



TN

Department of
**Mental Health &
Substance Abuse Services**

Announcement of Funding

Community Mental Health & Primary Care

Integration Project

Tennessee Department of Mental Health & Substance Abuse Services
Division of Mental Health Services

Completed Proposals Due: June 8, 2023



Introduction

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is seeking proposals from local providers for the Community Mental Health & Primary Care Integration Project to provide funding to TDMHSAS Planning and Policy Council regions of the state to embed clinical mental health services within a primary care setting, including but not limited to screening, assessment, consultation, and/or therapy services that do not currently receive funding for this service. The targeted TDMHSAS Planning and Policy Council regions (and embedded counties) for the Community Mental Health & Primary Care Integration Project include Region 2, Region 3, Region 4, Region 5, and Region 7. Regions 1 and 6 are currently funded to support these services as part of the Tennessee Resiliency Project (TRP) grant program.

The primary targeted population for the Community Mental Health & Primary Care Integration Project is Tennessee youth ages birth through eighteen (18) years with social, emotional, or behavioral needs and their families. Although children living with a Serious Emotional Disturbance is the primary targeted population, a mental health diagnosis is not required to be served under the Community Mental Health & Primary Care Integration Project.

Grant made from this AOF will be funded from the Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) which provided supplemental funding for the Community Mental Health Services Block grant (MHBG), to enable States, the District of Columbia, and territories to expand access to mental health care. BSCA Grant funds shall be used to support program development and services not covered by Third-Party Payors (Medicaid, private, or other types of insurance). Third-Party Payors should be billed for all eligible services.

Program Goals and Objectives

The BSCA MHBG supplemental funds will increase the number of therapists embedded in primary care offices across Tennessee to support children, youth, and their families. Therapists working for community mental health centers will be embedded in partnering primary care offices to help educate medical staff and be available to provide immediate therapeutic services to children. Having mental health services on-site at primary care physician offices will reduce barriers for families to receiving behavioral health treatment. This proposed project would support early intervention efforts to divert from crisis services by providing immediate access to mental health treatment.

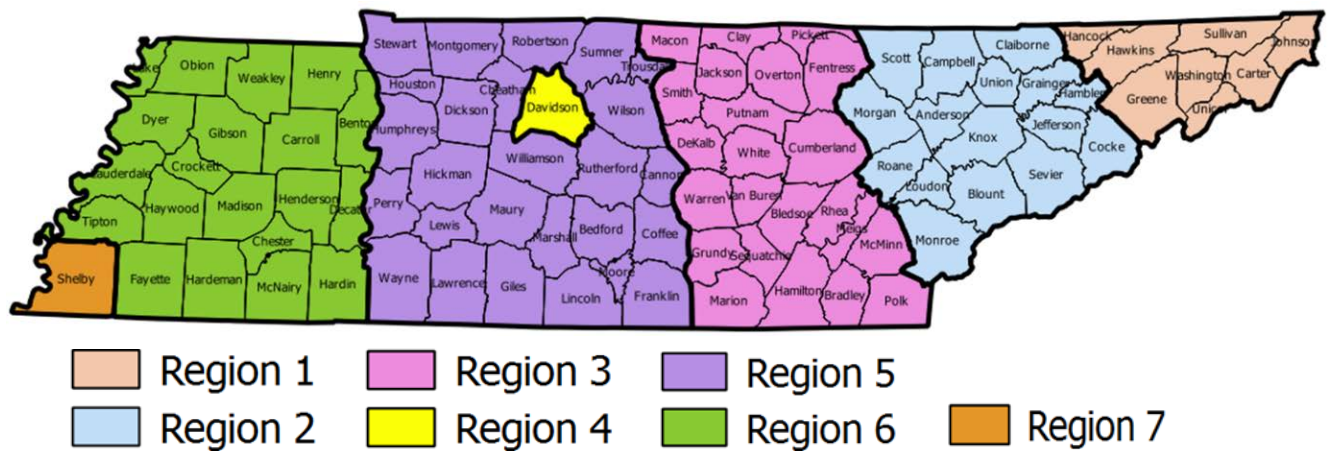
These are the activities that every grant project must implement. **Required activities must be reflected in the Proposal Narrative.**

1. Embed a master's level therapist, licensed or license-eligible working under the supervision of a licensed mental health provider, into a primary care office or other primary medical care setting to provide immediate, on-site assessment, evaluation, consultation, and therapeutic services.
2. Grantees are expected to have formal partnerships in place consisting of relevant community providers and sufficient knowledge of available resources in the area for which they are applying (i.e. county and local school administrators/staff/teachers, Tennessee Department of Children's Services leadership/staff, Juvenile Justice courts/services judges/administrators/staff, primary care and pediatric offices, local health departments, local city/county government, local law enforcement, local non-profit groups, faith-based communities, local hospitals/emergency departments, etc.).For the purposes of this proposal, letters of support from relevant stakeholders are expected, **(Attachment E)**.
 - a. While not required for proposal submission, Formal Memorandum(s) of Understanding/Agreement (MOU/MOA) with relevant community partners and stakeholders outlining the roles of all parties, will be required subsequent to award.
3. Grantees must identify what evidence-based/evidence-informed model, framework, best practices, or services they intend to utilize and how fidelity will be maintained.
 - a. Include demonstrated knowledge, implementation, and utilization of identified evidence-based/evidence-informed programming.
 - b. Include identification of evidence-based/evidence-informed screenings, assessments, curriculum, and materials.
 - c. Include the intended fidelity implementation plan.

Targeted Areas and Funding Availability

The targeted TDMHSAS Planning and Policy Council regions (and embedded counties) for the Community Mental Health & Primary Care Integration Project include Region 2, Region 3, Region 4, Region 5, and Region 7. Regions 1 and 6 are currently funded to support these services as part of the Tennessee Resiliency Project (TRP) grant program.

As outlined in the Community Mental Health & Primary Care Integration Project proposal narrative questions (section 2), proposers will be scored based on providing a clear, realistic picture of the counties it targets to serve, including how the local communities will be engaged in the project, which evidence-based/evidence-informed interventions will be utilized, and the anticipated number of youth and families that will be reached with Community Mental Health & Primary Care Integration Project.



Targeted Outcomes

The following are targeted outcomes that apply to each of the Community Mental Health & Primary Care Integration Project areas.

1. Increase the number of children receiving Mental Health (MH) services in target area that have not previously received treatment;
2. Increase the number of children diverted from inpatient hospitalization; and
3. Increase the number of families experiencing reduced disruption of family routines due to the child's emotional or behaviors challenges.

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GENERAL CONDITIONS

1.1. *Funding Information*

1.1.1 Project Period: Funding term for selected proposals is expected to be August 1, 2023, through June 30, 2027. Subject to funds availability, grant contracts made under Community Mental Health & Primary Care Integration Project are expected to be recurring and future years of funding would follow the state fiscal year, July 1 – June 30.

1.1.2 Funding Amount: Proposals may request up to \$90,000 annually. This total is the amount for each Planning Region included in the proposal. Proposers should submit a budget based on a full year of program implementation (12 months). If a Proposer is applying for more than one region, then a separate proposal should be submitted for each region.

1.1.3 Allocations: Funding allocations will be awarded based on how well a Proposer addresses guidelines and criteria of this Announcement, including identified targeted areas. The actual amount available for a Grant Contract may vary depending on the number and quality of proposals received.

1.1.4 Subject to Funds Availability: Grant contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

1.1.5 Grant Contract Requirements: Grant contracts awarded as a result of this announcement of funding must comply with all contract requirements and will be subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual located on the Grants Management section on the website <https://www.tn.gov/behavioral-health/for-providers/grants-management.html>. This manual includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the monitoring process, and provides resources related to grant management.

1.1.6 Licensed Provider Requirements: For projects that intend to provide mental health treatment services, grant contracts awarded as a result of this announcement

must be licensed by TDMHSAS. More information about the TDMHSAS licensure process can be located on the Licensing section of the website <https://www.tn.gov/behavioral-health/licensing/become-a-licensed-provider.html>.

1.2. Timelines

The following schedule of events is related to the Community Mental Health & Primary Care Integration Project. Grant represents the State's best estimate of the schedule that shall be followed. The State reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the State's website at <https://www.tn.gov/behavioral-health/department-funding-opportunities.html> and notice of the posting will be distributed via the proposer e-mail list.

SCHEDULE OF EVENTS:

April 20, 2023	TDMHSAS Releases Announcement.
April 28, 2023	Proposers Written Questions Regarding the Announcement are due.
May 4, 2023	TDMHSAS hosts a conference call to respond to questions submitted by and responds to requests for additional feedback posed during the call AND/OR TDMHSAS issues written responses to questions posted on the State's website at https://www.tn.gov/behavioral-health/department-funding-opportunities.html
June 8, 2023	Proposals are due via email.
June 29, 2023	TDMHSAS makes announcement of accepted proposals.
August 1, 2023	Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with grant contract section D.1. Required Approvals.

1.3 Proposer Eligibility

Community Mental Health & Primary Care Integration Project applicants are limited to community mental health providers serving the targeted population and licensed by TDMHSAS.

1.3.1 The proposer, for purposes of this Announcement, must:

- Be registered with the Tennessee Secretary of State, or will be registered with the Tennessee Secretary of State by no later than the contract start date
- Demonstrate experience providing mental health services to children and youth in the state of Tennessee.
- Demonstrate good relational standing with TDMHSAS as well as stakeholders, including, but not limited to, mental health treatment and/or co-occurring disorder services providing entities within Tennessee.
- Demonstrate a history of successful programmatic and financial responsibility.
- Questions specific to eligibility for this Announcement may be asked in writing at any time. Please email ryan.roark@tn.gov for all eligibility-related questions.

1.3.2 A proposer, for purposes of this Announcement, must **not** be:

- An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purposes of furthering the private interest or personal profit of any person; and
- For purposes of applying the requirements above, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

1.4 Scope of Services

The scope of services will be developed when a selection is made and will reflect the contents of the proposal. Please note that the State of Tennessee reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.

1.5 Communications

1.5.1 The following Coordinator shall be the main point of contact for this Announcement of Funding: Ryan Roark; Email Address: ryan.roark@tn.gov

All proposer communications concerning this procurement must be directed to the Coordinator listed immediately above. Unauthorized contact regarding this Announcement of Funding with other state employees of TDMHSAS may result in disqualification.

1.5.2 Proposer E-Mail List: The State will create an e-mail list to be used for sending communications related to this Announcement. If you wish to be added to this list, please promptly send your contact information, including e-mail address, to ryan.roark@tn.gov. Any delay in sending such information may result in some communications not being received. The State assumes no responsibility for delays in being placed on the list.

1.5.3 Questions and Requests for Clarification: Questions and requests for clarification regarding this Announcement should be submitted in writing on or before April 28, 2023, to ryan.roark@tn.gov in order to be answered. A conference call will be held to respond to questions.

1.5.4 State's Response to Questions and Requests for Clarification: Questions and requests for clarification regarding this Announcement should be submitted in writing on or before April 28, 2023, to ryan.roark@tn.gov. Questions submitted in writing after this deadline will not be answered. A conference call will be held on May 4, 2023, to respond to questions. During the call, proposers can request clarification or additional feedback. The State will offer responses to additional requests on the call as appropriate and will add this to the official, written responses.

1.6 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection

1.6.1 Proposal Preparation: The Proposer accepts full responsibility for all costs

incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.6.2 Proposal Formatting Requirements: The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via e-mail by the deadline of June 8, 2023.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposal pages must be typed, single-spaced on standard 8 ½" x 11" paper, in font size twelve (12), with 1" margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- The combined proposal length is limited to ten (10) pages. This limitation does not include the required proposal attachments.
- The proposed budget should include the summary, detail, salary, and budget justification. This may be sent as PDF or Excel. The budget narrative is limited to one page.

1.6.3 Proposal Submission: Proposals should be submitted to the State via email to ryan.roark@tn.gov by the deadline and meet other submission criteria detailed in this Announcement in order to be eligible for review. The following checklist of items should be submitted for each Proposal:

- Cover Letter
- Cover Sheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative
- Organizational Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C)
- Existing Agreements and Third-Party Revenue Source (Attachment D)
- Letters of Support/Commitment (Attachment E)

1.6.4 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements and all deadlines of this Announcement.

1.6.5 State's Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this

Announcement if it is in the best interest of the State as determined in the State's sole discretion. In the event such action is taken, notice of such action will be posted on TN.gov at this link, and notice of the posting will be distributed via the proposer e-mail list.

1.7 Proposal Review, Components, Scoring, and Selection

1.7.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and noncompliant proposals will not be reviewed. The State recognizes the need to ensure that funding provided for the Community Mental Health & Primary Care Integration Project provides maximum benefit to the citizens of Tennessee. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to serving as the state's mental health and substance abuse authority responsible for planning for and promoting the availability of a comprehensive array of high-quality prevention, early intervention, treatment, and habilitation services and supports that meets the needs of service recipients in a community-based, family-oriented system.

1.7.2 Proposal Components: Each proposal should contain the following sections. Please note, incomplete proposals will not be reviewed:

- Cover letter
- Cover sheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative
- Organizational Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C)
- Existing Agreements and Third-Party Revenue Source (Attachment D)
- Letters of Support (Attachment E)

1.7.3 Proposal Scoring: Each proposal is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

Proposal Component	Score
Cover Letter	0 points, but essential
Cover Sheet (Attachment A)	0 points, but essential
Table of Contents	0 points, but essential
Project Narrative <ul style="list-style-type: none"> • Organizational Profile (5 points) • Statement of Need (10 points) • Community Engagement (15 points) • Evidence Based/Evidence Informed Interventions (15 points) • Organizational/Implementation Approach for Community Mental Health & Primary Care Integration Project (25 points) 	70 points
Organizational Chart(s) (Attachment B) <i>Organizational chart for the entity submitting the proposal, demonstrating where the Community Mental Health & Primary Care Integration Project fits within the overall structural organization of the entity submitting the proposal.</i>	0 points, but essential
Proposed Budget and Budget Narrative (Attachment C) <i>Appropriate and realistic budget must be submitted along with a narrative justifying the budget. Proposers should submit a budget based on a full year of program implementation.</i>	25 points
Existing Agreements and Third-Party Revenue Source (Attachment D) <i>Provide documentation of any existing agreements with community stakeholders that provide additional resources to the Community Mental Health & Primary Care Integration Project. List any current third-party revenue sources that contribute to the long term sustainability of the Proposing entity.</i>	0 points, but essential
Letters of Support (Attachment E)	5 points

1.7.4 Proposal Selection: The State will notify all Proposers selected for contracting by close of business June 29, 2023.

All grant proposals are reviewed and evaluated by a group of state employees selected by TDMHSAS. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Commissioner of the Department of Mental Health and Substance Abuse Services and/or Commissioner’s designee.

The State reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

1.8 *State's rights and obligations under this Announcement*

1.8.1 The State reserves the right to make any changes to this Announcement of Funding, timeline of events, proposals selected, the scope of services, the amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on TN.gov at this link, and notice of this posting will be distributed via the proposer email list.

1.8.2 The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be posted on TN.gov at this link, and notice of the posting will be distributed via the proposer email list.

1.8.3 The State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

1.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.

1.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

1.8.6 State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the State and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations. The State shall have no obligation for services rendered by the Grantee which are not period within the specified Grant Contract term.

1.8.7 Grant contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2. PROPOSAL NARRATIVE

Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative selections. There is a maximum of ten (10) pages for the proposal narrative. If selected for award, the proposal narrative will be added as an attachment to the grant contract.

2.1. Organizational Profile: Proposer shall describe its organization's history, mission, vision, and experience implementing state-funded grant programs. The proposer shall provide information related to its history serving youth with social, emotional, and behavioral needs and their families. Included in this description should be examples of outcomes achieved (e.g., decreased crisis referrals, suicide attempts, state custody/commitment, etc.) and demonstrated success with implementing services that are youth-guided and family-driven. Proposer shall also provide detailed information on its partnerships with other Tennessee youth-serving stakeholders, specifically pediatric practices.

2.2. Statement of Need: Proposer shall provide a clear and succinct statement of need relative to the proposer's targeted area(s). The targeted TDMHSAS Planning and Policy Council regions (and embedded counties) for the Community Mental Health & Primary Care Integration Project include Region 2, Region 3, Region 4, Region 5, and Region 7. This statement should include, minimally, (1) information related to the at-risk youth population within the targeted area(s), (2) assessment of current community-based services, and (3) assessment of local community partnerships needed to support the targeted outcomes of the Community Mental Health & Primary Care Integration Project.

2.3 Community Engagement: Proposer shall detail plans to engage the targeted community. Proposer shall provide any evidence of history operating similar programs that demonstrates community engagement. Most notably, the proposer shall discuss plans to engage all targeted communities identified in the proposal. Any evidence of proposer's history operating a similar program(s) that demonstrates community engagement is encouraged. Information should also be provided related to any existing/planned MOU and/or letters of commitment (included in Attachment E) from key stakeholders in implementing the proposed Community Mental Health & Primary Care Integration Project (Please note that the Attachment E does not count towards the one-page maximum).

2.4. Evidence Based/Evidence Informed Interventions: Proposer shall describe specific evidence-based/evidence-informed interventions that will be implemented and how they will address the targeted outcomes of the Community Mental Health & Primary Care Integration Project, how they will target risk factors, and how they can prevent and mitigate adverse childhood experiences. This should include which organization has deemed the intervention to evidence-based/evidence-informed, rationale for choosing the evidence-based/evidence-informed intervention(s), and how proposers will ensure professionals are trained in the selected interventions and fidelity is adhered to.

2.5. Organizational/Implementation Approach: Proposer shall describe the organizational approach to implementing the proposed project. This should include the staff that will be hired, position they will occupy, and the primary roles and responsibilities the individual within the organization to ensure successful implementation. Explanation of roles and responsibilities should include how often staff will be engaging youth/family, and the process for obtaining informed consent when necessary, and processes related to workflow in the integrated care setting. Proposer shall also provide an organizational chart, as Attachment B, which shows the staff, qualifications and caseload that will be deployed to support the project (Attachment B does not count towards proposal page maximum). In addition, proposer shall provide clear information related to assessment instruments to be used, the anticipated number of targeted youth to be served monthly/annually, and any other developmental activities participants will receive in addition to the interventions outlined in question 2.4. Proposer shall also discuss the intake and referral process specific to the targeted population and targeted area. The referral process should include a follow-up to determine whether services were initiated. Finally, all proposers should address how travel barriers will be addressed related to accessing services.

Attachment A

COVER SHEET | Community Mental Health & Primary Care Integration Project

Legal Name of Proposer	
Federal ID#	
Edison Vendor ID#	
Targeted Coverage of Program (County/Counties and Region)	
CONTACT INFORMATION	
Name of Contact Person	
Title of Contact Person	
Address of Contact Person	
E-mail Address of Contact Person	
Phone Number of Contact Person	
AUTHORIZED REPRESENTATIVE INFORMATION	
Name of Authorized Representative <i>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</i>	
Title of Authorized Representative	
Address of Authorized Representative	
E-mail Address of Authorized Representative	
Phone Number of Authorized Representative	

Signature of Authorized Representative

Date

Attachment B

ORGANIZATIONAL CHART

Provide an organizational chart for the entity submitting a proposal, demonstrating where the Community Mental Health & Primary Care Integration Project will fit into the overall structural organization of the entity submitting the proposal.

Attachment C (1 of 2)

PROPOSED BUDGET | Community Mental Health & Primary Care Integration Project

Please download the Excel budget template available at this link to complete a proposed budget. The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Summary, Detail and Salaries tabs must be included. Please review the Instructions tab before completing the proposed budget. Proposals may request up to \$90,000 annually. Proposers should submit a budget based on one full year of program implementation (12 months) with the proposal. If awarded, the budget for would be prorated for the first year (FY24) to reflect the number of months funded and the grantee would submit budgets for future years (FY25-FY27).

GRANT BUDGET SUMMARY				
Agency Name: Enter on Detail Tab				
Program Code Name: Enter on Detail Tab				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: Enter on Detail Tab END: Enter on Detail Tab				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes ²	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$0.00	\$0.00	\$0.00
11, 12	Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance ²	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost ²	\$0.00	\$0.00	\$0.00
24	In-Kind Expense ²	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*, (posted on the Internet at: <http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>)

² Applicable detail follows this page if line-item is funded.

Attachment C (2 of 2)

BUDGET NARRATIVE | Community Mental Health & Primary Care Integration Project

Please include a written budget narrative for funds needed to support the Community Mental Health & Primary Care Integration Project proposal.

The narrative should provide detail to support the Grant Contract funds included in each line-item.

The budget narrative should be no longer than one page, single spaced.

Attachment D

EXISTING AGREEMENTS AND THIRD-PARTY REVENUE SOURCE(S)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the Community Mental Health & Primary Care Integration Project.

List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity.

This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.

Attachment E

LETTERS OF SUPPORT

Provide documentation that there has been direct collaboration with community partners that will be key partners (*ex: primary care office, pediatrician office, health department, etc.*).

This attachment and its documentation do not count toward the overall page limit of the proposal.