

FY2014 Mental Health Consultation Grant (Fund Code 700)

Bidder's Conference

Monday, March 11, 2013, 1:00 PM – 3:00 PM

EEC Central Office - Boston



**MASSACHUSETTS
Department of
Early Education and Care**



Today's Agenda

- **Welcome**
- **Overview of the FY14 Mental Health Consultation Grant application**
 - Grant Timelines/Grant Posting
 - Grant Application Components
 - Purpose
 - Eligibility/ Funding
 - Grant Priorities and Requirements
- **Nuts and Bolts of the Application Submission Process**
 - Section A: Online Application
 - Section B : Application Forms and Documents
 - Budgetary Guidance & Allowable Use of Funds
 - Programmatic Guidance /Narrative Questions (Sections 1 & 2)
 - Grant Specific Documents
- **Re-cap of Submission Process**

Questions and Answers (Q&A)

To ensure consistency in responses

- Throughout today's Bidder's Conference questions may be submitted on post-it notes during the meeting.
- All other questions must be emailed by March 13, 2013 by 4:00 PM to EECSubmission@massmail.state.ma.us
 - **Subject line:** *FY14 Mental Health Consultation Grant- Fund Code 700*
- The Q&A document will be posted on or around March 20, 2013.
 - The Q&A document then becomes an official part of the RFR.



Overview of the Grant Application

FY2014 Mental Health Consultation Grant



Posting of Grant Related Information

- **Grant Posting Available:**

- On Comm-PASS at www.comm-pass.com
- On EEC's website at <http://www.mass.gov/eec> under *Funding Opportunities- -Open Competitive Grants*

The screenshot shows the homepage of the Executive Office of Education (EEC) website. The header includes the Mass.gov logo and navigation links for State Offices & Courts, State A-Z Topics, and State Forms. A search bar is present with a dropdown menu set to 'in Education'. Below the header is a navigation menu with categories: Adult Learners, Educators, Government, Higher Education, Birth - Grade 12, and Researchers. A breadcrumb trail is visible: Home > Birth - Grade 12 > Early Education & Care > Financial Assistance > Funding Opportunities > Open Competitive Grants >. A red arrow points to the 'Open Competitive Grants' link. Below the breadcrumb trail, the text 'FY2014 Mental Health Consultation Grant' is displayed.

Grantees are responsible for checking EEC's website for any updates to the Grant Application Information



Grant Application Timeline

Grant Application Release/Posting:	February 28, 2013
Bidder's Conference:	March 11, 2013
Submission of Intent to Bid (email):	March 13, 2013
Submission of Written Inquiries:	March 13, 2013
Response to Written Inquiries:	March 20, 2013*
Submission Deadline:	April 22, 2013, 4PM
EEC must receive ALL grant application documents	April 22, 2013
Preliminary Notification to grantees:	June 20, 2013*
Bidder's Notified of Awards:	June 30, 2013*
Grant Start Date:	July 1, 2013*

***These dates are estimated dates and may be subject to change.**



Grant Submission Deadlines

The EEC Central Office must have by

April 22nd, 2013 at 4:00pm

Mail submission:

- One (1) original hard copy
- Three (3) hard copies

Electronic submission:

- ALL grant application documents (*except Administrative documents and Section A documents*)



Grant Application

Grant Application

- Checklist for Grant Application
- Signed cover page (authorized signatory)
- Online Application
 - *Program Contacts**
 - *Communities served**
 - *Languages spoken**
- Budget Workbook Components (Tabs 1-13)
- FY14 Narrative Questions (Sections 1 & 2)
- Copy of Indirect Cost Approval Letter (if claiming Indirect Cost)
- Organization Charts and Documents (related to Narrative Question 5)
- Letters of Support from Prospective programs to be served
- Workforce Staffing Cover Page, Job Descriptions and Resumes
- MA Standard Administrative Forms



Grant Appendices

(For reference only)

- **Appendix A:** Budget Workbook Instructions
- **Appendix B:** Evaluation and Rating Criteria
- **Appendix C:** Grant Payment Terms, Grant Expenditures, Termination, Recoupment of Funds, and Relevant Law
- **Appendix D:** List of towns and cities in each EEC region
- **Appendix E-1:** Demographic information regarding cities and towns in Massachusetts
- **Appendix E-2:** FY14 Mental Health consultation grant formula narrative
- **Appendix F:** Allocation of funding: Estimated amounts available by cities/towns
- **Appendix G:** Grant Specific Resources:
 - Appendix G1: CSA and MBE 2013 Contacts List by Region
 - Appendix G2: Support Children's Healthy, Social Emotional Development

FY14 Mental Health Consultation Grant- Fund Code 700



Purpose: The FY2014 Mental Health Consultation Grant

As part of a broader comprehensive statewide system of mental health supports for children and families, EEC, in collaboration with the Department of Mental Health (DMH), aims to provide a statewide system of mental health consultation services.

The objectives of the model are as follows:

Promote healthy social and emotional development by building the capacity of the programs in EEC's mixed-delivery system, educators, and families to provide high-quality, nurturing learning environments for children that are **responsive to children with a range of developmental, social, and emotional needs** so that children can be successful in their education.



Objectives: FY2014 Mental Health Consultation Grant

Prevent, identify, and reduce the impact of behavioral and emotional distress upon *young children* through the assessment of the classroom's physical environment and arrangement, as well as, classroom observations of children and educators.

- This will aid in strengthening educators' capacities to reflect, problem solve, and be effective in their roles through the use of on-site mental health consultation, mentoring, training and coaching **to help educators identify risks and prevent or reduce social-emotional and behavioral concerns** that might arise.



The FY2014 Mental Health Consultation Grant

Provide interventions that address concerning or challenging behaviors by employing strategies such as referrals, coordination with community-based services that meet the mental health, as well as the health care, social welfare, and other basic needs of children and their family members.

- In order to maintain programs' abilities to successfully retain children who may have otherwise been suspended or expelled due to challenging behaviors, using strength-based approaches, **resources will be maximized to ensure that certain mental health interventions are funded, when appropriate, through insurance payments.**
- This comprehensive statewide system of mental health consultation services will also **strengthen the infrastructure and coordination of mental health services** delivered to improve the integration of mental health consultation services with other systems of support **through a continuum of cross-sector referrals to health care and mental health services providers.**

FY14 Mental Health Consultation Grant

Are YOU eligible to apply?

- The FY2014 Mental Health Consultation Grant is an **competitive grant** open to all vendors that are able to demonstrate through the submission of a successful grant application that they are able to meet the priorities and required services as outlined.
- EEC expects to award funds to a vendor(s) providing the best value to the Commonwealth with the goal of identifying a vendor or vendors capable of providing mental health consultation services across all EEC regions, cities, towns, and communities.
- Vendors may apply to cover the entire Commonwealth, a specific region or regions, and/or geographic area(s) that cover specific cities, towns and communities thereof.



Funding and Distribution of Grants

- EEC estimates that subject to appropriation; up to **\$1,250,000** may be available for grant funding. This proposed allocation assumes level funding for the FY2014 grant year.
- FY2014 Grant funding formula is by city/town and based upon 10 data points as described in *Appendix E-2*
- Bidders should refer to *Appendix F* to determine the funding available for the cities/towns they propose as their service delivery area(s). Proposed funding requests must not exceed the combined total amount of the funds for each town

Funding is subject to State and Federal budget allotment and appropriation



Mandatory:

In order for an application to be considered complete, **bidder's must address the six (6) mandatory components** outlined on page 5 and 6 as related to:

- **Reach: Information Families and Communities**
- **Birth to Age 8 - Areas of Alignment**
- **Governance**
- **Workforce**
- **Standards, Assessment & Accountability**

Each of these mandatory components must be addressed according to their assigned question number when responding to the FY14 Narrative Questions

FY2014 Grant Priorities and Required Services

- I. Provide a Statewide System of Mental Health Consultation Services Accessible to Programs in the Mixed Delivery System.
- II. Deliver Quality Mental Health Consultation Services Built on Evidence-Based Practices
- III. Provide Mental Health Consultation Services at the Program-level and Classroom-level
- IV. Offer Child and Family-Focused Consultation, Referrals, and Supports
- V. Inform Families and Communities and Strengthen Linkages to Community Supports
- VI. Inform and Evaluate the Effectiveness of the Statewide System of Mental Health Consultation Services



I. Provide a Statewide System of Mental Health Consultation Services Accessible to Programs in the Mixed Delivery System.

- Provide on-site and telephonic mental health consultation and support services by a qualified behavior specialist/mental health consultant to programs **in EEC's mixed delivery system** of early education and care programs that serve children from birth through age 13 (until a child's 14th birthday) located within a set service delivery area.
- Provide services widely accessible within a set EEC region or specific geographic area comprised of specific cities, towns, and communities within a region.
- Respond to referrals and requests for mental health consultation services from a **centralized intake system** within 48 hours and maintain a list of programs waiting to receive consultation services for three (3) or more days.
- Build relationships with programs and support continuity of mental health consultation services provided to programs

I. Provide a Statewide System of Mental Health Consultation Services Accessible to Programs in the Mixed Delivery System.

- **Programs that meet the following criteria must be prioritized:**
 - programs serving children that are at immediate risk of suspension and expulsion due to challenging behaviors;
 - programs serving children birth to age eight;
 - programs that have voucher/contract agreements with EEC to provide subsidized care;
 - programs that do not have any other resources (fiscal or in-kind) available to cover the cost of mental health consultation services; and
 - requests for mental health consultation services from preschool and after school programs operated by school districts and public schools must be approved on a case by case basis by EEC prior to implementation.

II. Deliver Quality Mental Health Consultation Services Built on Evidence-Based Practices

- Personnel hired possess the appropriate qualifications, knowledge, skills, and licensure required for their position(s).
- Be knowledgeable of the resources that EEC funded programs use to promote healthy social emotional development, guide curriculum and instruction, measure children's progress, and enhance program quality to build further linkages to their use by programs and families, when applicable and relevant.
- Consultants will receive appropriate clinical supervision/oversight preferably by a licensed mental health professional that is knowledgeable in early childhood development.
- Mental health Grantees will participate in professional development and technical assistance as provided by EEC in collaboration with DMH.



III. Provide Mental Health Consultation Services at the Program-level and Classroom-level

- **Program and classroom-level mental health consultation services** must be provided to help program administrators, educators, and other program staff to promote emotional well-being and serve children with behavioral challenges.
- **Child-focused consultation services** will be provided to help programs, educators, and families address the particular needs of a child due to challenging behaviors or mental health disorders and to provide consultation for children at risk of suspension and expulsion.



III. Provide Mental Health Consultation Services at the Program-level and Classroom-level

- Develop a mutually agreed upon plan with each program/provider that describes the scope of the work.
- Conduct on-site observations of classrooms as well as on-site observations, screenings, and assessments of individual children's social-emotional and behavioral skills using an evidence-based observation tool.
- Provide guidance for educators on identifying, understanding, and responding to children's social-emotional and behavioral needs and model appropriate responses to children's challenging behaviors for educators (e.g. externalized behaviors, internalized symptoms, etc).
- Provide crisis intervention planning for programs in the targeted geographic area and supports in a timely manner.



III. Provide Mental Health Consultation Services at the Program-level and Classroom-level

- Model and provide strategies that promote social-emotional and behavioral competence that are developmentally and culturally appropriate for the early learning and development setting and that are consistent with the Massachusetts' early learning standards and guidelines and the program's curriculum.
- Conduct focused training for educators in the context of specific program-level mental health consultation services.
 - Sessions should incorporate training and resources currently used by the program, when relevant (e.g. CSEFEL Pyramid Model, Strengthening Families Protective Factors framework, ASQ, ASQ-SE, etc.)
- Assist programs with the referral process to Early Intervention programs, public school special education, and other family support programs or health services for children and families.



III. Provide Mental Health Consultation Services at the Program-level and Classroom-level

- Requested mental health consultation services that are **related to** addressing the needs of a particular child who may be at risk of suspension or expulsion that must include:
 - on-site observation and assessment of individual children's social-emotional and behavioral skills;
 - development of individualized plans for children with input from program staff, parents, and others (as requested by families using appropriate consents);
 - the use of pre- and post- observations and assessments to measure changes in the classroom environment, teachers' practices, as well as changes in children's behavior, when feasible.
- Build the self-sufficiency of program staff to work with families and other direct service providers to maintain ongoing communication to facilitate collaborations and coordination of service that supports the social-emotional well-being and mental health of children and families.



IV. Offer Child and Family-Focused Consultation, Referrals, and Supports

- Provide guidance to families on understanding and responding to their children's social-emotional and behavioral needs and model behavioral strategies and interventions.
- Make appropriate referrals for screening, assessment, diagnosis, and/or more intensive therapeutic mental health services for children and families potentially in need of mental health services.
 - Children and families that are MassHealth eligible should be referred through Children's Behavioral Health Initiative (CBHI) or other appropriate health care, behavioral health, or mental health service provider using the appropriate consents and releases.
- **All direct services** for individual child mental health services and/or family therapeutic services must be funded through other sources or through a referral to third party mental health services providers.
- Provide short term "care coordination/case management support" as needed, to assist families to establish linkages and access needed services with the appropriate health care, mental health, family supports, or other educational support.

V. Inform Families and Communities and Strengthen Linkages to Community Supports

- Build relationships and linkages with other available and appropriate community resources, human services, and mental health agencies including MASS 2-1-1, pediatricians, pediatric medical home care, Community Service Agency (CSA), Massachusetts Child Psychiatry Access Program MCPAP, Early Intervention programs, public school special education programs, Coordinated Family Community Engagement (CFCE grantees) and other family support programs and services in order to promote the coordination and continuity of mental health services for children and families.
- Maintain current and accurate information on MASS 2-1-1 database that includes your agency/ program name, a description of the mental health consultations services provided, and program contact information.
- Conduct outreach using communications, materials, and strategies that are culturally and linguistically relevant to educators, families, and communities.

FY14 Mental Health Consultation Grant- Fund Code 700



VI. Inform and Evaluate the Effectiveness of the Statewide System of Mental Health Consultation Services

- Use evidence-based measures to evaluate the effectiveness of the mental health consultation services that will provide demographic, process, outcome, and performance data relevant to the availability, access, effectiveness, and quality of mental health consultation services provided that include:
 - measuring changes in the program/classroom environments;
 - measuring changes in children's behavior over time;
 - gathering feedback from program administrators, educators, families and other community supports on the services delivered; and
 - identifying opportunities to improve and enhance the system of mental health consultation services.
- Manage referrals and track utilization of clinical, family supports, and therapeutic interventions that include the primary reason for referral(s), the results of the referral(s), and third party billing sources, when feasible.
- Complete required documentation and reporting requirements monthly, as outlined in the Reporting section of the Grant.

FY2014 Reporting Requirements

- Selected grantees will be required to complete and submit to EEC a Projected Deliverables Form that provides estimates for services that will be provided through the FY2014 Mental Health Consultation Grant. FY2014 Projections will be based on grantees geographic service delivery area, planned staffing levels, and FY2014 funds awarded.
- The Mental Health Consultation Grantee(s) will be required to submit monthly reports on the use of mental health consultation grant funds including but not limited to outreach conducted, requests for services received, services provided, services referred, and outcomes of mental health consultation activities. These reports will be due on the fifteenth day of each month.
- Individual program and aggregate-level data will be required from Mental Health Consultation Grantees to measure the outcomes of this grant.



Nuts and Bolts of the Application Process

What Needs to Be Submitted

Section A: Online and Mail

Section B: Email and Mail



Section A: Online Application

Program Contacts*

Communities served*

Languages spoken*

Funding Eligibility*

Completed On-Line & Submitted by Mail



Section A:

- This is the **ONLINE** portion of the application.
- To access and submit this portion:
 - *Link: <http://www.eec.state.ma.us/MentalHealthGrant>*
 - *After filling out all parts, print out this section for mail submission*
- Information to have ready to complete Section A:
 - Program Contacts
 - Communities Served
 - Languages Spoken
- Section A information must be submitted in 2 ways:
 - 1. Online (*through the link above*) **and**
 - 2. Mail



Section A: Online Application

Home

Mental Health Consultation Grant

Information on the Request for Response

For FY 2014, as part of a broader comprehensive statewide system of mental health supports for children and families, the Massachusetts Department of Early Education and Care (EEC) in collaboration with the Department of Mental Health (DMH), aims to provide a statewide system of mental health consultation services. Through this open competitive Request for Responses (RFR), EEC may award grants to either new or existing vendors that are able to provide mental health consultation services that meets the needs of the programs, providers, educators, children, families and communities throughout the Commonwealth.

All bidders submitting proposals must complete the following:

- On-line registration, which includes region selection, town selection and languages spoken.
- All other requested forms as outlined in the RFR and updated on the EEC website and COMM-PASS must be submitted by mail and electronically by the close of **April 22, 2013** by 4:00 PM to :

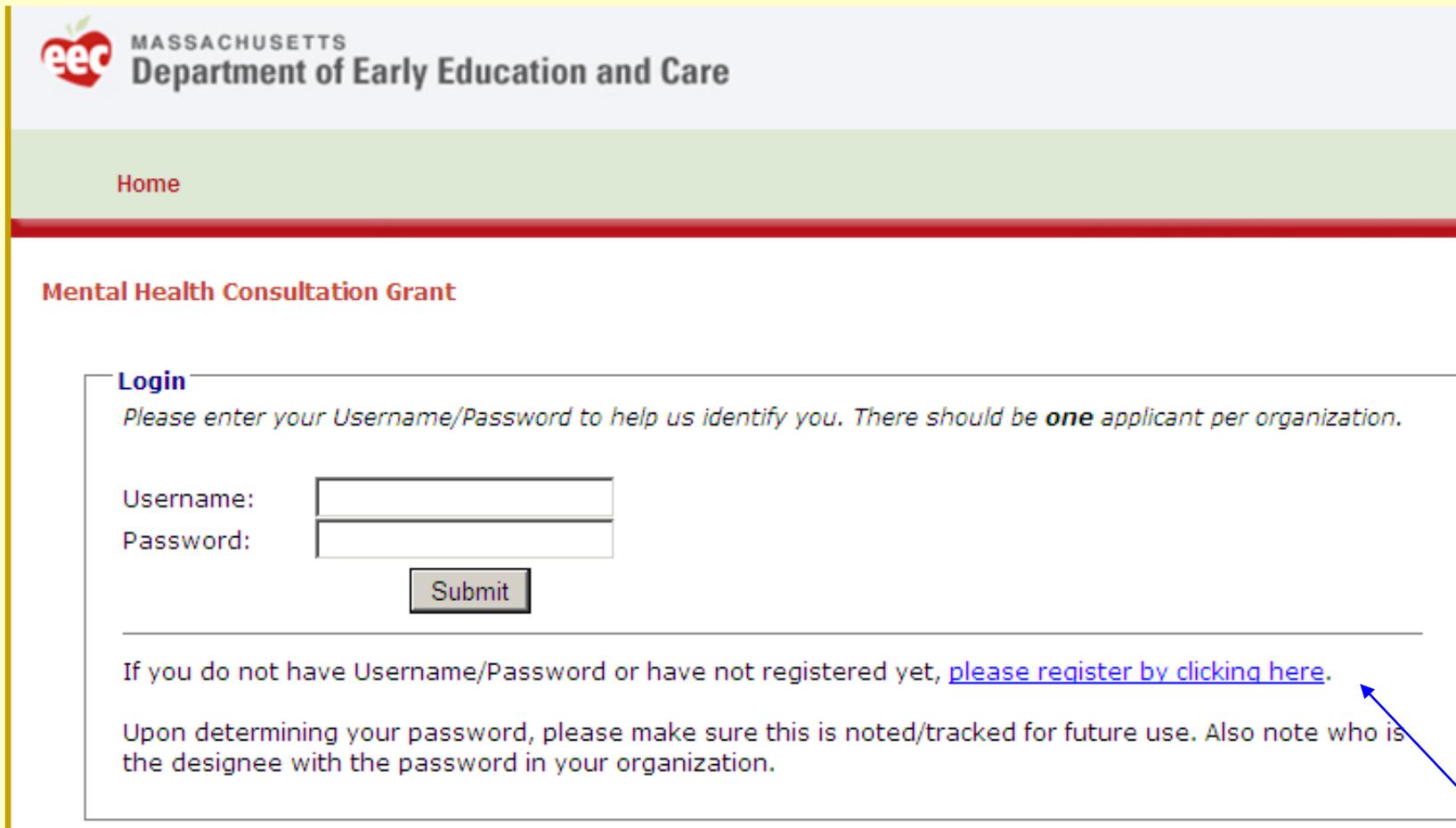
Department of Early Education and Care
Mental Health Consultation Grant, Agency Name, Program Name
Michele Smith
51 Sleeper Street, 4th Floor
Boston, MA 02210

- [Complete on-line registration and RFR questionnaire](#)

Bidders need not complete the entire on-line registration at one time. They may complete a portion of the

Please click the blue link to **Complete Online registration and RFR questionnaire.**

Section A: Online Application **User Name and Password Set Up & Login**



eec MASSACHUSETTS
Department of Early Education and Care

Home

Mental Health Consultation Grant

Login
*Please enter your Username/Password to help us identify you. There should be **one** applicant per organization.*

Username:

Password:

If you do not have Username/Password or have not registered yet, [please register by clicking here.](#)

Upon determining your password, please make sure this is noted/tracked for future use. Also note who is the designee with the password in your organization.

- Create an agency username and password **first**, by clicking the link. **“Please register by clicking here.”**
- Fill in your username and password and click the **‘submit’**.

Section A: User Name and Password Set Up & Agency Information

Mental Health Consultation Grant

Applicant Information

Please provide the following organizational and contact information for the organization that would be operating the system.

Agency Information

Note: The fields marked with * are required.

Enter a Username and Password combination below that will enable you to retrieve the RFR information related to your bid.

Username *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>
Agency Name *	<input type="text"/>
Address Line 1 *	<input type="text"/>
Address Line 2	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/>
Zip *	<input type="text"/>
Phone *	<input type="text"/> (Ex: 617-111-2222)
Fax	<input type="text"/>
Agency Email *	<input type="text"/>

**DO NOT FORGET
your username
and password**

- This is the first page of the Section A application.
- Fill in **ALL** 'Application Information'.
- At the bottom of this page, click 'Next Page' when ready.

Section A: Languages Served

Select Languages Served

Please select the languages your agency serves.

Select All

<input checked="" type="checkbox"/> English	<input checked="" type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Amharic	<input type="checkbox"/> Armenian
<input checked="" type="checkbox"/> Cantonese	<input checked="" type="checkbox"/> Croatian	<input type="checkbox"/> French	<input type="checkbox"/> Greek	<input type="checkbox"/> Haitian Creole
<input type="checkbox"/> Italian	<input type="checkbox"/> Khmer (Cambodian)	<input type="checkbox"/> Laotian	<input type="checkbox"/> Polish	<input type="checkbox"/> Russian
<input type="checkbox"/> Serbian- Cyrillic	<input type="checkbox"/> Slovenian	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> American Sign Language (ASL)

Other

- You will be prompted to: ‘Select Languages Served’
- Click ‘Save and Go to Next Page’ when you have completed this section.

Section A: Select a Region

Home Log Out

Mental Health Consultation Grant

Select region/towns and budget levels

Note: *You have to submit one proposal for each region. If you plan to support towns across multiple regions then submit a proposal for each region. Once you complete one proposal for a region you will be given the option of submitting more proposals.*

Select a region:

- Click on the drop-down menu to select a region
- Click 'Next Page'

Section A: Communities to be Served

Select region/towns and budget levels

Note: You have to submit one proposal for each region. If you plan to support towns across multiple regions then submit a proposal for each region. Once you complete one proposal for a region you will be given the option of submitting more proposals.

Select a region:

Total Funding(\$):

Number of Licensed Providers:

Average Number of Providers:

Median Number of Families in Calendar Year 2012:

Median Number of Children in Calendar Year 2012:

Select All

Acton

Auburn

Berlin

Boylston

Clinton

Dudley

Ashburnham

Ayer

Blackstone

Brimfield

Concord

East Brookfield

Ashby

Barre

Bolton

Brookfield

Douglas

Fitchburg

Ashland

Bellingham

Boxboro

Charlton

Dover

Foxboro

- View and select the towns you propose to serve
- A proposal is the selection of one region with the selected towns within that region
- Total Funding for towns selected can be found in Appendix F: *Allocation of Funding: Estimated Amounts Available by Cities/Towns*
- Other Demographic Data can be found in Appendix E-1

Section A: Saved Proposals

Mental Health Consultation Grant

Saved Proposals

The list below displays the proposals saved for each region. To view or edit click on View/Edit

		Region
View/Edit	Delete	Western MA
View/Edit	Delete	Central MA
View/Edit	Delete	Southeast and Cape

- View and select a region in the 'View/Edit' drop-down menu
- You can create a proposal to serve towns in different regions by clicking 'Add New Proposal'

•Note: EEC also reserves the right to designate only one of the bidders to provide services in such area, if two or more bidders propose to provide services in the same city/town/geographic area.

Eligible Funding Levels

Bidders should refer to Appendix F to determine the funding available for the cities/towns they propose as their service delivery area(s).

Proposed funding requests must not exceed the combined total amount of the funds for each town as listed in Appendix F, Allocation of Funding: Estimated Amounts Available by Cities/Towns.



Section A: Online Application

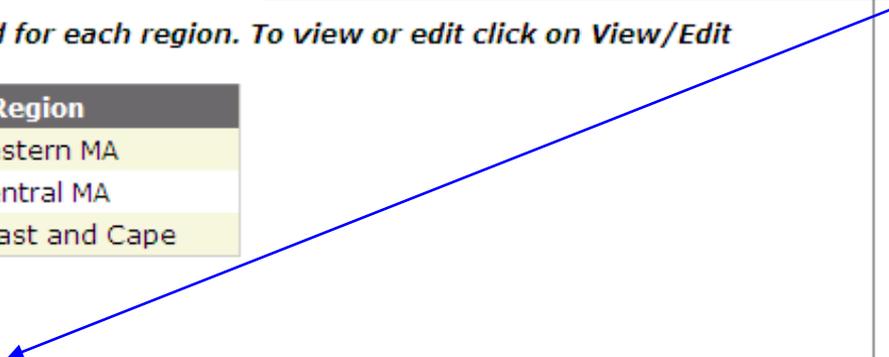
Home Log Out

Mental Health Consultation Grant

Saved Proposals

The list below displays the proposals saved for each region. To view or edit click on View/Edit

		Region
View/Edit	Delete	Western MA
View/Edit	Delete	Central MA
View/Edit	Delete	Southeast and Cape



When you are finished, it is **very important to 'Print All Data'**

- When you have completed adding all of the applicable 'Regions' (if you have more than one), the page will look like this

Section A: Online Application

Department of Early Education and Care Mental Health Consultation Grant

Agency Name: BCD Services

Registration #: 3000

Contact Ph: 617-988-6600

•The first page of the Section A report should look like this when printing

Agency Information

Address 51 Sleeper Street, 4th Floor, Boston, MA 02210

Phone 617-988-6600

Fax 617-988-2451

Email a@bcd.com

Grant Coordinator

Name John Brown

Address 1 Seaport Blvd, , Boston, MA 02210

Phone 617-999-9999

Fax 617-999-0000

Email johnbrown@bcd.com

Superintendent/Executive Director

Name Mary Jones

Address 2 Tobin Street, , Boston, MA 02210

Phone 111-111-2222

Fax 111-111-2222

Email maryjones@a.com

Summer Contact

You will need to include this information in the Section B packet that you mail to the EEC to formally apply for this grant funding

Section B: Application Forms and Documents



Section B: Application Forms and Documents

Section B documents to submit by mail and email:

- Checklist
- Signed Cover Page
- Budget Workbook Components
- FY14 Narrative Questions (Sections 1 & 2)
- Organizational charts and documents (related to Narrative Question 5)
- Letters of Support from prospective programs to be served;
- Copy of Indirect Cost Approval Letter (if applicable) and
- Workforce Staffing Cover Page, related Job Descriptions and Resumes (related to Narrative Question 3)



Section B:

(continued)

Commonwealth of Massachusetts Standard Administrative Forms:

- A signed Commonwealth Terms & Conditions form
- W-9 with DUNS #
- Contractor Authorized Signatory Listing
- Authorization for Electronic Funds Payment (EFT) Form
- Supplier Diversity Program Plan Form (If the Grant is competitive and involves distributing more than \$150,000 in funds.)
- Federal Funding and Accountability and Transparency Act (FFATA) Reporting Requirements

If not already on file with the EEC, you will need to fill out and mail to the EEC:

You do not need to *email* these materials the Administrative Forms,
please only sign and mail these in with your grant application.



Budget Guidance:

FY2014 Mental Health Consultation Grant



Budget Workbook Components

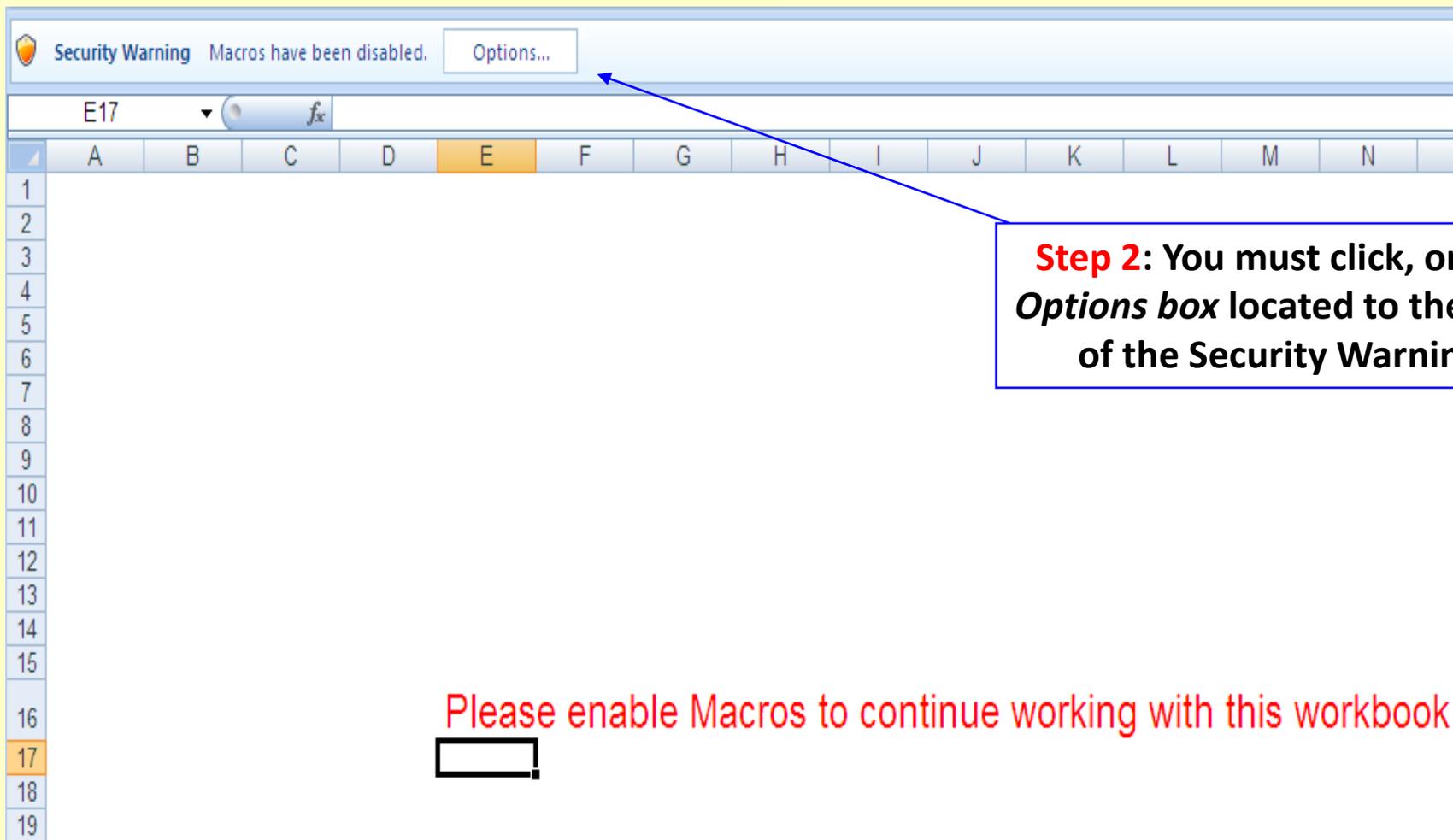
There are **13 tabs** that make up the entire **Budget Workbook**

- **Instructions (read only)***
- **Allowable Costs (read only)***
- **Un-Allowable Costs (read only)***
- **#1 Budget Summary (read only)***
- #2 Personnel
- #3 Consultant
- #4 Office and Programmatic Supplies
- #5 Travel
- #6 Equipment
- #7 Other Costs
- #8 Budget Narrative
- #9 Subcontractors
- #10 Subcontractor Narrative

***The first 4 tabs are for reference only.
Tab #2-10 are to be filled out by the grantee.**



Accessing the budget workbook:

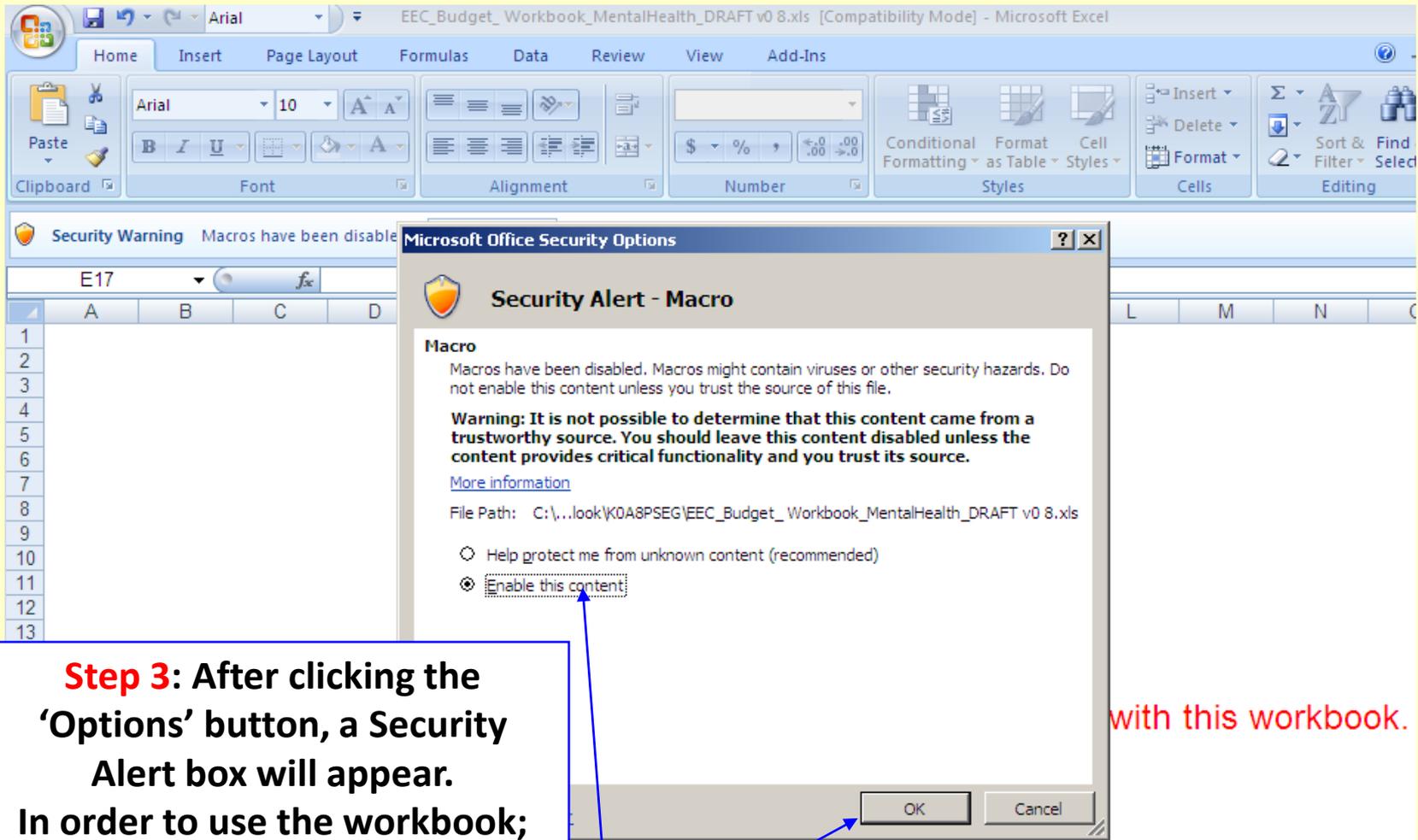


Step 2: You must click, on the *Options* box located to the right of the Security Warning.

Please enable Macros to continue working with this workbook.

Step 1: OPENING THE FILE: Click on the link:
FY2014_Mental Health_Budget.xls.

Accessing the budget workbook



Step 3: After clicking the 'Options' button, a Security Alert box will appear. In order to use the workbook; you must click: *'Enable this content'* and click *'OK'*.

with this workbook.

Saving the Budget Workbook

- **SAVING AND NAMING THE WORKBOOK FILE:**

- Once the file is open, select 'File' and then select 'Save As' (Indicate where you want to save the file).
- The file is named:
FY2014_MentalHealth_Budget_Agency_Name.xls.
- Edit the current file name by replacing the words '*Agency Name*' with your *Agency Name*.
- (Example): *FY2014_MentalHealth_Budget_Clinical_Partners.xls*

Be sure to keep the exact filename as designated by the Department of Early Education and Care.



Using the budget workbook

Department of Early Education and Care
FY14 Mental Health Consultation Grant Budget
Fund Code 700

Agency Name:

Date:

Program Name:

BUDGET SUMMARY

Expense Item	1A. Total Request	1B. Direct Costs	1C. Admin	1D. Match/In-Kind
Personnel	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -			\$ -
Office/Programmatic Supplies	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Other Costs	\$ -	\$ -	\$ -	\$ -
Subcontractors	\$ -			
Total :	\$ -	\$ -	\$ -	\$ -

INSTRUCTIONS ALLOWABLE COSTS UNALLOWABLE COSTS 1. BUDGET SUMMARY (Read Only) 2. PERSONNEL 3. CONSULTANT 4. OFFICE&PR

Use these arrows to navigate and access all of the tabs.

These are the different tabs for the grant application. **Tabs #2-10 must be filled in by you. The first 4 tabs are for your reference only.**

Allowable Fund Use

- Personnel and fringe benefits
- Consultants
- Office & Programmatic supplies
- Travel expense
- Other Costs
 - Advertising
 - Printing/Reproduction
 - Training –for onsite training provided to programs and educators in the context of delivering specific mental health consultation services
- Subcontractors
- Fiscal Administration and oversight costs

FY14 Mental Health Consultation Grant- Fund Code 700



Unallowable Fund Use:

- Grant funds cannot be used to provide direct clinical services to children or families. Therapeutic direct services must be referred to mental health service providers.
- Grant funds cannot be used to provide services for children with disabilities when such services are prescribed in a family's Individualized Family Service Plan (IFSP) or a child's Individualized Educational Program (IEP).
- Grant funds cannot be used to supplant federal or state supplemental Head Start funds allocated for the purposes of providing comprehensive mental health services; however, EEC Mental Health Consultation Grant funds may be used to provide supplemental mental health consultation services, on an intermittent basis.
- Grant funded services cannot supplant health care services or mental health services that are reimbursable through insurance.



Unallowable Fund Use (continued)

- Contractual services for Instructors, Speakers, and Substitutes
- Equipment
- Out-of-State Travel
- Maintenance/Repairs
- Memberships/Subscriptions
- Transportation of students
- Purchase of Food
- Lobbying expenses



TAB #2: Personnel

At the top of the page: Type in **Agency Name**, **Program Name** and **Date**.

Department of Early Education and Care
 FY14 Mental Health Consultation Grant Budget
 Fund Code 700

Agency Name:

Date:

Program Name:

PERSONNEL

Employee Name	Title	FTE for this Grant	Total Annual Salary	Fringe Percentage	Fringe Contribution	Request	Direct	Admin	Match/In-Kind	Av (PI) th
1	Choose from Drop Down Menu				\$ -	\$ -				
2	Choose from Drop Down Menu				\$ -	\$ -				
3	Choose from Drop Down Menu				\$ -	\$ -				
4	Choose from Drop Down Menu				\$ -	\$ -				
5	Choose from Drop Down Menu				\$ -	\$ -				
6	Choose from Drop Down Menu				\$ -	\$ -				
7	Choose from Drop Down Menu				\$ -	\$ -				
8	Choose from Drop Down Menu				\$ -	\$ -				
9	Choose from Drop Down Menu				\$ -	\$ -				
10	Choose from Drop Down Menu				\$ -	\$ -				
11	Choose from Drop Down Menu				\$ -	\$ -				
12	Choose from Drop Down Menu				\$ -	\$ -				
13	Choose from Drop Down Menu				\$ -	\$ -				
14	Choose from Drop Down Menu				\$ -	\$ -				

TAB #2: Personnel

Direct Cost vs. Administrative Cost?

DIRECT Costs for Personnel

- Aides/Paraprofessional
- Behavioral Specialist
- Clinician
- Other (Direct)
- Project Coordinator
- Psychologist
- Social Worker
- Stipends (Direct)
- Supervisor/Director
- Triage Coordinator

ADMIN Costs for Personnel

- Other (Admin)
- Secretary/Bookkeeper
- Stipends (Admin)
- Fringe Costs are also ADMIN):



TAB #2: Personnel Continued...

In this tab, fill in:

- name of each proposed employee,
 - their job title,
 - the Full Time Equivalence (FTE),
 - the total annual salary
 - the percentage of fringe being paid.
-
- **Full Time Equivalence (FTE):** Staff time must be reported in Full Time Equivalences (FTE) under this grant. Example
 - **Total Annual Salaries:** For the purposes of the budget the Total Annual Salary is defined as the entire salary that an employee will receive for one fiscal year. - note – whether funded by position or not



TAB #2: Fringe Benefits

(Located on the **Personnel** Tab and the **Subcontractor** Tab)

- The Fringe Contribution is calculated based on the FTE, the Total Annual Salary, and Fringe Percentage.
- The Fringe Contribution amount is added to the Total Request amount.
- Provide a breakdown and explanation in the Budget Narrative for Fringe.
 - *If fringe exceeds 35%, provide a breakdown of categories and percentages.*
 - *If fringe is less or equal to 35%, provide breakdown of categories and percentages, if possible.*
 - *EEC will review the breakdown and contact you.*
- If the amount is coming from another source, please provide the name of the source(s) in Budget Narrative.
- **If you exceed the 35% allocation for Fringe, you will see an Alert on the Personnel Tab and you will need to provide a breakdown of fringe in the Budget Narrative.**
- Example of Alert:
 - **FRINGE OVER 35% - PLEASE PROVIDE A 'FRINGE BREAKDOWN' IN THE BUDGET NARRATIVE FOR ALL PERSONNEL.**



TAB #3: Consultant

CONSULTANT SERVICES

	Name	Title	# of Hours/Days/Weeks/Flat per Year	Hours/Days/Weeks/Flat per Year	Rate of Pay	Hour/Days/Week/Flat	Request	Match	Narrative Questions (Please specify the Question #s)
1		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
2		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
3		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
4		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
5		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
6		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
7		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
8		Choose from Drop Down Menu		Choose from Drop Down Menu			\$ -		
Total Consultant Costs :							\$ -	\$ -	

Fill in Name of the consultant and choose the title from the list of choices in the drop-down menu.

Fill in the # per Hours/Days/Weeks/Flat per year and **Rate of Pay.**

Narrative Questions: Please list which Narrative Question # from questions in the FY14 Narrative Questions document match the Consultant position that is being funded by this grant.

TAB #4: Office and Programmatic Supplies

OFFICE & PROGRAMMATIC SUPPLIES

	Expense Item (List Supplies here)	Request	Direct	Admin	Match
1					
2			\$ -	\$ -	
3			\$ -	\$ -	
4			\$ -	\$ -	
5			\$ -	\$ -	
6			\$ -	\$ -	
7			\$ -	\$ -	
8			\$ -	\$ -	
9			\$ -	\$ -	
10			\$ -	\$ -	
11			\$ -	\$ -	
12			\$ -	\$ -	
	<i>Total Office/Programmatic Supplies Costs:</i>	\$ -	\$ -	\$ -	\$ -

CONSULTANT 4. OFFICE&PROGRAMMATIC SUPPLIES

For each expense item listed, fill in the cost under Direct and/or Admin cost.

NARRATIVE 9. SUBCONTRACTORS

Please list Expense Items

*A grantee can charge Office and Programmatic Supplies to **Admin** if those supplies are related to the administrative function of the grant.

TAB #5: Travel

List: Name and Position of staff who is traveling AND Estimated Miles per Trip and the Number of months

Program Name:

TRAVEL

Travel Expense		(Will appear in Red if Direct + Admin does not equal Request)	Direct	Admin	Match
1	Travel: List Name & Position Estimated Miles per Trip x Number of Months = Total Miles Mileage Rate* Total Travel Cost \$ - \$ -				
*Please indicate agency's reimbursement rate for mileage					
2	Travel: List Name & Position Estimated Miles per Trip x Number of Months = Total Miles Mileage Rate* Total Travel Cost \$ - \$ -				
*Please indicate agency's reimbursement rate for mileage					
3	Travel: List Name & Position Estimated Miles per Trip x Number of Months = Total Miles Mileage Rate* Total Travel Cost \$ - \$ -				
*Please indicate agency's reimbursement rate for mileage					
4	Travel: List Name & Position Estimated Miles per Trip x Number of Months = Total Miles Mileage Rate* Total Travel Cost \$ - \$ -				
*Please indicate agency's reimbursement rate for mileage					
5	Travel: List Name & Position Estimated Miles per Trip				

Fill in the 'Mileage Rate*' (*must be your agency's reimbursement rate, if applicable).

Write the Total Travel Cost in the Direct cost and/or Admin cost column.

TAB #6: Equipment

Fill in the: Expense Item
(the equipment item)

Program Name:

EQUIPMENT

	Expense Item	Vendor	Request	Direct	Admin	Match/In-Kind
1			\$ -	\$ -	\$ -	
2			\$ -	\$ -	\$ -	
3			\$ -	\$ -	\$ -	
4			\$ -	\$ -	\$ -	
5			\$ -	\$ -	\$ -	
6			\$ -	\$ -	\$ -	
7			\$ -	\$ -	\$ -	
8			\$ -	\$ -	\$ -	
9			\$ -	\$ -	\$ -	
10			\$ -	\$ -	\$ -	
11			\$ -	\$ -	\$ -	
12			\$ -	\$ -	\$ -	
<i>Total Equipment Costs:</i>			\$ -	\$ -	\$ -	\$ -

1. BUDGET SUMMARY (Read Only) 2. PERSONNEL 3. CONSULTANT 4. OFFICE&PROGRAMMATIC SUPPLIES 5. TRAVEL 6. EQUIPMENT 7. OTHER

For each Expense item, provide the **Vendor**, **Direct**, and/or **Admin costs**.

The **Request** column will populate from the Direct and Admin cost columns.

TAB # 7: Other Costs

Department of Early Education and Care
 FY14 Mental Health Consultation Grant Budget
 Fund Code 700

Agency Name:

Date:

Program Name:

OTHER COSTS

	Expense Item	Request	Direct	Admin	Match/ In-Kind
1	Choose from Drop Down Menu	\$ -			
2	Choose from Drop Down Menu	\$ -			
3	Choose from Drop Down Menu	\$ -			
4	Choose from Drop Down Menu	\$ -			
5	Choose from Drop Down Menu	\$ -			
6	Choose from Drop Down Menu	\$ -			
7	Choose from Drop Down Menu	\$ -			
8	Choose from Drop Down Menu	\$ -			
9	Choose from Drop Down Menu	\$ -			
10	Choose from Drop Down Menu	\$ -			
11	Choose from Drop Down Menu	\$ -			
12	Choose from Drop Down Menu	\$ -			
13	Choose from Drop Down Menu	\$ -			
14	Choose from Drop Down Menu	\$ -			
15	Choose from Drop Down Menu	\$ -			
16	Choose from Drop Down Menu	\$ -			
17	Choose from Drop Down Menu	\$ -			
18	Choose from Drop Down Menu	\$ -			
	Total Estimated Other Costs:	\$ -	\$ -	\$ -	\$ -

2. PERSONNEL 3. CONSULTANT 4. OFFICE&PROGRAMMATIC SUPPLIES 5. TRAVEL 6. EQUIPMENT 7. OTHER COSTS 8. BUDGET NARRATIVE 9. SUE

From a drop-down menu:
 select each Expense Item.

Once the Expense item is selected, either the Direct or Admin column will appear in yellow according to which expenses are direct or admin costs.

TAB # 7: Indirect Cost

- Please enter in the Total Request for the Indirect Cost, if applicable.
- Please enter your agency's approved rate, if applicable and include an Indirect Cost Approval letter with your application.
- The indirect cost rate allocation is part of the expenses allocated to administrative funds. You can use an indirect cost rate **ONLY IF** your agency submits documentation stating the approved rate. Under no circumstances can the use of the indirect cost rate exceed the amount of funds (8% of the total grant) allocated to administrative purposes.



TAB # 7: Indirect Cost (continued)

- If you exceed the EEC 8% ADMIN limit, you will see this Alert on the Budget Summary and you will need to CHANGE the budget so that you are not over the 8% Admin limit.
- Example of Alert: **YOU HAVE EXCEEDED THE EEC 8% ADMIN LIMIT. YOUR BUDGET IS REJECTED. DO NOT SUBMIT.**
- **Letter must be submitted with application – section b**
 - Applicants must write their actual approved Indirect Cost Rate in the box
 - In the absence of having an approval letter, applicants must put all “Indirect Costs” into the allowable lines for Admin costs



TAB # 8: Budget Narrative

BUDGET NARRATIVE

Please provide, in detail, an explanation of the costs associated with each of the following pages in your requested budget.

1. Budget Summary *No narrative needed*

2. Personnel: Complete the following information regarding personnel. Information provided here should correspond to requested funding on the Personnel tab.

	Employee Name	Title	FTE for this Grant	Enter text at the start of each cell ↓	Describe the staff role being performed, and the proposed grant activity being supported under this funding. Please define the specific position title if choosing "Other". Please make sure that you explain between the grant activities and the narrative question number that on the Personnel tab.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

PERSONNEL 3. CONSULTANT 4. OFFICE&PROGRAMMATIC SUPPLIES 5. TRAVEL 6. EQUIPMENT 7. OTHER COSTS

Fill in information about: 2. Personnel, 2a. Fringe, 3. Consultant, 4. Office and Programmatic Supplies, 5. Travel, 6. Equipment, 7. Other Costs.

In order to copy and paste within the workbook, you **must double click** on the source cell, copy the text and then double click on the destination cell and paste. In order to paste text copied from an external source, double click on the destination cell and paste.

TAB # 9: Subcontractors: Fringe and Indirect Cost

Subcontractor Fringe & Indirect Costs

	Subcontractors (Enter Agency/Provider Names)	Fringe		Total Request (Indirect Cost)	Approved Indirect Cost Rate
		Direct	Admin		
1		\$ -	\$ -		
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
6		\$ -	\$ -	\$ -	
7		\$ -	\$ -	\$ -	
8		\$ -	\$ -	\$ -	
9		\$ -	\$ -	\$ -	
10		\$ -	\$ -	\$ -	
11		\$ -	\$ -	\$ -	
12		\$ -	\$ -	\$ -	
13		\$ -	\$ -	\$ -	
14		\$ -	\$ -	\$ -	
15		\$ -	\$ -	\$ -	
16		\$ -	\$ -	\$ -	
17		\$ -	\$ -	\$ -	
18		\$ -	\$ -	\$ -	
19		\$ -	\$ -	\$ -	

RAVEL 6. EQUIPMENT 7. OTHER COSTS 8. BUDGET NARRATIVE 9. SUBCONTRACTORS 10. SUBCONTRACTOR NARRATIVE

Note: Each line is for a separate subcontractor.

Enter the **Total Fringe** amounts for Personnel in the Direct or Admin cost columns depending on whether the staff position is a Direct or Admin expense. Each line must contain the total fringe amount per Subcontractor.

Fill out the **Total Indirect Cost** amount and Indirect Cost Rate, if eligible. Each line must contain the total indirect cost amount per Subcontractor.

TAB # 10: Subcontractor Narrative

SUBCONTRACTOR NARRATIVE

Please provide, in detail, an explanation of the costs associated with each of the Subcontractors in your requested budget. Information provided here should correspond to requested funding on the Subcontractor tab.

2. Personnel: Complete the following information regarding personnel per Subcontractor.

	Subcontractor Name (Agency/Provider)	List all Employee Names being requested per Subcontractor	List all position titles being requested per Subcontractor. List whether each position is a Direct Cost or an Admin Cost.	List FTE being requested per Subcontractor	List # of Staff-being requested per Subcontractor	Enter text at the start of each cell ↓	Describe the staff role being performed, and the proposed grant activities being supported under this funding per Subcontractor. Please make sure that you explain the link between the grant activities and the goal achievement number that is listed on the Subcontractors tab.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Fill in information about: 2. Personnel, 2a. Fringe, 3. Consultant, 4. Office and Programmatic Supplies, 5. Travel, 6. Equipment, 7. Other Costs.

In order to copy and paste within the workbook, you must double click on the source cell, copy the text and then double click on the destination cell and paste. In order to paste text copied from an external source, double click on the destination cell and paste.

Guidance for Narrative Questions

FY2014 Mental Health Consultation Grant



FY 2014 Narrative Questions

To ensure that your application is complete:

- **Responses** to the FY14 Narrative Questions **must address** the **Mandatory** section and the **Priorities and Required Services** outlined on pages 5 – 11 in the Grant Application.
- The narrative questions for the FY2014 Mental Health Consultation grant are divided in two categories:
 - **Section 1** relates to narrative questions that will be scored (Questions 1 - 4)
 - **Section 2** relates to the narrative questions that will not be scored. (Questions 5 – 9)
- **REMINDER:** All questions must be answered in the space provided and in the order they are asked.
- Please review the instructions for each section carefully.



FY 2014 Narrative Questions (Section 1)

Narrative Questions 1 - 4

Directions: Your answer should be typed in **Arial font, font size 12**, and **single-spaced**.

Please limit your responses to 2.0 pages per question, including the sub-components of each question.

- Read the Narrative Questions carefully, as some questions cover different aspects of the topic being addressed and some have several sub-questions.
- Please target your responses **to meet the specific goals, priorities, and requirements of the grant.**
- Ensure your responses to the Narrative Questions address each of the Required Services as delineated in the RFR on pages 5-11.



Example: Below is a section of the Required Services, on p. 6-7 of the RFR that includes a reference to “**(Question #4)**”. When responding to **Narrative Question #4**, your response should address the related required services outlined under “**A**” including items 1-3.

Provide a Statewide System of Mental Health Consultation Services Accessible to Programs in the Mixed Delivery System.

A. Provide on-site and telephonic mental health consultation and support services by a qualified behavior specialist/mental health consultant to programs in EEC’s mixed delivery system of early education and care programs. These programs include Head Start; private center-based, independent, and system-affiliated family child care; private and public schools; and out of school time programs that serve children from birth through age 13 (until a child’s 14th birthday) located within a set service delivery area. **(Question #4)** ←

1. Program and classroom-level mental health consultation services must be provided to help program administrators, educators, and other program staff to promote emotional well-being and serve children with behavioral challenges;
2. Child-focused consultation services to programs will be provided to help programs, educators, and families address the particular needs of a child due to challenging behaviors or mental health disorders and to provide consultation for children at risk of suspension and expulsion. These programs are to benefit the greatest number of at-risk children and children and families identified as “high needs”; and
3. Provide services widely accessible within a set EEC Region or specific geographic area comprised of specific cities, towns, and communities within a region.

**Address in
Narrative
Question #4**

Narrative Questions (Section 1)

Provide a Statewide System of Mental Health Consultation Services Accessible to Programs in the Mixed Delivery System.

A. Provide on-site and telephonic mental health consultation and support services by a qualified behavior specialist/mental health consultant to programs in EEC's mixed delivery system of early education and care programs. These programs include Head Start; private center-based, independent, and system-affiliated family child care; private and public schools; and out of school time programs that serve children from birth through age 13 (until a child's 14th birthday) located within a set service delivery area. **(Question #4)** ←

1. Program and classroom-level mental health consultation services must be provided to help program administrators, educators, and other program staff to promote emotional well-being and serve children with behavioral challenges;
2. Child-focused consultation services to programs will be provided to help programs, educators, and families address the particular needs of a child due to challenging behaviors or mental health disorders and to provide consultation for children at risk of suspension and expulsion. These programs are to benefit the greatest number of at-risk children and children and families identified as "high needs"; and
3. Provide services widely accessible within a set EEC Region or specific geographic area comprised of specific cities, towns, and communities within a region.



Narrative Questions (Section 2)

Questions 5 - 9

Directions:

- Please use this form to provide a brief description of no more than **4-5 sentences** for each question. **Your answer should be typed in Arial font, font size 12, and single-spaced.** Please do not exceed the maximum number of sentences.
- Carefully review the required services and ensure your responses to the Narrative Questions address each of the Required Services delineated in the RFR.



Re-cap of Submission Process

FY2014 Mental Health Consultation Grant



Grant Application – Follow the Checklist

Grant Application

- **Checklist for Grant Application**
- Signed cover page (authorized signatory)
- Online Application
 - *Program Contacts**
 - *Communities served**
 - *Languages spoken**
- Budget Workbook Components (Tabs 1-13)
- FY14 Narrative Questions (Sections 1 & 2)
- Copy of Indirect Cost Approval Letter (if claiming Indirect Cost)
- Organization Charts and Documents (related to Narrative Question 5)
- Letters of Support from Prospective programs to be served
- Workforce Staffing Cover Page, Job Descriptions and Resumes
- MA Standard Administrative Forms



Re-cap of Submission Process

Section A Submission:

1. **Online:** (through the link): Includes Program Contacts, Communities Served, Languages Spoken.
2. **By Mail:** Include **Section A** information and **Section B hard copies** (1 original, 3 copies) mailed to EEC by April 22, 2013.

Section B Submission:

1. **By Mail:** one (1) original, signed copy, three (3) copies of ALL documents (*including Section A print out and Administrative Forms, if applicable*)
2. **By Email:** Email ALL individual documents as one email* to: EECSubmission@massmail.state.ma.us.
3. (do not email Administrative forms and Section A)

(*Save your email with the name of this grant and your agency)

The ENTIRE submission process must be completed by:

April 22, 2013 at 4:00 PM

(email, online, mail must be submitted and in the EEC office)



Timeline of the Application Process

Grant Application Release/Posting:	February 28, 2013
<u>Bidder's Conference:</u>	<u>March 11, 2013</u>
Submission of Intent to Bid (email):	March 13, 2013
Submission of Written Inquiries:	March 13, 2013
Response to Written Inquiries:	March 20, 2013*
<u>Submission Deadline:</u>	<u>April 22, 2013, 4PM</u>
EEC must receive ALL grant application documents:	April 22, 2013
Preliminary Notification to grantees:	June 20, 2013*
Bidder's Notified of Awards:	June 30, 2013*
Grant Start Date:	July 1, 2013*

***These dates are estimated dates and may be subject to change.**



Questions and Answers (Q &A)

- All other questions must be emailed to EECSubmission@massmail.state.ma.us with FY14 Mental Health Consultation Grant-Fund Code 700 in subject line by **March 13, 2013** by **4:00 PM**
- The Q&A document will be posted on **March 20, 2013**. **This is an estimated date**. The Q&A document then becomes an official part of the RFR.

