF SIG Advisory Council is made up of representatives for state agencies, higher education.

Capacity Building

Capacity building within an organization includes developing and strengthening the structure, workforce and fiscal resources necessary to carry out the strategic prevention framework process. It includes, but is not limited to, activities such as board recruitment, training for board members, staff and volunteers, supervision and skill-building opportunities for staff, development of policies and procedures and memoranda of understanding with partners. Examples of capacity building at the community level include activities such as: learning about groups who have an interest in reducing substance abuse and building relationships with partners; learning about community attitudes and beliefs; and raising community awareness about substance abuse issues, community resources for prevention, treatment and recovery and opportunities for involvement in the strategic prevention framework process.

Causal Factors/Intervening Variables

Causal factor or intervening variables are factors that have been identified as being strongly related to substance abuse consequences, and can influence the occurrence and magnitude of substance use and consequences. In the case of the consumption pattern: adolescent binge drinking and the consequences: alcohol poisoning and motor vehicle fatalities, potential causal factors could be: perception of risk and harm of binge drinking, availability, promotion and price of alcohol, social access to and social norms around alcohol, and enforcement of underage drinking policies.

Consequences

The consequences of substance abuse are the social, economic, and health problems associated with the use of alcohol, tobacco, and drugs. Any social, economic, or health problem can be defined as a substance related consequence if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring. Some examples include: the increased risk of a traffic crash when the driver has been drinking or the increased risk of lung cancer among long-term, heavy smokers.

Consumption Patterns

Consumption patterns are the way in which groups of people use alcohol, tobacco or drugs. Examples of consumption patterns include underage binge drinking, heavy drinking among

pregnant women, and the mixing of alcohol with prescription drugs in elderly populations. These consumption patterns can be linked to substance related consequences such as alcohol related car crashes, fetal alcohol syndrome, and unintentional poisoning. Consumption patterns may be found in the SEW data and sub-regional profiles.

Cultural Competence

“A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. . .” (HRSA/DHHS, 2002). Also see the National Center for Cultural Competence at <http://www.ncccurricula.info/culturalcompetence.html>

Environmental Strategies

Environmental strategies are prevention strategies focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. They can change public laws, policies and practices to create environments that decrease the probability of substance abuse. Environmental strategies involve longer term, potentially permanent changes that have a broad reach (e.g. policies and laws that affect all members of society).

Epidemiology

Epidemiology is the study of the distribution and determinants of disease within a population. In the context of the SPF SIG, an epidemiological study will be conducted by the State Epidemiological Workgroup (SEW) to consider multiple causal factors for whole groups of people (e.g. neighborhoods, gender groups) and determine where to intervene based on need and capacity within communities.

Evidence Based Programming

CSAP’s Evidence Based Workgroup has identified guidelines for practitioners in evaluating the evidence base of programs, policies, and practices when selecting strategies to address the alcohol, tobacco, or drug problem(s) of their communities. The guidelines describe the following as examples of evidence based programming:

- Interventions that appear in “evidence based” or “best practices” registries. These interventions generally include curricula tested in a highly controlled research setting with an experimental design including randomized control trials. However, quasi-experimental designs for interventions where randomization is not possible, such as policy interventions, can also be recognized as “evidence based.”
- Primary research literature and journal articles on an area of research appropriate to the problem can also be a source of evidence-based programming. This allows for access to

interventions that may not have made it into registries as of yet. Assessing the appropriateness and relevance of the literature however requires a certain level of knowledge about the advantages and disadvantages of research design and interpretation of results.

- Local planners and implementers may also need to use their professional judgment and knowledge of communities to adapt or even develop an intervention to meet specific needs based on clear and logical arguments that are grounded in research. An example could be a program that was locally developed and implemented based on an established theory of behavior change and has collected data over time on multiple implementations of the intervention.

Logic Model

A logic model is a conceptual framework for interventions in a community. In the context of CT SPF, the model will contain the State identified substance related consequences and consumption patterns, as well as State and locally defined causal factors, related intervention chosen to impact the identified problem and inputs to implement the interventions.

Outcome Based Prevention

Outcome based prevention focuses on starting with the end in mind. Initially, the State of community must consider what change they hope to create and then how to accomplish that. Outcome based prevention requires an understanding of the nature and extent of substance consumption and consequences in order to determine prevention priorities and align strategies to address them.

Population Level Outcomes

The focus on population level outcomes in the SPF is a shift from traditional prevention models that evaluate individual program outcomes as a measure of success. This model requires the use of policies, practices, and programs to create change at the population level in an alcohol or drug related problem within a community.

Public Health

Public health is community health. The mission of public health is to, “fulfill society’s interest in assuring conditions in which people can be healthy.” The three core public health functions are:

- The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities;
- The formulation of public policies designed to solve identified local and national health problems and priorities;

- To ensure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

Public Health Approach

A public health approach focuses on change for entire populations. Population-based public health considers an entire range of factors that determine health. The classic public health model considers the interactions between the agent, host, and environment. In substance abuse prevention, the agent is alcohol or drugs; or the sources, supplies, and availability of alcohol and drugs. Hosts can be seen as the potential and/or active substance users. The environment is the broad social climate that encourages and supports the potential and/or actual use of substances. This environment includes norms and sanctions that define acceptable and unacceptable substance use. The public health model posits that each of these factors- the agent, host, and environment- be addressed together for prevention to be effective.

State Epidemiological Workgroup (SEW)

The state is required to fund a State Epidemiological Workgroup for each of the five years of the federal SPF SIG grant. The SEW is an active, working group that reviews information/data to help inform planning for the State and provide support to the Advisory Council. The Vermont SEW is made up of representatives from . . .

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) is a prevention planning process that is data driven and consists of five interactive steps including: 1) Profiling needs, readiness, resources and resources gaps 2) Mobilize and/or build capacity to address identified needs 3) Development of Strategic Plan 4) Implementation of evidence-based programs, practices and policies 5) Monitor and evaluate. The purpose of SPF is to provide a consistent framework or a process for doing prevention work at either the State or the local level.

Sustainability

Sustainability is the ability of states and communities to continually apply the SPF process over time to reduce alcohol and other drug-related problems and their associated consumption patterns.

**Appendix B: Registration Form for Applicant Training for the
Strategic Prevention Framework State Incentive Grant**

**REGISTRATION & ATTENDANCE IS MANDATORY TO BE ELIGIBLE TO APPLY FOR
THE SPF GRANT – Please take a moment to complete and fax or e-mail in this form**

For which session and site are you registering? (✓ one date AND one VIT site)

____ August 10, 2007, 9:00-11:30 a.m.

____ Lyndonville ____ Waterbury ____ Bennington ____ Springfield
____ Brattleboro ____ Montpelier ____ Rutland ____ St. Albans

____ August 15, 2007, 1:00 pm – 3:30 p.m.

____ Montpelier ____ Bennington ____ Rutland ____ Lyndonville
____ Waterbury ____ Brattleboro ____ Springfield ____ St. Albans

Attendee Name: _____

Title: _____

Organization Name: _____

Mailing Address: _____

City, State, ZIP: _____

E-mail Address: _____ **Telephone:** _____

Does your organization serve a specific geographic area? ____ Yes ____ No

If yes, describe (be as specific as possible):

Submit this form by e-mail, mail or FAX to:
Jessica Rosato
Vermont Department of Health
108 Cherry St., P.O. Box 70
Burlington, VT 05402
FAX: (802) 651-1573
jrosato@vdh.state.vt.us

TRAINING REGISTRATION DEADLINE: August 8th for August 10th training
August 13th for August 15th training

APPENDIX C

**EXAMPLE: Memorandum of Understanding
(NOTE: This format is not required)**

**Memorandum of Understanding
Between the Greater Northwest Coalition (GNC) and
The Northwest Supervisory Union (NWSU)**

The Northwest Supervisory Union fully supports the Greater Northwest Coalition’s application to the Tobacco Control Program. NWSU administrators, teachers, staff and students have been involved in GNC since its inception in 1996. We fully support their mission of tobacco use prevention and applaud their involvement in the healthy development of our community’s youth.

NWSU has administered Safe and Drug Free Communities and Schools monies for this district. NWSU has been the fiscal agent for GNC for their New Directions Grant and their Tobacco Control Community Grant.

NWSU agrees to function as the fiscal agent for the GNC for their Tobacco Control Community Grant. We agree to:

1. Receive and expend any Tobacco Control Grant monies awarded to GNC. Requests for payment will be made by the GNC Coordinator or assigned agent and co-signed by authorized NWSU representative.
2. Comply with all methods of payment, audit requirements, accounting systems and financial records as specified by the Vermont Department of Health.
3. Comply with assurances, certifications, and disclosures, signed copies of which are enclosed in the Tobacco Control application.
4. Maintain records that adequately identify the source and application of funds provided for financially assisted activities. These records will contain information pertaining to cooperative agreements and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income.

GNC agrees to:

1. Submit bills in a timely manner according to NWSU’s payment schedule.
2. Collaborate with NWSU for smooth transfer of funds.
3. Reimburse NWSU \$2,000 for fiscal agent administrative costs.
4. Be involved in hiring and supervision of staff.
5. Be involved in decisions regarding purchases over \$300.

Superintendent Northwest S.U.	Date	Coordinator or Chair Greater Northwest Coalition	Date
----------------------------------	------	-----------------------------------------------------	------

APPENDIX D

Evaluation Assurance Form

_____ agrees to participate in and/or conduct the following
Organization name evaluation tasks:

1. Participate in required reporting and evaluation activities as outlined by SAMHSA/CSAP’s national cross-site evaluation. The two requirements are to complete a web-based survey regarding SPF SIG implementation every six months, and to cooperate with the VDH and contracted evaluation staff in conducting process and outcome evaluation activities for Vermont’s SPF SIG (as described below).
2. Ensure that middle and high schools falling within the geographic area served by the applicant will participate in the 2009 and 2011 Youth Risk Behavior Survey
3. Review and summarize available archival and other data on alcohol and marijuana use in order to justify which of the two alternative priorities will be selected AND to identify specific patterns of use and/or high risk subgroups that may warrant extra attention
4. Collect baseline and follow-up data on grantee organization capacity and structure
5. Collect baseline and follow-up data on community causal factors and conditions related to the substance abuse priorities. This may involve collecting data through various mechanisms, including:
 - a) youth and young adult focus groups
 - b) law enforcement officer interviews
 - c) observational “tours” of alcohol outlets
 - d) adult survey, focus group, or community forum
 - e) review of existing data (e.g., YRBS reports)
6. Collect baseline and follow-up data on community resources and readiness. This will involve selecting 4 to 8 key informants and administering a community readiness survey
7. Collect data on the level and quality of implementation of the five SPF steps, including implementation of specific prevention strategies supported by the SPF SIG
8. Assist in identifying and obtaining local sources of outcome measures that are not available through statewide data collection system
9. Summarize and share collected data with grantee organization and state evaluator, and assist with interpretation and application of findings as needed for the community strategic plan and subsequent reports.
10. Attend trainings and review and prepare for all the above tasks

Signature OF Duly Authorized Agent

Date

Please print name of Agent

Phone number

APPENDIX E

Data

Follow the link below for an Excel spreadsheet containing data of interest

http://healthvermont.gov/adap/prevention/SPF/documents/SPF_Data_Grid.xls

Angela Baker: #20,21,22,23 & 24

Catherine Taft: 8, 11, 18, 19, 31 & 34

Barbara Pafume: 7, 10, 12, 13, 14, 15, 16, 17 & 59

Michelle Salvador: 9, 25, 26, 35 & 57

Theresa Gleason: 1, 2, 3 & 36

APPENDIX F
 Vermont Department of Health, Division of Alcohol and Drug Abuse Prevention Consultants

Vacant: 28, 2, 32, 41, 42, 43, 44, 45, 50 & 58

Sarah Oudekerk: 4, 33, 37, 38, 39 & 40

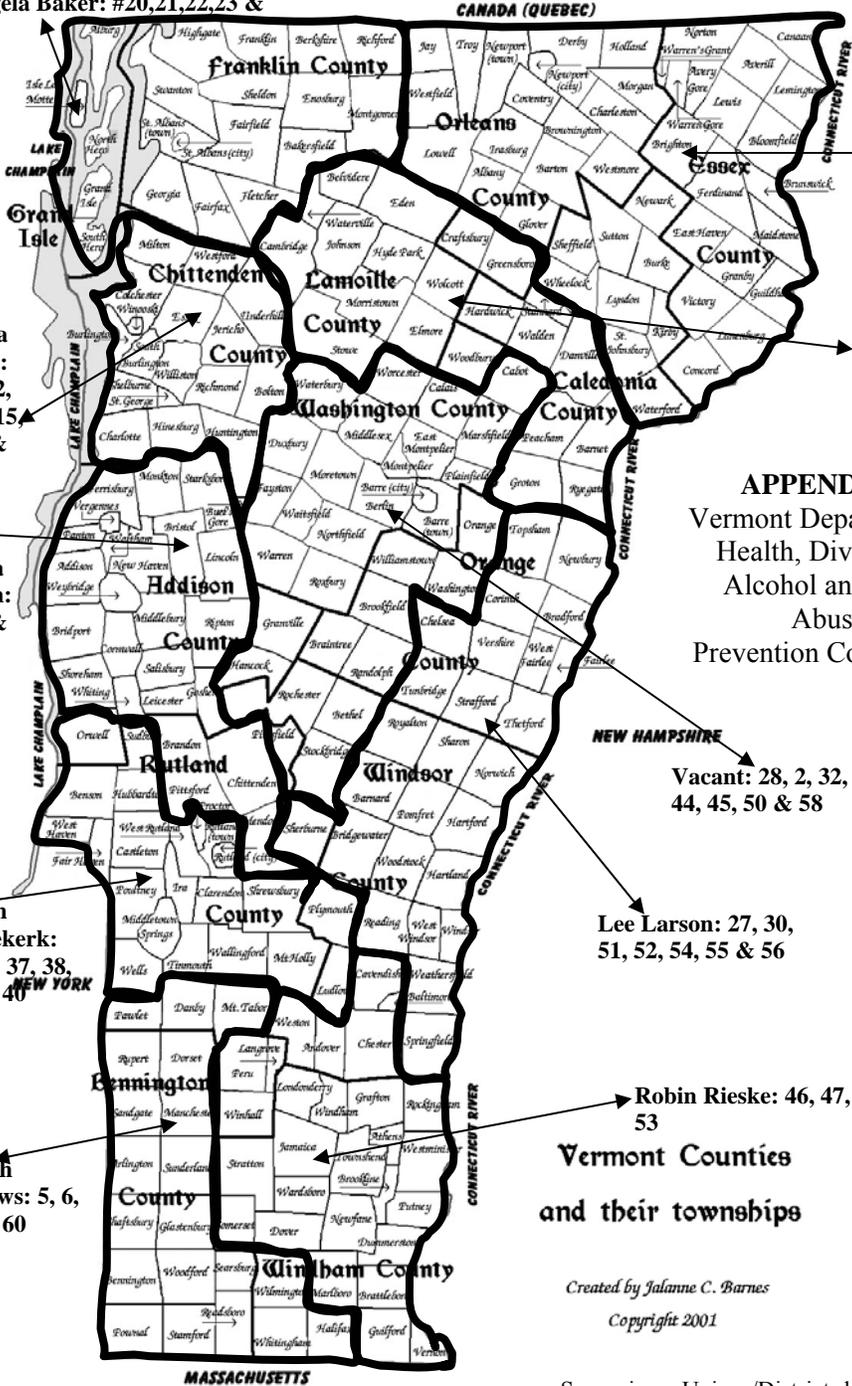
Lee Larson: 27, 30, 51, 52, 54, 55 & 56

Judith Fellows: 5, 6, 49 & 60

Robin Rieske: 46, 47, 48 & 53
Vermont Counties and their townships

*Created by Julianne C. Barnes
 Copyright 2001*

Supervisory Unions/Districts by number



APPENDIX F

Agency of Human Services Field Directors

The local AHS Field Director can help you assess the viability of proposed activities. He/she may be able to offer you data and information from other planning initiatives in the Agency that may assist you with your application. A letter of Commitment from your local Field Services Director is required (see Attachment 1).

Field Directors By District			
Barre (MDO)	Don Mandelkorn Don.Mandelkorn@ahs.state.vt.us	479-7594 (direct); 479-4230 (fax)	MacFarland State Office Building, 5 Perry Street, Suite 300, Barre, VT 05641
Bennington (TDO)	Charlie Gingo Charlie.Gingo@ahs.state.vt.us	447-2745 (direct); 442-8138 (reception); 447-2808 (fax)	State Office Bldg, 200 Veteran's Memorial Drive, Suite 14, Bennington, VT 05201
Brattleboro (LDO)	John Swartz John.Swartz@ahs.state.vt.us	257-2573 (direct); 257-2820 (reception); 254-6394	State Office Building, P.O. Box 70, 232 Main Street, Brattleboro, VT 05302
Burlington (BDO)	Jane Helmstetter Jane.Helmstetter@ahs.state.vt.us Mark Schroeter Mark.Schroeter@ahs.state.vt.us	652-6852 (direct); 863-7365 (reception); 863-7403 (direct); 863-5716 (fax)	District Office, 1193 North Avenue, Burlington, VT 05401
Hartford (HDO)	Sara Kobylenski Sara.Kobylenski@ahs.state.vt.us	295-4115 (direct); 295-8855 (reception); 295-4148 (fax)	226 Holiday Dr., Suite 4, White River Junction, VT 05001
Middlebury (YDO)	Sue Schmidt Sue.Schmidt@ahs.state.vt.us	388-5385 (direct); 388-4660 or (800) 244-2035 (reception); 388-4665 (fax)	District Office, 700 Exchange Street, Suite 103, Middlebury, VT 05753
Morrisville (VDO)	Dave Yacovone Dave.Yacovone@ahs.state.vt.us	888-1330 (direct); 888-4291 or 888-4576 (reception); 888-1345 (fax)	Morrisville District Office, 63 Professional Drive, Morrisville, 05661
Newport (NDO)	Rever Kennedy Rever.Kennedy@ahs.state.vt.us	334-3915 (direct); 334-6504 (reception); 334-3386 (fax)	AHS District Office, 100 Main St, Newport, VT 05855
Rutland (RDO)	Richard Giddings Richard.Giddings@ahs.state.vt.us	786-5952 (direct); 786-5817 (reception); 786-8827 (fax)	AHS District Office, 5 Asa Bloomer Bldg, Rutland, VT 05701
St. Albans (ADO)	Pam McCarthy Pam.McCarthy@ahs.state.vt.us	527-5438 (direct); 524-7900 (reception); 527-5403 (fax)	AHS District Office, 20 Houghton St., Suite 313, St. Albans, VT 05478
St. Johnsbury (JDO)	Greg MacDonald Gregory.MacDonald@ahs.state.vt.us	751-0168 (direct); 748-8374 (reception); 751-3203 (fax)	AHS District Office, 67 Eastern Ave, Suite 4, St. Johnsbury, VT 05819
Springfield (SDO)	Lynn Boyle Lynn.Boyle@ahs.state.vt.us	885-8862 (direct); 885-8856 (reception); 885-8879 (fax)	AHS District Office, 100 Mineral St, Suite 201, Springfield, VT 05156

APPENDIX F

Vermont Department of Health District Office Directors

The District Director of your local Department of Health office can help you assess the viability of proposed activities. He/she may be able to offer you data and information from other planning initiatives in the Department that may assist you with your application. A letter of Commitment from your District Director is required (see Attachment 1). **Collaboration with your local VDH office is required and must be described in your proposal narrative.**

Barre

Jeffrey Hunsberger
District Director
VT Dept. of Health
McFarland Office Building
5 Perry Street, Suite 250
Barre, VT 05641-4272
1-888-253-8786
1-802-479-4200
FAX: 479-4230

Bennington

Marcia Russo
District Director
VT Dept. of Health
324 Main Street, Suite 2
Bennington, VT 05201
1-800-637-7347
1-802-447-3531
FAX: 447-6910

Brattleboro

Dianne Champion
District Director
VT Dept. of Health
232 Main Street, Ste 3
Brattleboro, VT 05301-2881
1-888-253-8805
1802-257-2880
FAX: 254-6360

Burlington

Nancy Menard
District Director
VT Dept. of Health
Burlington District Office
1193 North Avenue, Suite #1
Burlington, VT 05401-2749
1-888-253-8803
1-802-863-7323
FAX: 863-7571

Middlebury

Moira Cook
District Director
VT Dept. of Health
700 Exchange Street, Suite 101
Middlebury, VT 05753-1529
1-888-253-8804
1-802-388-4644
FAX: 388-4610

Morrisville

Linda North
District Director
VT Dept. of Health
63 Professional Drive
Morrisville, VT 05661
1-888-253-8798
1-802-888-7447
FAX: 888-2576

Newport

Ann Creaven
District Director
VT Dept. of Health
100 Main Street, Suite 220
Newport, VT 05855
1-800-952-2945
1-802-334-6707
FAX: 334-3904

Rutland

Joanne Calvi
Interim District Director
VT Dept. of Health
300 Asa Bloomer State Office Bldg.
Rutland, VT 05701
1-888-253-8802
1-802-786-5811
FAX: 786-5984

St. Albans

Judy Ashley-McLaughlin
District Director
VT Dept. of Health
20 Houghton Street Suite 312
St. Albans, VT 05478-2248
1-888-253-8801
1-802-524-7970
FAX: 527-5405

St. Johnsbury

Darlene Ahrens
District Director
VT Dept. of Health
67 Eastern Avenue, Suite 1
St. Johnsbury, VT 05819-2638
1-800-952-2936
1-802-748-5151
FAX: 751-3229

Springfield

Rebecca Thomas
District Director
VT Dept. of Health
100 Mineral Street, Suite 104
Springfield, VT 05156
1-888-296-8151
1-802-885-5778
FAX: 885-3707

White River Junction

Margaret Caudill Slosberg
District Director
VT Dept. of Health
226 Holiday Drive, Suite 22
White River Junction, VT 05001
1-888-253-8799
1-802-295-8820
FAX: 295-8832

APPENDIX G
SPF SIG Application Review Form for Capacity Building Applications

Applicant Information

Name of Applicant Organization: _____

Amount Requested \$ _____

Criteria	Total Possible Points	Applicant Score
A. Community Description	20	
Geographic area description that includes boundaries, i.e. supervisory union and or constituent towns	2	
Demographic information includes number of people under age 25 within region applicant proposes to serve	2	
Demographic information includes total population, gender, cultural, ethnic, racial composition and socioeconomic factors that play a significant role in the community, other relevant information	4	
Description of community resources, strengths and challenges for substance abuse prevention activities specific to the target population of under 25 years old	4	
Description of both gaps and resources in community's capacity and prevention infrastructure	4	
Listing of any other events or factors at play in community that have increased the community's interest in mobilizing on alcohol and drug issues	4	
B. Applicant Organizational Capacity	15	
Length of existence and mission is articulated	2	
Current staff are identified, and their experience in substance abuse or other prevention planning, evaluation, training or implementation is provided	2	
Organizational chart provided or proposed plan is included	2	
Description of any steps, tasks and/or activities applicant has undertaken to organize action of substance abuse issues in the community	2	
Description of a community planning process and a plan to operationalize is provided	3	
Description of how the under 25 year old target population and the larger community were or will be actively involved in past or present needs/resource assessment	2	

Criteria	Total Possible Points	Applicant Score
Description of how applicant will work with VDH District Office (District Director and/or Prevention Consultant) is provided	2	
C. Management and Staffing Plan	10	
Are the roles and responsibilities of existing or to be hired staff clear? If staff has not yet been hired, a recruitment plan and job description is provided	3	
Plan for supervision of staff and/or volunteers are described or proposed	2	
Individual is identified as responsible for submission of all required reports, meetings and evaluation activities, as well as, members of the team to attend all required trainings	2	
Role and experience of fiscal agent is provided (use of sample MOU contained in Appendix is not mandatory)	3	
D. Workplan	16	
In the work plan template, at least three tasks have been identified for Initial Mobilization phase	2	
In the work plan template at least three tasks have been identified for Establishing Organizational Structure and Function phase	2	
In the work plan template at least three tasks have been identified for Building Capacity phase	2	
Person responsible and start date for each of the above tasks are included	2	
Narrative includes description of how applicant will work with VDH District Office (District Director and/or Prevention Consultant)	4	
Narrative includes clear description of first steps planned for recruiting partner organizations, youth and young adults to be involved in SPF	4	
Evaluation – While no narrative is required, points are assigned to the following two required attachments	4	
Applicant assurances to fully participate in state and national SPF SIG evaluation are signed (Appendix D)	2	
Application includes letter of commitment from all school superintendent or principals within service areas to participate in the 2009 and 2011 Vermont Youth Risk Behavior Survey	2	
F. Budget and Budget Narrative	5	

Criteria	Total Possible Points	Applicant Score
Is the budget appropriate for the activities being proposed?	2.5	
Does the budget narrative provide a clear picture of all costs, explaining each line item?	2.5	
F. District Office Review – this section will be completed by the VDH District Office	30	
Applicant accurately portrays the needs and resources of the identified community	6	
Proposed work plan will enhance capacity for substance abuse prevention in the region	6	
Proposed plan does not duplicate existing efforts	6	
Proposed plan complements other AHS/VDH initiatives underway in the region	6	
For applicants who have been in existence for more than one year, the ability to work collaboratively with other partners is demonstrated; for those in existence under one year, their plan includes building collaborative relationships with appropriate partners	6	

SUMMARY

Community Description	/20
Applicant Organizational Capacity	/15
Management and Staffing Plan	/10
Workplan	/16
Evaluation	/4
Budget and Budget Narrative	/5
District Office Review & Input	/30
TOTAL SCORE	/ 100

What are the strengths of this proposal?

What are the weaknesses of this proposal?

Budget Recommendations

APPENDIX G

SPF SIG Application Review Form for **Implementation** Applications

Applicant Information

Name of Applicant Organization: _____

Amount Requested \$ _____

Criteria	Total Possible Points	Applicant Score
A. Community Description	15	
Geographic area description that includes boundaries, supervisory unions or constituent towns	1	
Relevant demographic information included, but not limited to the number of people under age 25, gender, cultural, ethnic, racial composition and socioeconomic factors that play a significant role in the community	2	
Description of community resources, strengths and challenges for substance abuse prevention activities specific to the target population of under 25 years old	2	
Description of both gaps and resources in community's capacity and prevention infrastructure	2	
Description of any other events or factors at play in community that have increased the community's interest in mobilizing on alcohol and other drug issues	2	
Examples of past or current community prevention initiatives with youth and young adults	3	
Examples of community capacity and experience in activities such as strategic and data-driven planning, selecting evidence-based strategies, implementation of evidence-based prevention practices including environmental and evaluation	3	
B. Applicant Organizational Capacity	25	
Description of organizational capacity, including but not limited to how long organization has been in existence, mission, organizational chart and membership of governance body, and level of coordination with other essential partners	4	
Listing of stakeholders or sectors represented in organization's planning process and the mechanisms through which they collaborate. A listing of partners/collaborating organizations and contact people are attached to proposal.	4	
Description of organization's experience in data-driven planning; Description of how organization has involved youth, young adults and cultures represented in the community in planning	5	
Description of organizations experience in implementing evidence-based prevention practices, programs or policies, including environmental strategies e.g., policy, education, enforcement, communication and collaboration)	4	

Criteria	Total Possible Points	Applicant Score
Description of organizations experience evaluating prevention efforts, including a description of outcomes achieved in the area of substance abuse prevention, how those findings have been used	4	
Identify current prevention funding sources and what they support (e.g., programs, practices or environmental strategies)	4	
C. Management and Staffing Plan	10	
Description of specific roles and responsibilities of project staff and/or volunteers; Qualifications for staff are described. Resumes for existing staff or job descriptions for staff to be hired are attached.	4	
Description of who will supervise staff and volunteers, and how they will be supervised.	2	
Staff people responsible for submission of required reports, meetings and evaluation activities are identified	2	
At least 2 staff and or volunteers responsible for participation in required trainings are identified and their role described	2	
D. Work plan	16	
In the work plan template Assessment Key Activities are addressed with person responsible, target date identified	1	
In the work plan template Capacity/Infrastructure Development Key Activities are addressed with person responsible, target date identified	1	
In the work plan template Strategic Plan Key Activities are addressed with person responsible, target date identified	1	
In the work plan template Implementation Key Activities are addressed with person responsible, target date identified	1	
In the work plan template Evaluation Key Activities are addressed with person responsible, target date identified	1	
Description of how applicant will carry out the work plan is provided	4	
Description of how applicant will work with VDH District Office (District Director and/or Prevention Consultant) is provided	3	
Clear description of first steps planned for recruiting partner organizations, youth and young adults to be involved in SPF process is provided	4	
E. Evaluation - While no narrative is required, points are assigned to the following two required attachments	4	

Criteria	Total Possible Points	Applicant Score
Applicant assurances to fully participate in state and national SPF SIG evaluation are signed (Appendix D)	2	
Application includes letter of commitment from all school superintendent or principals within service areas to participate in the 2009 and 2011 Vermont Youth Risk Behavior Survey	2	
E. Budget and Budget Narrative	5	
Budget appropriate for the activities being proposed?	2.5	
Budget narrative provides a clear picture of all costs, explaining each line item?	2.5	
F. District Office Review – this section will be completed by the VDH District Office	25	
Proposed plan does not duplicate existing efforts in the region	4	
Proposed plan complements other AHS/VDH initiatives underway in the region	5	
Applicant has a documented history of working collaboratively with other partners to address health outcomes	4	
Applicant has a positive documented history of carrying out a comprehensive prevention plan	4	
Applicant has implemented a comprehensive substance abuse prevention plan that has included strategies for community-wide change	4	
Applicant has a positive documented history of working with youth, families or young adults	4	

SUMMARY

Community Description	/15
Applicant Organizational Capacity	<hr style="width: 100%; border: 0.5px solid black;"/> /25
Management and Staffing Plan	<hr style="width: 100%; border: 0.5px solid black;"/> /10
Work plan	<hr style="width: 100%; border: 0.5px solid black;"/> /16
Evaluation	<hr style="width: 100%; border: 0.5px solid black;"/> /4
Budget and Budget Narrative	<hr style="width: 100%; border: 0.5px solid black;"/> / 5
District Office Review	<hr style="width: 100%; border: 0.5px solid black;"/> /25
	<hr style="width: 100%; border: 0.5px solid black;"/>

TOTAL SCORE

/ 100

What are the strengths of this proposal?

What are the weaknesses of this proposal?

Budget Recommendations

Appendix H: Vermont Department of Health, Division of Alcohol & Drug Abuse Programs

Substance Abuse Prevention Consultants

Community & School Based Substance Abuse Prevention

Small Grants

Consultation

Community Organization

Presentations

Special Populations Program: * Youth *Women *Elderly

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**Appendix I: Strategic Prevention Framework State Incentive Grant (SPF SIG)
Work plan Template for **Capacity Building** Applicants**

Tasks	Person Responsible	Start Date	Completion Date
Initial Mobilization			
Establishing Organizational Structure and Function			
Building Capacity			

Work Plan Instructions for Capacity Building Grantees

This work plan is meant to be designed to assist capacity building applicants to craft their application work plan for getting started with the organizational SPF SIG process. As a community with low capacity it is expected that your initial tasks will be to mobilize and develop an organizational structure that will be the foundation for the SPF process. Below is a suggested listing of four key organizational developmental tasks. You are not limited to the activities listed in this section, nor are you required to list every step listed below in your work plan.

Please use this document as a guide, selecting the tasks that best represent the next steps for the current stage of your organization.

Developmental Task #1 - Initial Mobilization: Recruiting a critical mass of participants and engaging representation from a broad spectrum of key community sectors.

Examples:

- ▶ Hire part-time or full-time coordinator/lead organizer
- ▶ Identifying sectors of the community that are not currently engaged in your efforts and taking steps to involve them with the organization
- ▶ Hold a training for current organizational members/staff on ways to effectively recruit and involve youth and young adults
- ▶ Identify ways to raise awareness of the existence your organization and/or the benefit of substance abuse prevention in the community
- ▶ Develop an orientation packet or process for new members.
- ▶ Activities designed to raise awareness about substance abuse issues in the community (i.e., dialogue nights, community forums, etc)

Developmental Task #2 - Establishing Organizational Structure and Function: Creating a structure and ways of operating that help you do your work efficiently and effectively and also creating a cohesive and task-focused team comprised of diverse sectors that mirror your community.

Examples:

- ▶ Identify roles and responsibilities of members
- ▶ Have members visit other organizations to observe board meetings, youth council meetings, strategic planning sessions, annual recognition events, etc
- ▶ Create job description for staff and volunteers, as well as for board or advisory council members
- ▶ Develop supervision structure and process for staff and process for performance evaluations of staff
- ▶ Develop working sub-committees to accomplish specific tasks (i.e., Personnel, Resource Development, etc)
- ▶ Develop written procedures that describe how decisions will be made and how communication will occur within and by the organization
- ▶ Obtain training on facilitating effective meetings, conflict resolution, community planning, etc
- ▶ Provide team building opportunities designed to increase member cohesiveness and team spirit
- ▶ Hold a mission and visioning retreat
- ▶ Identify and develop a relationship with a potential fiscal agent for future projects, create an MOU with the fiscal agent if a grant source and projects have been identified

Developmental Task #3 - Building Capacity: Changes in knowledge, attitudes, behavior and skills of members/organizations and establishing linkages with a variety of community organizations outside the circle of your organization.

Examples:

- ▶ Orient members on substance abuse prevention practices
- ▶ Identify staff and board member training needs & ways to meet those needs
- ▶ Provide or access training on organizational development, needs assessment, prevention, risk and protective factors, youth development, asset development, resiliency, peer leadership, logic models, evaluation, grant writing, substance use, abuse and dependence, the arts and other non-traditional strategies for gathering qualitative data
- ▶ Identify a model and then create a newsletter to reach out to the broader community
- ▶ Create publicity for organizational in the community (slogan, logo, media art, etc)
- ▶ Build relationships with partner organizations most essential to reach youth, families and young adults, and to achieve program outcomes

Appendix J: Work plan for **Implementation** Applicants

Step	Key Activities	Lead	Target/ Completion Date
1	ASSESSMENT		
1.1	Assessment of substance abuse consumption and consequence data (provided in Appendix XX) in order to determine which of the two additional priorities (high risk alcohol use among persons under age 25 or marijuana use among persons under age 25) the community will address.		
1.2	Assessment of any additional community level data specific to SPF priorities		
1.3	Identification of additional priorities		
1.4	Assessment of intervening variables to understand and document the patterns and relative importance of various potential intervening variables or causal factors in the community		
1.5	Assessment of community readiness, capacity and resources (tool to be provided by VDH).		
2	CAPACITY/INFRASTRUCTURE DEVELOPMENT		
2.1	Assemble or maintain a representative community agency/organization/coalition for strategic plan development, implementation and evaluation		
2.2	Creation and continuation of partnerships and collaborations specific to the SPF priorities		
2.3	Identification and plan for service to populations or age groups that will have an impact on the identified state priorities (NH)		
2.4	Become a member of the SPF Learning Community and attend all training and technical assistance provided by VDH/ADAP		
2.5	Develop a reliable method for collecting ongoing community input on ATOD prevention at the local level and addressing recommendations and concerns		
3	STRATEGIC PLAN		

3.1	Development of community logic model		
3.2	Selection of evidence based programs to address intervening variables and causal factors		
3.3	Integration plan for evidenced-based programs, policies and practices that are culturally competent		
3.4	Development and documentation of a strategic plan		
3.5	Submission to and approval by VDH/ADAP of community strategic plan		
4	IMPLEMENTATION		
4.1	Demonstration of the connection of evidenced-based policies, practices and programs to the needs assessment		
4.2	Justify and specify all necessary adaptations to evidence-based policies, practices and programs		
4.3	Provide work plan for each evidence-based program, practice and policy		
5	EVALUATION		
5.1	Documentation of agency capacity		
5.2	Documentation of staffing capacity		
5.3	Documentation of the 5 SPF steps and fidelity to them		
5.4	Documentation of the fidelity of implementing the evidence-based programs		
5.5	Collection of process and outcome data specific to evidence-based programs, practices and policies		
5.6	Documentation of agency provider in carrying out the plan and progress on results of the selected strategies		
5.7	Participate in the CSAP Cross site evaluation tool		
5.8	Participate in the YRBS		

**Appendix K: SPF SIG Budget Form
Fiscal Year 2008**

Applicant Name:					
	FTEs	SPF SIG Funding	Other Funding	Match/ In Kind	TOTAL
PERSONNEL					
Program Staff (list individually below)					
Total Payroll					
Benefits					
Consultants					
Statewide media, training and evaluation		\$8,000			
Other					
Total Personnel					
OPERATING					
Advertising/Marketing					
Professional Liability Insurance					
Telephone					
Travel					
Postage					
Materials/Supplies					
Training Education					
Building					
Insurance					
Rent/Mortgage Payments					
Repair & Maintenance					
Utilities					
Total Operating					
INDIRECT/ADMINISTRATIVE					
Supplies					
Postage					
Printing/Duplicating					
Telephone					
Equipment					
Other					
Total Indirect/Administrative					
GRAND TOTAL					

Narrative Instructions

In addition to completing the Budget Form, each grantee must complete a narrative whose purpose is to explain and justify all budget items. Specifics should be provided in regards to consultants, operating expenses, supplies and services. Please include hourly rates for all staff and consultant time and list each position separately. Consider costs for meetings, organizational development, internet access, etc...

\$8,000 has been allotted under Personnel/Other to support SPF training, Common Theme Campaigns and evaluation services. Grantees will be required to sub-grant to organizations selected by VDH. Further instruction will be provided about the vendor to which this payment must be made.

The budget narrative should also include your plan for continued funding at the end of the grant period and specific steps you will take to carry out this plan should be listed here.

Matching/In kind funds – While no matching or in-kind contributions are required during year one, if you are proposing to use in-kind contributions to assist in the start up of the project, please list these funds, under the “Match/In Kind” column and provide a brief description of how those funds will be used.

If you are planning to utilize in kind contributions, please submit a Letter of Commitment (found in Appendix L)

Indirect costs can not exceed 10% of the total approved annual grant award. Indirect costs are costs incurred by the fiscal agent to administer the grant.

If you are proposing to utilize current Drug Free Communities Support Program, CHAMPPS or New Directions funds to support the start up of this project, please list these funds in the “Other Funding” column and provide a brief description in the narrative of your current year’s activities for each funding source.

Expenditures of the grant funds must adhere to the specific line items in the grantee approved grant budget. Transfers among operating line items (increases and decreases) in excess of 10% of the total approved annual grant award are permitted only with the express written consent of the Division of Alcohol & Drug Abuse Programs (ADAP). All transfers among line items for staff salaries, consultant fees, benefits, equipment and administration costs (increases and decreases) are permitted only with the express written consent of ADAP.

APPENDIX L

Letter of Commitment Form

This format is required

Person Completing Form: _____

Title: _____

Name of Organization/Group/Agency: _____

Address: _____

Phone: _____

1) Please describe your financial or “in-kind” contribution to this project in terms of the services, equipment, space, materials, staff time, or other resources that you will be committing to this project.

2) How will your organization/group/agency collaborate with the applicant? What is your specific role and responsibility?