

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**REQUEST FOR PROPOSALS (RFP)**

for

**Grants for Youth Suicide Prevention  
And Early Intervention Programs**

Issued: October 28, 2009

**Application Deadline: December 18, 2009**

Injury & Violence Prevention Section  
Division of Chronic Disease and Injury Control  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, MI 48909

Funded under SAMHSA Cooperative Agreement #1U79SM059190

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**PLEASE NOTE:** Any changes/corrections made to this RFP after the release date are in **RED**.  
Last updated 11/17/09.

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## *MDCH Youth Suicide Prevention and Early Intervention Grants*

### **PRE-APPLICATION TECHNICAL ASSISTANCE MEETINGS**

The purpose of these meetings is to assist eligible applicants in developing high quality proposals. The agenda for the meetings will include:

- a walk through of the Request for Proposals
- MDCH expectations for fundable proposals
- time for questions

Anyone is welcome to attend these meetings. We do ask that you register in advance so that we can have sufficient handouts and seating. You can register by sending your name, phone number, and email address (if available) to Cheryl Rockefeller at [RockefellerC@Michigan.gov](mailto:RockefellerC@Michigan.gov) or calling her at 517-335-9518. For more information on the meetings, contact Pat Smith at [SmithPatK@Michigan.gov](mailto:SmithPatK@Michigan.gov) or 517-335-9703.

<b>Date</b>	<b>City</b>	<b>Location</b>	<b>Time</b>
Nov 9	Bay City	Bay City Room Bay-Arenac ISD 4228 Two Mile Rd.	1 p.m. –4 p.m
Nov 12	Marquette	Conference & Catering Services University Center (Student Union) Northern Michigan University 1401 Presque Isle Ave.	9 a.m.–Noon
Nov 13	Gaylord	Northwest Michigan Community Health Agency Gaylord Office 95 Livingston Blvd.	9 a.m.–Noon
Nov 16	Big Rapids	Ferris Library for Information, Technology, and Education Ferris State University 1010 Campus Dr.	9 a.m.–Noon
Nov 18	Kalamazoo	Gryphon Place 1104 S. Westnedge	9 a.m.–Noon
Nov 19	Ann Arbor	Library Resource Center 4135 Washtenaw	2 p.m.–5 p.m.

### **PRE-APPLICATION CONFERENCE CALL**

On Thursday, December 10 at 10:00 a.m. there will be a conference call open to anyone with final questions about the RFP or application. To register for the call, contact Cheryl Rockefeller at the email or phone number provided above no later than close of business on December 9.

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# INTRODUCTION AND GENERAL INFORMATION

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## INTRODUCTION

The Michigan Department of Community Health (MDCH) announces the availability of Fiscal Year 2010 funds for grants for local Youth Suicide Prevention and Early Intervention Programs (Youth Suicide Prevention Programs). This grants program is intended to support communities and Tribes in developing and implementing multifaceted, well-thought-out, and coordinated prevention and early intervention strategies. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, other education institutions, the juvenile justice system, the foster care system, substance abuse and mental health programs, and other child and youth supporting organizations. Youth are defined as individuals 10–24 years of age.

This Request for Proposals (RFP) addresses several of the key objectives set forth in the *Suicide Prevention Plan for Michigan*,<sup>1</sup> released in September 2005.

This RFP is to provide potential contractors with sufficient information to enable them to prepare and submit proposals for consideration by the State of Michigan to satisfy its need for health promotion inquiry and intervention. It is issued by the Injury and Violence Prevention (IVP) Section, Division of Chronic Disease and Injury Control, Michigan Department of Community Health.

**PLEASE NOTE: Applicants *must* be able to provide evidence of strong community partnerships for the program.**

## BACKGROUND

From 1999–2007, Michigan lost 1,256 10–24 year olds to suicide (an average of 140 per year). There is a rise in documented suicide deaths from ages 10 through 18 years, with young adults ages 19–24 accounting for 64% of all youth suicide deaths in the state. By far, the largest number of deaths (877) involved white males ages 19–24. Firearms were used in 48% of all youth suicide deaths, followed by suffocation/hanging (37%), and poisoning (10%).

At least 1,209 Michigan 10–24 year olds were admitted to the hospital with suicide attempt/intentional self harm (SA/ISH) diagnoses in 2007. White females were most likely to be admitted; among both females and males the majority of admissions were related to self-poisoning (97% and 88%, respectively).

In 2001, an estimated 2,672 emergency department (ED) cases (non-fatal, non-admitted) were seen in Michigan hospitals for SA/ISH by 10–24 year olds. Adolescents 15–18 years old had the highest rate of ED visits per 100,000 population (218.2) for this group of diagnoses. Females led age/gender groups with 30% of cases (n=802) and a rate of 285.2/100,000. A large national study determined that at least 60% of self-harm cases seen in EDs were probable suicide

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<sup>1</sup> The *Suicide Prevention Plan for Michigan* is available at:  
[http://www.Michigan.gov/documents/Michigan\\_Suicide\\_Prevention\\_Plan\\_2005\\_135849\\_7.pdf](http://www.Michigan.gov/documents/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf)

attempts; another 10% possible attempts.<sup>1</sup> Intent was undetermined for the remaining 30% of cases, making it likely that proportions of probable and possible attempts are actually higher.

Of the 76 youth suicide cases reviewed by Michigan Child Death Review Teams in 2005 and 2006, 30% of decedents had a history of substance abuse, 28% a criminal history on delinquency, 17% a history of maltreatment victimization, 16% a history of mental illness, and 5% had been placed outside of home (foster or relationship care).

One in 11 high school students (9.1%) reported in the 2007 Michigan Youth Risk Behavior Survey (YRBS) attempting suicide one or more times in the past year; 3% of respondents required medical attention after an attempt. This is compared to 6.9% and 2.0% of respondents nationally. Twenty-seven percent of Michigan 9<sup>th</sup>–12<sup>th</sup> grade students reported symptoms of depression and 15% of students reported they had seriously considered suicide. More females than males reported feeling depressed, as well as considering suicide, making a plan, and actually attempting suicide during the previous year. More American Indian and Hispanic students than non-Hispanic students reported making a plan in the year before the survey. Compared to 2007 national YRBS averages, a larger percentage of Michigan 9<sup>th</sup>–12<sup>th</sup> grade males reported attempting suicide in the last year (US=4.6%, MI=6.5%). and a larger percentage of Michigan female students reported making a plan (US=13.4%, MI=15.5%). Also, a larger percentage of both non-Hispanic white and Hispanic high school students reported attempting suicide, compared to national data (US=5.6%, 10.2%; MI=8.6%, 16.8%).

## **EXPECTATIONS OF APPLICANTS**

It is expected that successful applicants will:

- Focus primarily on efforts directly connected to the prevention of suicide among 10–24 year olds rather than more general suicide prevention awareness and prevention activities, even though the more general activities might also have an impact on youth.
- Form or participate in an existing public/private coalition of youth-serving institutions and agencies, which includes schools and other education institutions, juvenile justice, the foster care system, substance abuse and mental health programs, and other child and youths supporting organizations.
- Commit to providing timely referrals for appropriate mental health care and treatment to youth who are at risk for suicide or suicide attempts.
- Commit to participating in a multi-level evaluation process.
- Obtain prior written, informed voluntary consent from the child's parent or legal guardian for assessment services, school sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools<sup>2</sup>

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<sup>2</sup> These requirements do not supersede section 444 of the General Education Provisions Act, including the requirement of prior voluntary parental consent for the disclosure of any educational records. These requirements also do not modify or affect parental notification requirements for programs authorized under the Elementary or  
Footnote continued on next page

except:

- In an emergency, where it is necessary to protect the immediate health and safety of the student or other students, or
- Other instances, defined by the State, where parental consent cannot be reasonably obtained.

Suicide assessment, early intervention, and treatment services may not be provided for youth whose parents or legal guardians object based on their religious beliefs or moral objections.

School personnel may not require that a student obtain any medication as a condition of attending school or receiving services.

### **HOW MUCH MONEY IS AVAILABLE?**

Approximately \$216,000 is available in Fiscal Year 2010 to fund up to eight community-based Youth Suicide Prevention Programs. The maximum award will be \$27,000 for a 7-month budget period, with an expected range of \$20,000 to **\$27,000** and an expected average award of \$27,000. It is anticipated that programs selected for funding will have the opportunity, through a non-competitive continuation process, to apply for up to \$45,000 a year for an additional two years. Cost sharing, matching funds, or cost participation are not required.

### **FEDERAL FUNDING LIMITATIONS/RESTRICTIONS**

Youth Suicide Prevention Program grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- Pay for or refer for abortion.
- Pay a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

## **ELIGIBLE APPLICANTS**

(see list in Appendix C)

- Community Collaboratives
- Federally recognized Indian Tribes

Only one application will be accepted from each eligible applicant.

*Special note for Community Collaboratives:* While the Community Collaborative, either as a whole or through a designated work group or subcommittee, is expected to be responsible for implementation of the proposed program, it is acknowledged that one agency will need to be designated as the fiduciary for the grant. The contract for the project will be written with the designated fiduciary agency. This agency will have responsibility for all fiscal matters related to the grant, including any and all subcontracts.

## **KEY DATES**

Release Date: October 28, 2009

Letters of Intent Due Date: November 20, 2009

Proposal Submission Deadline: December 18, 2009

Review Date(s): January 2010

Earliest Anticipated Start Date: March 1, 2010

## **SPECIFIC OBJECTIVES OF THE AWARDS**

These grants will help support the initial development or expansion of comprehensive youth suicide prevention and early intervention efforts in committed communities that

1. Assess existing service gaps and strengths related to youth suicide prevention and early intervention and monitor change over time;
2. Build or enhance a collaborative group focusing on youth suicide prevention;
3. Implement specific youth suicide prevention and early intervention evidence-based practices in appropriate settings with key populations;
4. Use programming and services drawn from specified resources, operated with fidelity, and in combination that provides for a multilayered youth suicide prevention and early intervention approach that addresses several areas at once;

5. Support implementation of the Suicide Prevention Plan for Michigan<sup>3</sup> and the local suicide prevention plan, if one exists.

## **GENERAL REVIEW CRITERIA**

Applications will be evaluated for their technical merit and responsiveness to this RFP. Efforts will be made to achieve broad geographic distribution of the funded proposals. Final funding decisions will be made by the IVP Section based on the recommendations/ratings of the review panel members, geographic balance of proposed projects, the needs of the MDCH Suicide Prevention Program, and the availability of funds.

Conciseness and clarity of expression will contribute to a favorable review of the proposal, as will adherence to the format presented in the Application Content section of this RFP.

## **ADMINISTRATIVE GUIDELINES**

### **1. Type of Contract**

The contract will be a cost reimbursement contract. The contract agreed upon will be most advantageous to the Michigan Department of Community Health (MDCH), cost and other factors considered.

### **2. Rejection of Proposals**

MDCH reserves the right to award portions of proposals or reject any and all proposals received as a result of this RFP.

### **3. Incurring Costs**

MDCH is not liable for any costs incurred by the grantee or its fiduciary prior to issuance of a contract fully signed by all necessary parties.

### **4. Contractor Responsibilities**

The applicant whose proposal has been selected for funding (the grantee) will be required to assume responsibility for all services offered in its proposal, whether or not the applicant is the agency performing those services. Further, MDCH will consider the selected applicant (or, in the case of the Community Collaboratives, the designated fiduciary) to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. All subcontracts entered into by the applicant, subsequent to the contract award, must be approved by MDCH before they can be put into effect.

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<sup>3</sup> available at [http://www.michigan.gov/documents/Michigan\\_Suicide\\_Prevention\\_Plan\\_2005\\_135849\\_7.pdf](http://www.michigan.gov/documents/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf)

## 5. Project Control and Reports

The grantee will carry out the project activities in consultation with, and approval of, the IVP Section, Division of Chronic Disease and Injury Control, Michigan Department of Community Health. A Project Officer from the IVP Section will be the sole point of contact for MDCH.

The grantee's Project Director and the MDCH Project Officer will confer regularly, at a mutually agreed upon interval, for the purpose of reviewing progress and providing necessary guidance to the grantee in solving problems that arise. Documentation of the content of the meetings will be prepared by the grantee.

The MDCH Project Officer will schedule a negotiation session with the applicant receiving the award to address any concerns expressed by the reviewers and to work out final details of the budget and work plan. If at all possible, this session will occur within four working days after the award is made. Within five working days of the negotiation session, the grantee will submit to the MDCH Project Officer for final approval a work plan that includes, if necessary, a revised budget.

The grantee will submit quarterly progress reports to the MDCH Project Officer with 15 days of the end of each quarter, using the format provided by the Project Officer. Where applicable, the grantee will also be required to submit a detailed plan for next year activities with the report for the third quarter.

## 6. Contract Payment Schedule

Financial Status Reports, which reflect actual program expenditures, shall be prepared and submitted to MDCH on a monthly basis for payment. **The Department may provide an operating advance to the Agency, after all parties sign the contract, to assist in initiating the program. The advance amount must be requested in writing and must be reasonable in relationship to the program's requirements, billing cycle, etc.; and in no case exceed the amount required for 60 days' operating expenses. The monthly Financial Status Report will be utilized to replenish the operating funds on a regular recurring basis.**

## SUBMISSION AND DEADLINES

### LETTER OF INTENT

#### **Deadline for Receipt of Letters of Intent: November 20, 2009**

Prospective applicants are asked to submit a letter of intent (LOI) to apply. Although an LOI is not required and is not binding, the information that it contains will allow IVP staff to estimate the potential proposal review workload and plan the review. The LOI should include:

- Descriptive title of the proposed program
- Name of the applicant

- In the case of Community Collaboratives, the name of the organization to be designated as the fiduciary
- Name, address, and telephone number of the primary contact for the application

The LOI can be submitted via fax, email, or postal mail. It should be sent to:

Cheryl Rockefeller  
Injury & Violence Prevention Section  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, MI 48909  
Fax: 517-335-9669  
Email: RockefellerC@michigan.gov

APPLICATIONS:

**Applications are due by 5:00 P.M., December 18, 2009.**

<i>Faxed or emailed applications will <b>not</b> be accepted.</i>
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Mail or deliver an original and three copies of the proposal following the instructions below.

Your application must be received by the application deadline, or you must have proof of its timely submission.

- For packages submitted via an overnight delivery service (e.g., DHL, Federal Express [FedEx], or United Parcel Service [UPS]), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.
- For packages submitted via the United States Postal Service [USPS] Overnight Express Service proof of timely submission shall be a postmark not later than 24 hours prior to the application deadline, and the following upon request by MDCH:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.
- For packages submitted via the United States Postal Service [USPS] by other than overnight Express Service, proof of timely submission shall be a postmark not later than four days prior to the application deadline, and the following upon request by MDCH:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date

and time of mailing.

**If the application package is being submitted via the United State Postal Service (excluding Overnight Express Service), the following address should be used:**

Patricia K. Smith, M.S.  
Injury & Violence Prevention Section  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, MI 48909

**If the application is being submitted via an overnight delivery service (e.g., UPS, FedEx, DHL, USPS Overnight Express) or being delivered in person, the following address should be used:**

Patricia K. Smith, M.S.  
Injury & Violence Prevention Section  
Michigan Department of Community Health  
8<sup>th</sup> Floor  
109 W. Michigan Ave  
Lansing, MI 48913

Applications shall be considered as meeting the deadline if they are received by the IVP Section on or before the deadline time and date.

Applications that do not meet the criteria above will be considered late. LATE APPLICATIONS WILL NOT BE CONSIDERED IN THE CURRENT COMPETITION AND WILL BE RETURNED TO THE APPLICANT.

Upon receipt, applications will be evaluated for completeness and responsiveness to this RFP. Incomplete and non-responsive applications will not be reviewed.

If verification is desired that the proposal package was received, please enclose a stamped, self-addressed postcard in the package.

## **WHERE TO OBTAIN ADDITIONAL INFORMATION**

A complete program description and information on application procedures are contained in this application package. Six pre-application technical assistance meetings and one technical assistance conference call, as described at the front of this RFP, will be held.

**Additional assistance or information may be obtained from Patricia Smith.** She can also provide copies of the cover page, completion check list, or budget pages in Microsoft Word format (budget forms also available in Excel). Ms. Smith can be reached at: 517/335-9703; Email: [smithpatk@Michigan.gov](mailto:smithpatk@Michigan.gov) (Secretary's telephone: 517/335-9518). Answers to significant questions that have been asked will be posted after November 16, and updated regularly thereafter, on the IVP Section website at: [www.Michigan.gov/injuryprevention](http://www.Michigan.gov/injuryprevention). The RFP will

also be available through that website. **Any corrections or changes to this RFP will also be posted on the website. Please check it regularly.**

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## **PROPOSAL REQUIREMENTS**

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**Applications that do not meet the following requirements will not be reviewed.**

**Proposals for youth suicide prevention programs must:**

1. Propose efforts clearly related to reducing suicide among young people ages 10–24 years.
2. Include at a minimum four of the following seven components:
  - Local leadership development (both youth and adult)
  - Training of key adults—e.g., mental health professional, community gatekeepers, teachers, foster care providers, juvenile justice professionals, primary care providers, substance abuse providers, etc.
  - Improvement of referral networks for youth
  - Improvement of youth risk assessment and monitoring
  - Youth education
  - Postvention services—appropriate post-suicide intervention services, care, and information to families, friends, schools, education institutions, the juvenile justice system, substance abuse programs, mental health programs, the foster care system, and other child and youth support organizations of youth who recently died by suicide.
  - Surveillance

Proposed programs may also include, but are not limited to activities such as:

- Early intervention services for youth who are at risk for mental or emotional disorders that may lead to suicide or a suicide attempt, and that are integrated with school systems, education institutions, the juvenile justice system, substance abuse programs, mental health programs, the foster care system, and other child and youth support organizations. Examples of such programs include, but are not limited to, mobile outreach programs or specialized emergency room interventions.
- Providing immediate support and information resources to families of youth who are at risk for suicide, such as families of youth who have attempted suicide.
- Conducting an information and awareness campaign that highlights the risk factors associated with youth suicide and the availability of care. Such a campaign must use effective communication mechanisms that are focused on and reach at-risk youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. The campaign should also meaningfully connect to other components

of the overall youth suicide prevention strategy. Such campaigns should also incorporate the findings from the latest available research on how to implement safe and effective suicide prevention awareness campaigns.<sup>4</sup>

3. Clearly identify and describe the population(s) that will be the focus for the activities set forth in the proposal.
4. Demonstrate the applicant's or a community partner's access to the focus population(s).
5. Demonstrate the applicant's or a community partner's experience in planning, delivering, and managing community-based interventions/programming.
6. Describe programming that is culturally sensitive and provided in a location that is adequate, accessible, compliant with ADA, and amenable to the focus population(s).
7. Demonstrate the applicant's commitment to participate in specified evaluation activities.
8. Describe in detail how prior written, informed voluntary consent from a youth's parent or legal guardian will be obtained for assessment services, school sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools.
9. Describe how cultural sensitivity and competency will be assessed and addressed in all aspects of the proposed effort, including infrastructure development, intervention, and focus population selection, as well as plans for sustainability.
10. Describe the specific undesired outcomes to be prevented or what desired outcomes are to be promoted, in both the short- and long-term. Short-term outcomes might include, for example, changes in skills, attitudes, and knowledge. Long-term outcomes could include, but are not limited to, reductions of suicidal behavior or injuries.
11. Explain how the proposed effort will accomplish the goals of this announcement within a program period not to exceed 31 months.

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<sup>4</sup> For example, see the NIMH-sponsored document *Reporting on Suicide: Recommendations for the Media* at <http://www.nimh.nih.gov/health/topics/suicide-prevention/reporting-on-suicide-recommendations-for-the-media.shtml> or the document *Safe and Effective Messaging for Suicide Prevention* available at [www.sprc.org/library/SafeMessagingfinal.pdf](http://www.sprc.org/library/SafeMessagingfinal.pdf)

## APPLICATION CONTENT

### Format:

Each application must

- be typewritten in black ink on 8.5" x 11" paper in a font no smaller than 12 points (e.g., this RFP is in 12 pt Times Roman font). The font can be smaller in charts, tables, graphs and footnotes, but must still be easily read.
- be double-spaced
- contain a Program Narrative (Sections D–J, below) that is no more than 25 pages in length. Be aware that if your Narrative starts on Page 5 and ends on page 30, it is 26 pages long, not 25 pages.
- have the pages, including those in the appendices, numbered consecutively starting with the cover page.
- be set up with at least 1" margins (page numbers can be placed within the margin)
- be printed on one side only
- be unbound (the original must be held together only with rubber bands or binder clips. The three copies can be held together with rubber bands, binder clips, or a staple in the upper left hand corner)

**Please organize your proposal using the forms and section headings described below. The Program Narrative (sections D–J) together may be no longer than 25 pages.**

The proposal should include the following information:

### A. Cover Sheet and Proposal Completion Checklist:

The **Application Cover Sheet** (in *Appendix A*) must be attached to the *front* of your application. The following elements must be filled in on this cover page:

1. Descriptive title of the program.
2. Total amount of funding requested for the program for this budget period (cannot exceed **\$27,000**).
3. Name of the Community Collaborative or Tribe applying for the grant.
4. Name and address of the fiduciary agency (if applicable).

5. Name and contact information for the person who is able to answer questions about the application.
6. Name and phone number of the person to be contacted in the case of an award (if different than the person named in #5).
7. Typed or printed name and signature of the Community Collaborative or Tribal Chairperson.
8. Typed or printed name and signature of the director or authorized proxy for the fiduciary agency (if applicable).

The **Proposal Completion Checklist** (Appendix A) must be filled in and inserted behind the Application Cover Sheet.

### **B. Proposal Summary:**

This **one-page** summary of the proposed program should briefly outline the program's goals and objectives, the focus population(s), the proposed partners and collaborators, the proposed activities, and the desired outcomes. *CONCISE WORDING RATHER THAN SMALLER TYPE, SINGLE SPACING, OR SMALLER MARGINS MUST BE USED TO GET THE SUMMARY ON ONE PAGE.*

### **C. Table of Contents:**

Include page numbers for each of the major sections of your proposal and for each appendix.

### **D. Background and Need:**

In this section, the applicant must:

1. Describe the geographic area to be served and justify the selection.
2. Describe, to the extent possible, the pattern of youth suicide mortality and morbidity within the geographic area or Tribe to be served. Note if your rates of suicide significantly exceed the national rates provided in Appendix D. Also describe identified risk factors for youth suicide in the area to be served.
3. Describe needs related to suicide prevention among the various systems within the community or Tribe that serve youth at risk for suicide or suicide attempts, including (but not limited to) mental health, substance abuse, education, justice, and foster care.
4. Describe exactly why the program is needed.
5. Provide empirical, theoretical, and/or anecdotal evidence that the chosen program components can be effective with the given population(s).

## **E. Focus Population(s):**

This section must describe in detail the group(s) to be focused on for the proposed activities, including—but not limited to—age, race/ethnicity, location, gender, other demographics, as well as levels and patterns of risk behavior, if appropriate. Justify your selection(s). Note that proposed programs are not required to include activities covering all 10–24 year olds in the selected geographic area; one or more subgroups within the age range can be selected (e.g., middle and high school students, 19–24 year olds not in school, returning vets under age 25, college students, etc.)

Discuss the language, beliefs, norms, and values of the focus population(s), as well as socioeconomic factors that must be considered in the delivering programs to the population(s). Provide estimates of the numbers to be served. Describe in detail how participants will be accessed and recruited for program activities.

## **F. Community Access and Collaboration**

In this section, the applicant must:

1. Provide evidence that it or a community partner has access to the focus population(s) for the proposed activities. Details on how the group(s) will be accessed and recruited for the activities must also be provided.
2. Provide evidence that it or a community partner has expertise and experience in the management and delivery of programming at the community level.
3. Provide details of the community partnerships as related to this project. Provide evidence of collaboration among local early intervention and prevention services, as well as other key agencies serving youth at risk. Describe the roles and responsibilities of participating organizations and demonstrate their commitment to the project.
4. Include in an appendix letters of commitment from the community partners and any other agencies or organizations that will have significant involvement in the program. **THESE LETTERS ARE VERY IMPORTANT TO THE APPLICATION.** THEY MUST PRECISELY STATE THE NATURE OF ANY PAST AND PROPOSED COLLABORATIONS WITH THE APPLICANT ORGANIZATION AND THE PRODUCTS, SERVICES, AND OTHER ACTIVITIES THAT WILL BE PROVIDED BY AND TO THE APPLICANT THROUGH THE COLLABORATION ON THE PROPOSED PROGRAM. Be sure that any cash or in-kind contributions that will be made to support the program are identified in the letters.

## **G. Goals and Objectives**

This section should clearly state the purpose and goal(s) of the overall 31-month program, and describe how achievement of the goals will advance the existing local and/or state suicide prevention plans.

This section should also contain *specific* 7-month process and outcome objectives<sup>5</sup> related to those goals (objectives for the remaining two years will be in the continuation applications). **ALL OBJECTIVES MUST BE WRITTEN SO THAT THEY ARE MEASURABLE, ACHIEVABLE, AND TAKE PLACE WITHIN A SPECIFIED TIME PERIOD.** It should be clear to which goal(s) the individual objectives relate.

## H. Plan of Operation

1. Provide a detailed description of the **specific activities** that are needed to achieve *each* of the program objectives. This description must include not only **what** will be done, but also **how** it will be done. For each activity, describe **who** will do **what** to implement the activity. Also describe how the proposed activities will produce the desired outcomes.
2. Include descriptions of the mechanisms for ensuring participants' access to all relevant program components.
3. Provide a realistic, detailed timeline (chart or graph) for the first seven months of the project showing key activities, milestones, and responsible staff. This timeline must be part of the narrative. It should not be placed in an appendix.
4. Describe the setting of each major activity in order to establish the generalizability of the findings. The application also needs to describe the relevance of this setting to the focus population and outcomes, i.e., why was this particular setting or context chosen?
5. Discuss how the proposed activities address the needs identified in Section D (Background and Need) of your narrative.
6. Include a plan for formation or continuation of a public/private partnership that will include stakeholders from the private and public sectors as well as advocacy groups, survivor organizations, faith-based organizations, academic institutions, and others, as appropriate, *to oversee implementation, performance, and evaluation of activities supported by this grant.* Public sector partners should include mental health, substance abuse, juvenile justice, public health, education, and foster care/child protective services. This public/private partnership may be the community's or Tribe's existing suicide prevention planning body.
7. Describe plans for ensuring that the services implemented through the project will be drawn from the following resources:

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<sup>5</sup> *Process objectives* measure the amount and quality of the activities or services undertaken to achieve the outcome objectives, such as hiring project staff or enrolling a specified number of individuals into the program. SAMPLE PROCESS OBJECTIVE WORDING: "By month three, 100 youth ages 12-15 will be enrolled in Program XYZ." *Outcome objectives* measure the success of the activities related to the goals of the program, such as increasing the knowledge about suicide warning signs among high school age youth. SAMPLE OUTCOME OBJECTIVE WORDING: "After participating in Program XYZ, seventy-five percent of program participants will increase their knowledge of the warning signs of suicide by 50%."

–SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP; <http://nrepp.samhsa.gov/>);

–Center for Mental Health Services’ (CMHS) Evidence-based Practice Tool Kits ([www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp));

–Model programs contained in the *President’s New Freedom Commission on Mental Health Report* ([www.mentalhealthcommission.gov/reports/reports.htm](http://www.mentalhealthcommission.gov/reports/reports.htm));

–Practices supported by the Institute of Medicine’s Report, *Reducing Suicide: A National Imperative* ([www.nap.edu/books/0309083214/html](http://www.nap.edu/books/0309083214/html));

–Practices supported in the *National Strategy for Suicide Prevention* ([www.mentalhealth.samhsa.gov/suicideprevention](http://www.mentalhealth.samhsa.gov/suicideprevention));

–Practices included in an already existing State or Tribal suicide prevention plan; and

–Practices supported as promising strategies by recognized experts in suicide prevention.

Please see the Suicide Prevention Resource Center Web site ([www.sprc.org](http://www.sprc.org)) for additional information on suicide prevention programs.

8. Describe plans for ensuring how access to emergency care will be assured for youth identified as being at immediate risk for suicide or suicide attempts.
9. Describe plans for facilitating and monitoring cross-system referrals and continuity of care for youth at risk.
10. Describe how parental consent will be obtained and family involvement promoted. The Garrett Lee Smith Memorial Act requires that States, Tribes, and entities receiving funding under this Act shall obtain prior, written informed consent from the child’s parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. This requirement does not apply:
  - in an emergency, when it is necessary to protect the immediate health and safety of the student or other students; or
  - other instances, as defined by the State, where parental consent cannot reasonably be obtained.
11. Describe how you will ensure that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the focus population(s).

12. Describe how the proposed program activities will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the focus population(s).
13. Describe the potential barriers to successful conduct of the proposed activities and how you will overcome them.
14. Discuss the initial steps that will be taken in Year 1 to develop a sustainability plan for the program.

Applicants are encouraged to utilize existing programs, delivery systems, and personnel for their program rather than create new ones, in order to maximize the cost effectiveness of the program, enhance acceptance of the program by potential participants, and help assure continuation of the intervention after the state funded project period has ended.

## I. Project Evaluation

Your evaluation should be designed to provide regular feedback to your program that can translate into informed decision-making and ongoing program improvement.

1. Provide specific process, performance, and outcome measures related to the goals and objectives identified in the Program Narrative, and describe what data will be used to assess them. Describe plans for data collection, management, analysis, interpretation, and reporting. Both quantitative and qualitative data can be used.

**Process components** should address issues such as:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What impact did the deviations have on the intervention and evaluation?
- Who provided (program, staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**Outcome components** should address issues such as:

- What was the effect of grant-funded suicide prevention activities on service capacity and other system outcomes?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

At a minimum, your plan must include the following measures:

- a. Process: Recipient demographics; satisfaction with services and/or materials received; accessibility of services and/or materials received
- b. Content: Recipients' perception of the relevance, helpfulness, and understandability of the services and/or materials received

- c. Impact: Recipients' report of what was learned; intent to do something differently as a result of services and/or materials received
2. It is also expected that grantees will be required, if applicable, to provide performance data on the number of persons by age, gender, race, and ethnicity who are referred to mental health services and the number of persons who actually schedule initial appointments with those services. If your program involves referring high-risk youth to treatment, indicate your willingness to work with the evaluation consultant to develop your current capacity to monitor the extent to which high-risk youth who are referred to treatment actually access that treatment.
3. Describe a process to document what lessons were learned; what barriers inhibited implementation; how such barriers were resolved; and what should be done differently in the future to effect improvements.
4. Commit to filling out and submitting baseline data collection forms, as well as quarterly and year-end progress and data collection forms to the MDCH Project Officer.
5. Explicitly state your willingness to work with the MDCH evaluation consultant and Project Officer to a) refine your evaluation plan and activities, b) participate in data collection for the national and state cross-site evaluation programs, and c) participate in the development of the final Replication Guidelines for the overall Youth Suicide Prevention and Early Intervention Program.

## **J. Project Management and Staffing**

In this section the applicant must:

1. List the proposed staffing for the project—paid and voluntary—noting existing staff as well as additional staffing needs. A Project Director/Coordinator must be designated and it must be clear that this person has sufficient authority, responsibility, expertise, and dedicated work time (no less than an average of 10 hours/week) to carry out the project.
2. Describe in detail, by staff position, the responsibilities of individual staff members, including the level of effort and allocation of time for each project activity. The time that the personnel are budgeted for on the project must be sufficient and in proportion to the stated activities. Also describe where each staff member will be housed and supervised.
3. Describe the qualifications and experience of the Project Director for assuming responsibility for oversight of this project. Describe the qualifications and experience of other key personnel for providing the types of resources required by this project, including content-specific knowledge of youth suicide prevention and early intervention. Provide a description of key personnel's understanding of the cultural context of suicide and suicide attempt in the focus population(s). Provide in an appendix a curriculum vita or résumé for each identified staff member and any other

individuals who will be playing a major role in implementing the program. For positions to be established or filled as part of this project provide position descriptions.

4. Describe the qualifications, roles, and responsibilities of any subcontractors that will participate. Letters of commitment are required from all proposed subcontractors identified in the application.
5. Indicate the types of quality control mechanisms that will be put in place to ensure smooth oversight, management, and day-to-day operations of this project.
6. Describe the resources available to support the staff (e.g., facilities, equipment, etc.).

## K. Additional Requirements

Grantees are required to commit to sending at least one person to each of the following meetings:

- Program Implementation Meeting  
March 3–4, 2010  
Lansing
- Community Technical Assistance and Grantee Meeting (2 days)  
April or May, 2010  
Location TBD (likely to be held at the Ralph A. MacMullan Conference Center in Roscommon)

## L. Proposed Budget

A detailed seven-month project budget must be prepared using the forms and closely following the instructions provided in *Appendix B*. Additionally, this section of the proposal *must* contain a **detailed narrative justification** for budget components. Although there are no points given for the budget, POINTS WILL BE LOST IN THE REVIEW IF THE BUDGET NARRATIVE IS NOT INCLUDED. The reviewers will be asked to comment on the appropriateness of the budget given the proposed activities, as well as the extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, weighted more toward project activities (including direct project administration) than indirect costs, and consistent with the intended use of Youth Suicide Prevention and Early Intervention Grant funds.

Salaries, benefits, and reasonable administrative costs are eligible for reimbursement.

**Please note:** No more than 15% of the budget can be used for data collection and evaluation activities.

Requirements for the proposed budget:

1. The budget items must coincide with the stated proposal objectives and delineated activities.

2. The budget must clearly state for what purpose(s) each budgeted item is requested.
3. The budget must include funding for at least one person to attend the mandatory 1½-day Program Implementation Meeting and the 2-day Community TA and Grantee Meeting.
3. Proposals reflecting a budget that places substantial emphasis on implementation (including direct staffing costs) with less weight placed on administrative overhead and/or indirect costs will be viewed favorably.
4. Proposals that include budget expenses that exceed the maximum award under this RFP will not be viewed favorably unless the budget shows a source of other funding to cover the additional expenses.
5. Only organizations with federally negotiated indirect rates or indirect rates negotiated with MDCH can request indirect costs. Documentation of the approved indirect rate must be provided.
6. Include information on any local match and/or in-kind funds **in the budget narrative only**. Do not include these funds on the budget forms. A table or chart showing what is covered by this grant versus what is covered by the match would be helpful.

## **L. Confidentiality and Participant Protection**

Because of the sensitive and confidential nature of the work in many suicide prevention and early intervention programs it is important to have safeguards protecting individuals from risks associated with their participation in these programs. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed activities, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your program. If so, you are required to describe the process you will follow for obtaining Institutional Review Board approval or, at a minimum, commit to working with the MDCH IVP Section staff to obtain that approval.

While we encourage you to keep your responses brief, there are no page limits for this section and the Review Committee will assign no points. Problems with confidentiality, participant protection, and protection of human subjects identified during review of the application, however, may result in the delay of funding.

While you might not think your proposed program poses any risks, please realize that suicide is a sensitive issue and might at the very least be an upsetting topic for some people. You must recognize how people might be affected by any of your proposed activities and how your program will assist them if necessary.

## 1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of program activities or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

## 2. Fair Selection of Participants

- Describe the focus population(s) for the proposed activities. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, LGBTQ youth, or people with mental or physical disabilities.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

## 3. Absence of Coercion

- Explain if participation in the activities is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- State how volunteer participants will be told that they may receive services or the intervention even if they do not participate in or complete the data collection component of the program.

## 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be

collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide copies in an appendix of any available data collection instruments and interview protocols that you plan to use.

#### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in program activities. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the program at any time without problems.
  - Possible risks from participation in the program activities.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If specific program activities pose potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in an appendix of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the program, or releases your program or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the program. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your program, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in program activities?

#### 7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the program.

### **Protection of Human Subjects Regulations**

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose programs must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed program activities.

General information about Protection of Human Subjects Regulations can be obtained on the Web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail ([ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov)) or by phone (301/496-7005).

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## **PROPOSAL EVALUATION CRITERIA**

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Applications will be reviewed and rated according to the following criteria (maximum 100 points total). Points will be subtracted from the final score if the technical instructions (e.g., page formatting, font size, etc.) are not followed.

◆ **Background and Need: (10 points)**

- The extent to which:
  - youth suicide-related morbidity and mortality are a problem in the selected program area or Tribe.
  - the applicant provides a clear picture of the community to be served, including such things as demographics, injury and death data, and the availability of existing relevant suicide prevention programs and services.
  - the applicant has demonstrated an understanding of the suicide prevention-related needs among relevant systems.
  - the applicant justifies the need for the program.
  - the applicant shows that the chosen program components have the potential to be effective.

◆ **Focus Population: (10 points)**

- The extent to which the applicant
  - clearly and concisely describes the group(s) to be the focus of program activities, including demographics, risk factors, and risk behaviors.
  - clearly describes how members of the focus population(s) will be accessed and recruited.
  - has demonstrated an understanding of the culture of the focus population(s) as well as socioeconomic factors to be considered in program delivery.
- The appropriateness of the focus population(s) and the methods of accessing and recruiting program participants from this group.

◆ **Community Access and Collaboration: (10 points)**

- The extent to which the applicant or a community partner has
  - access to the focus population.
  - experience in the management and delivery of programming at the community level.
- The appropriateness of the proposed partnerships, given the proposed activities.
- The quality and completeness of the letters of commitment.

◆ **Goals and Objectives: (10 points)**

- The extent to which:
  - the applicant's goals are clearly articulated.
  - the objectives are time-phased, specific, measurable, and achievable in the initial 6 months of the program.
  - the objectives relate to the overall goals of the program.
  - the applicant included sufficient and appropriate process *and* outcome objectives.

◆ **Plan of Operation: (35 points)**

- The quality and specificity of the applicant's proposed plan to operationalize a multifaceted and coordinated youth suicide prevention early intervention and prevention program.
- The extent to which:
  - the proposed program includes at least four of the seven required components.
  - the applicant describes the *what* and *how* of program activities, who will carry out the activities, and how the program will produce the desired outcomes.
  - mechanisms for ensuring participants' access to all relevant program components are described.
  - the proposed activities address the identified needs.
- The quality and specificity of:
  - the timeline.
  - the applicant's plan to form or continue a relevant public/private partnership involving appropriate stakeholders.
  - plans ensuring that youth at immediate risk have access to emergency care and for facilitating and monitoring cross-system referrals and continuity of care for youth at risk.
- Are plans included for ensuring that programming is drawn from the specified resources?
- The extent to which the applicant describes how parental consent will be obtained and family involvement promoted.
- The extent to which the applicant describes how proposed activities will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the focus population(s).
- Is evidence provided that the chosen intervention has the potential to be effective?
- Is the relevancy of the setting(s) to the focus population(s) and desired outcomes described?
- The extent to which the applicant:

- gives evidence that services will be provided in locations that are adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the focus population(s).
  - describes potential barriers to program implementation and proposes to manage them.
  - describes initial steps to be undertaken in planning for program sustainability.
- Based on information provided in this section, how realistic are the applicant's chances of achieving the stated program objectives? To what extent is the proposed program realistic and how well does it meet the intended purposes of the funding?

◆ **Evaluation: (10 points)**

- The quality and specificity of the plan for annual project self-evaluation.
- Does the applicant explicitly state their willingness to work with the evaluation consultant and Project Officer on the specified activities?
- If applicable, does the applicant specify a willingness to work with the evaluation consultant on building capacity to monitor the extent to which high-risk youth who are referred to treatment actually access that treatment?

◆ **Project Management and Staffing: (10 points)**

- Has a Project Director or Coordinator with sufficient authority, responsibility, expertise, and dedicated work time been designated?
- Is the staff time, paid and volunteer, sufficient and in proportion to the stated activities?
- The extent to which the applicant describes plans to train and support staff.
- Are staff qualifications and experience appropriate and sufficient?
- Are résumés or vitae provided for identified staff? Are position descriptions provided for positions yet to be established or filled?
- Are qualifications, roles, and responsibilities for any subcontractors adequately described? Are letters of commitment included for them?
- Is an organizational chart for the program provided?
- The extent to which the applicant describes how smooth program oversight, management, and day-to-day operations will be maintained.
- Have adequate resources been proposed to support staff?

◆ **Additional Requirements: (5 points)**

- Has the applicant committed to sending at least one person to the
  - Program Implementation Meeting on March 3–4, 2010?
  - Community Technical Assistance and Grantee Meeting in the spring of 2010?

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## GLOSSARY

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**Best Practices:** Practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability.

**Cross-site Evaluation:** The systematic collection of context, product, process, and impact information across all six Youth Suicide Prevention Program sites, which will inform MDCH and the grantees regarding the magnitude, import, reach, and effectiveness of the funded suicide prevention activities.

**Cultural Competence:** The willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective that values differences and is responsive to diversity at all levels of a program. A culturally competent program values differences and integration of cultural attitudes, beliefs, and practices relevant to the program's focus population. It is also the development and continued promotion of skills and practices important to program implementation, cross-cultural interactions, and systems practices among providers and staff to ensure that services are delivered in a culturally competent manner.

The guidelines on the following Web page can help ensure appropriate attention to cultural competence in planning programs:

<http://www.prevention.samhsa.gov/ccompetence/default.aspx>.

**Direct Services:** For the purposes of Youth Suicide Prevention Program grants, “direct services” refers to youth suicide early intervention and prevention services. Such services include, but are not limited to, training, assessment, post-suicide intervention services, information and awareness campaigns, and other suicide prevention activities. *Clinical services are not considered “direct services” for the purposes of this RFP.*

**Early Intervention:** A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

**Evidence-based:** Programs that have undergone scientific evaluation and have proven to be effective. Copies of six SAMHSA/CMHS Evidence-Based Practice Implementation Resource Kits, which are designed to encourage the use of evidence-based practices in mental health, are available at <http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp>.

**Focus Population:** The specific population of people that a particular program or practice is designed to serve or reach.

**Gatekeepers:** Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

**In-kind Contribution:** In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) derived from non-State sources, such as foundation grants or

contributions from other public or private entities.

**Letter of Commitment:** A letter from an individual or agency that will be making a significant contribution to the program overall or to specific proposed activities. The letter *must* precisely state the nature of any past and proposed collaborations with the applicant organization and the products, services, and other activities that will be provided by and to the applicant through the collaboration on the proposed project.

**National Registry of Evidence-based Programs and Practices:** A registry developed by SAMHSA to review and feature programs and practices that have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. For additional information, see <http://nrepp.samhsa.gov/>.

**Outreach Programs:** Programs that send staff into communities to deliver services or recruit participants.

**Prevention:** A strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems that have been known to lead to suicide.

**Public Information Campaign:** An effort designed to provide facts to the general public or to target populations through various media such as radio, television, advertisements, newspapers, magazines, and billboards.

**Suicide Prevention Resource Center:** Funded by the Garrett Lee Smith Memorial Act, the national Suicide Prevention Resource Center ([www.sprc.org](http://www.sprc.org)) supports the technical assistance and information needs of SAMHSA's State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees and State, Territorial, and Tribal suicide prevention coordinators and coalition members with customized assistance and technical resources. They also plan and implement conferences and training events, create publications and Web content on suicide and suicide prevention for professionals, advocates, and consumers; identify and disseminate best practices; facilitate informational exchanges and peer-to-peer mentoring using listserves and other technologies; and promote suicide prevention as a component of mental health transformation.

**Suicide Survivors:** Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

**Stakeholder:** An individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Sustainability:** The ability to continue a program or practice after SAMHSA grant funding has ended.

**Youth:** For the purposes of this grant, youth are defined as individuals between the ages of 10 and 24.

# **APPENDIX A**

## **Coversheet & Checklist**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INJURY & VIOLENCE PREVENTION SECTION

**YOUTH SUICIDE PREVENTION AND EARLY  
INTERVENTION GRANTS  
APPLICATION COVER SHEET**

<b>LEAVE BLANK—FOR MDCH USE ONLY</b>
Date Received:
1°:
2°:
Reader:

1. TITLE OF PROGRAM:
2. TOTAL AMOUNT OF FUNDING REQUESTED:
3. NAME OF APPLICANT ORGANIZATION (Community Collaborative or Tribe): ADDRESS:
4. NAME OF FIDUCIARY AGENCY (if applicable): ADDRESS:
5. NAME OF CONTACT PERSON (must be able to answer questions about the application): TITLE: PHONE NUMBER: ADDRESS: EMAIL: FAX:
6. NAME OF PERSON TO BE NOTIFIED IF AWARD IS MADE (if different than #5): TITLE: PHONE NUMBER: ADDRESS: EMAIL: FAX:
7.  _____ Typed or printed name of Community Collaborative or Tribal Chairperson  _____ Signature Date
8.  _____ Typed or printed name of official signing for agency in #4 (if applicable)  _____ Signature Date

**PROPOSAL COMPLETION CHECKLIST**

*(fill out and place in proposal behind cover page)*

- One original and three copies are enclosed
- The original document is held together only with rubber bands or binder clips
- The copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner
- A stamped, self-addressed postcard has been included in the proposal package (only if verification that the proposal has been received is desired)
- The appropriate signatures are included on the cover sheet

The proposal

- Is typewritten on 8.5" x 11" paper in a font no smaller than 12 points
- Is double-spaced
- Is no longer than 25 pages, excluding cover page, checklist, budget forms and narrative, and appendices
- Has all pages numbered consecutively, starting with the cover page
- Is set up with at least 1" margins
- Is printed on only one side of the paper
- Has been proofread and spell-checked
  
- All required lines are filled out on the cover sheet
- The appropriate budget forms have been filled out and included at the end of the narrative
- A detailed budget narrative is included in the budget section
- If indirect has been requested, appropriate documentation of indirect cost rate is included
- All necessary letters of commitment are included

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Signature of person completing the checklist

**ATTACHMENT B**  
**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

**I. INTRODUCTION**

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

**II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION**

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.
- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

**Expenditures:**

1. Salary and Wages
  2. Fringe Benefits
  3. Travel
  4. Supplies and Materials
  5. Contractual (Subcontracts/Subrecipients)
  6. Equipment
  7. Other Expenses
  8. Total Direct Expenditures
  9. Indirect Costs
  10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
1. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
  2. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
  3. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
  4. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.
  5. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.

## PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.

- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

### **III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION**

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.

- A. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

#### **Expenditure Categories:**

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION  
(continued)

- J. expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- K. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer’s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION  
(continued)

the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
  2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. **Department funds may not be used to purchase a building or land.**
  3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
  4. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION  
(continued)

- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.**  
Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures - Enter the sum of items 8 and 9 on line 10.

**PROGRAM BUDGET SUMMARY****MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

<b>PROGRAM</b> (A) Budget and Contracts			<b>DATE PREPARED</b> (B) 7/01/xx		<b>Page</b> (C) 1	<b>Of</b> 2
<b>CONTRACTOR NAME</b> (D) Michigan Agency			<b>BUDGET PERIOD</b> (E) From: 10/01/xx To: 9/30/xx			
<b>MAILING ADDRESS (Number and Street)</b> (F) 123 ABC Drive			<b>(G) BUDGET AGREEMENT</b> ORIGINAL      AMENDMENT ►			<b>AMENDMENT #</b> 1
<b>CITY</b> Acme	<b>STATE</b> MI	<b>ZIP CODE</b> 44444	<b>FEDERAL ID NUMBER</b> (H) 38-1234567			
<b>(I) EXPENDITURE CATEGORY</b>						<b>(K) TOTAL BUDGET</b> (Use Whole Dollars)
1. SALARY & WAGES			43,000			43,000
2. FRINGE BENEFITS			11,180			11,180
3. TRAVEL			1,400			1,400
4. SUPPLIES & MATERIALS			37,000			37,000
5. CONTRACTUAL (Subcontracts/Subrecipients)			3,500			3,500
6. EQUIPMENT			5,000			5,000
7. OTHER EXPENSES						
			8,000			8,000
8. <b>TOTAL DIRECT EXPENDITURES</b> (Sum of Lines 1-7)			110,090			110,090
9. INDIRECT COSTS: Rate #1      %						
INDIRECT COSTS: Rate #2      %						
<b>10. TOTAL EXPENDITURES</b>			<b>110,090</b>			<b>110,090</b>

**(J) SOURCE OF FUNDS**

11. FEES & COLLECTIONS			10,000			10,000
12. STATE AGREEMENT			90,000			90,000
13. LOCAL			9,090			9,090
14. FEDERAL						
15. OTHER(S)						
<b>16. TOTAL FUNDING</b>			<b>110,090</b>			<b>110,090</b>

**AUTHORITY:** P.A. 368 of 1978**COMPLETION:** Is Voluntary, but is required as a condition of funding

The Department of Community Health is an equal opportunity employer, services and programs provider.

DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete.

**PROGRAM BUDGET – COST DETAIL SCHEDULE**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use **WHOLE DOLLARS ONLY**

<b>(B) PROGRAM</b>		<b>(C) BUDGET PERIOD</b>		<b>(D) DATE PREPARED</b>
Budget and Contracts		From: 10/01/xx	To: 9/30/xx	7/01/xx
<b>(E) CONTRACTOR NAME</b> Michigan Agency		<b>(F) BUDGET AGREEMENT</b> ORIGINAL      AMENDMENT X		<b>AMENDMENT #</b> 1
<b>(G)</b> <b>1. SALARY &amp; WAGES</b> <b>POSITION DESCRIPTION</b>	<b>(H)</b> <b>COMMENTS</b>	<b>(I)</b> <b>POSITIONS REQUIRED</b>	<b>(J)</b> <b>TOTAL SALARY</b>	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
<b>(K) 1. TOTAL SALARY &amp; WAGES:</b>		1.5	\$ 43,000	
<b>(L) 2. FRINGE BENEFITS (Specify)</b>				
<input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS                      COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP                      AMOUNT 26% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				
<b>2. TOTAL FRINGE BENEFITS:</b>				\$ 11,180
<b>(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)</b>				
Conference registration		\$350		
Airfare		\$600		
Hotel accommodations and per diem for 4 days		\$450		
<b>3. TOTAL TRAVEL:</b>				\$ 1,400
<b>(N) 4. SUPPLIES &amp; MATERIALS (Specify if category exceeds 10% of Total Expenditures)</b>				
Office Supplies		2,000		
Medical supplies		35,000		
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				\$ 37,000
<b>(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)</b>				
<b>Subcontractor Name</b>	<b>Address</b>	<b>Amount</b>		
ACME EVALUATION SERVICES	555 WALNUT, LANSING, MI 48933	\$ 2,000		
<b>Subrecipient Name</b>				
HEALTH CARE PARTNERS	333 KALAMAZOO, LANSING, MI 48933	\$ 1,500		
<b>5. TOTAL CONTRACTUAL:</b>				\$ 3,500
<b>(P) 6. EQUIPMENT (Specify items)</b>				
Microscope		\$5,000		
<b>6. TOTAL EQUIPMENT:</b>				\$ 5,000
<b>(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)</b>				
Communication Costs		\$2,400		
Space Costs		\$3,600		
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing		\$2,000		
<b>7. TOTAL OTHER:</b>				\$ 8,000
<b>(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>		\$ 110,090
<b>(S) 9. INDIRECT COSTS CALCULATIONS</b>				
		Rate #1: Base \$0 X	Rate 0.0000 %	Total
		Rate #2: Base \$0 X	Rate 0.0000 %	Total
<b>9. TOTAL INDIRECT EXPENDITURES:</b>				\$ 0
<b>(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				\$ 110,090
<b>AUTHORITY:</b> P.A. 368 of 1978		The Department of Community Health is an equal opportunity		
<b>COMPLETION:</b> Is Voluntary, but is required as a condition of funding		employer, services and programs provider.		
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
 CONTRACT MANAGEMENT SECTION

**EQUIPMENT INVENTORY SCHEDULE**

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: Michigan Agency Contract #: 2010000 Date: 10/31/09

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	LW Scientific M5 Labscope	<ul style="list-style-type: none"> <li>• Binocular</li> <li>• Trinocular with C-mount or eye tube</li> <li>• 35mm and digital camera adapters available</li> <li>• Diopter adjustment</li> <li>• Inclined 30 degrees (45 degrees available), rotates 360 degrees</li> <li>• 10X/20 high point eyepieces</li> <li>• Interpupillary distance range 50-75mm</li> </ul>	N1038438EW109	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total</b>				\$ 5,000

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM BUDGET SUMMARY**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

PROGRAM			DATE PREPARED	Page	Of
CONTRACTOR NAME			BUDGET PERIOD From: To:		
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ►		AMENDMENT #
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
<b>EXPENDITURE CATEGORY</b>				<b>TOTAL BUDGET</b> (Use Whole Dollars)	
1. SALARIES & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
<b>8. TOTAL DIRECT EXPENDITURES</b> (Sum of Lines 1-7)					
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
<b>10. TOTAL EXPENDITURES</b>					

**SOURCE OF FUNDS**

11. FEES & COLLECTIONS					
12. STATE AGREEMENT					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
<b>16. TOTAL FUNDING</b>					

<p><b>AUTHORITY:</b> P.A. 368 of 1978  <b>COMPLETION:</b> Is Voluntary, but is required as a condition of funding</p>	<p>The Department of Community Health is an equal opportunity employer, services and programs provider.</p>
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**PROGRAM BUDGET – COST DETAIL SCHEDULE**  
 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger  
 Use WHOLE DOLLARS Only

Page Of

<b>PROGRAM</b>		<b>BUDGET PERIOD</b>		<b>DATE PREPARED</b>
		From:	To:	
<b>CONTRACTOR NAME</b>		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		<b>AMENDMENT #</b>
<b>1. SALARY &amp; WAGES</b> POSITION DESCRIPTION	<b>COMMENTS</b>		<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>
				\$ 0
				\$ 0
				\$ 0
				\$ 0
				\$ 0
				\$ 0
<b>1. TOTAL SALARIES &amp; WAGES:</b>			<b>0</b>	<b>\$ 0</b>
<b>2. FRINGE BENEFITS (Specify)</b> <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS.                      COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP.                      AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				<b>2. TOTAL FRINGE BENEFITS:</b>
				\$ 0
<b>3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)</b>				
<b>3 TOTAL TRAVEL:</b>				\$ 0
<b>4. SUPPLIES &amp; MATERIALS (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)</b>				
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				\$ 0
<b>5. CONTRACTUAL (SPECIFY SUBCONTRACTS/SUBRECIPIENTS)</b>				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
<b>5. TOTAL CONTRACTUAL:</b>				\$ 0
<b>6. EQUIPMENT (SPECIFY ITEMS)</b>				
<b>6. TOTAL EQUIPMENT:</b>				\$ 0
<b>7. OTHER EXPENSES (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)</b>				
<b>7. TOTAL OTHER:</b>				\$ 0
<b>8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>		\$ 0
<b>9. INDIRECT COST CALCULATIONS</b>		RATE #1: BASE \$0 X RATE 0.0000 % TOTAL RATE #2: BASE \$0 X RATE 0.0000 % TOTAL		\$ 0
		<b>9. TOTAL INDIRECT EXPENDITURES:</b>		\$ 0
<b>10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				<b>\$ 0</b>
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding			The Department of Community Health is an equal opportunity employer, services and programs provider.	
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## ATTACHMENT C—ELIGIBLE APPLICANTS

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### Community Collaboratives

### County Represented

Alcona County Human Services Council	Alcona
Alger County Family Coordinating Council	Alger
Allegan County Multi-Agency Collaborative Council	Allegan
Alpena County Human Services Coordinating Council	Alpena
Antrim County <b>Community Collaborative</b>	Antrim
Arenac <b>Multi-Purpose Collaborative Body</b>	Arenac
Barry Community Resource Network	Barry
Bay Area Human Services Collaborative Council	Bay
Benzie Human Services <b>Collaborative</b>	Benzie
Berrien County Human Services Council	Berrien
Branch County Family Services Network	Branch
The Coordinating Council of Calhoun County	Calhoun
Cass County Human Services Coordinating Council	Cass
Cheboygan County Human Services Coordinating Body	Cheboygan
Chippewa County	Chippewa
Community Collaborative of Clare County	Clare
Clinton County Building Stronger Community Council	Clinton
Copper Country Human Services Coordinating Body	Baraga, Houghton, Keweenaw
Crawford County Collaborative Body	Crawford
Delta County Family Community Collaborative	Delta
Dickinson County Collaborative Body	Dickinson
Eaton County Human Services Collaborative Council	Eaton
Emmet and Charlevoix Counties Human Services Coordinating Body	Emmet, Charlevoix
Genesee County <b>Community Collaborative</b>	Genesee
Gladwin County Human Services Coordinating Body	Gladwin
Gogebic and Ontonagon Human Services Coordinating Body	Gogebic and Ontonagon
Grand Traverse Community Collaborative	Grand Traverse
Gratiot County Collaborative Council	Gratiot

Hillsdale County Human Services Network	Hillsdale
Huron County <b>Community Collaborative</b>	Huron
The Power of We Consortium	Ingham
Ionia County Child, Family, and Community Council	Ionia
Iosco County Human Services Coordinating Council	Iosco
Iron County Collaborative Board	Iron
Isabella County Community Collaborative	Isabella
Jackson County's Human Services Coordinating Alliance	Jackson
Kalamazoo County Multi-Purpose Collaborative Body (KCMPCB)	Kalamazoo
<b>Kalkaska County Community Collaborative</b>	Kalkaska
Kent County Family and Children's Coordinating Council	Kent
Lapeer County MPCB	Lapeer
Leelanau County Family Coordinating Council	Leelanau
Lenawee <b>Community Collaborative</b>	Lenawee
Livingston County Human Services Collaborative Body	Livingston
Mackinac County Human Services Collaborative Body	Mackinac
Macomb County Human Services Coordinating Body	Macomb
Manistee Human Services Collaborating Body	Manistee
Marquette County <b>Community Collaborative</b>	Marquette
Mecosta County Human Services Coordinating Body	Mecosta
Menominee County Collaborative Board	Menominee
Midland County Health and Human Services Council	Midland
Monroe County Human Services Collaborative Network	Monroe
Montcalm Human Services Coalition	Montcalm
Montmorency County <b>Community Collaborative</b>	Montmorency
Muskegon County Community Coordinating Council	Muskegon
Newaygo County <b>Community Collaborative (NC3)</b>	Newaygo
Oakland County Human Services <b>Community Collaborative</b> Council	Oakland
Ogemaw County Human Services Council	Ogemaw
Osceola Human Services Coordinating <b>Body</b>	Osceola
Oscoda County Human Services Coordinating Council	Oscoda
Otsego Human Services Network	Otsego
Ottawa County Human Services Coordinating Council	Ottawa

Presque Isle Human Services Coordinating Council	Presque Isle
Roscommon Human Services Collaborative Body	Roscommon
Saginaw County Human Services Collaborative Body	Saginaw
Sanilac County <b>Sanilac County Community Collaborative</b>	Sanilac
Schoolcraft County Community Collaborative	Schoolcraft
Shiawassee County Health and Human Services Council	Shiawassee
St. Clair County Community Services Coordinating Body	St. Clair
St. Joseph County Human Services Commission	St. Joseph
Tahquamenon Area Human Service Collaborative Body	Luce
Tuscola County Human Services Coordinating Council	Tuscola
Van Buren County Human Services Collaborative Council	VanBuren
<b>Community Collaborative of Washtenaw County</b>	Washtenaw
Wayne County Human Services Coordinating Body	Wayne
West Michigan Child and Family Leadership Council	Mason, Oceana
Wexford-Missaukee Human Services Leadership Council	Wexford, Missaukee

**Federally Recognized Tribes**

Bay Mills Indian Community

Grand Traverse Bands of Ottawa and Chippewa Indians

Hannahville Indian Community

Nottawaseppi Huron Band of the Potawatomi

Keweenaw Bay Indian Community

Lac Vieux Desert Band of Lake Superior Chippewa Indians

Little River Band of Ottawa Indians

Little Traverse Bay Bands of Odawa Indians

Match-e-be-nash-she-wish Band of Pottawatomi Indians (Gun Lake Tribe)

Pokagon Band of Potawatomi Indians

Saginaw Chippewa Tribe

Sault Ste. Marie Tribe of Chippewa Indians

## APPENDIX D—NATIONAL YOUTH SUICIDE RATES

Avg. Suicide Death Rates per 100,000 persons, United State 2002–2006									
Age Group	White Male	White Female	Black Male	Black Female	Am Indian/ AK Native Male	Am Indian/ AK Native Female	Asian/Pac Islander Male	Asian/Pac Islander Female	Total
10-14	1.73	0.68	1.65	0.64	4.13	2.46	1.03	0.45	1.22
15-19	13.07	3.07	7.02	1.33	27.02	10.42	6.94	2.78	7.59
20-24	21.08	3.79	16.48	2.42	35.62	7.69	11.58	3.68	12.41
Total	11.9	2.47	8.14	1.43	21.83	6.82	6.36	2.26	7.05