School-Based Health Alliance Request for Applications (RFA) in Connecticut

Sample Application

The national School-Based Health Alliance (SBHA) invites applications from eligible organizations in Connecticut to implement, expand, or promote programs within school-based health service sites. This initiative focuses on enhancing health education, mental health support, nutritional education, and outreach efforts aimed at students, families, and at-risk populations within these sites. By prioritizing student and family engagement, the initiative seeks to empower communities to play an active role in shaping school-based health services. Through this effort, SBHA aims to foster healthier school environments that promote well-being and resilience across Connecticut's school communities.

Key Areas of Focus:

Health Education
Proposed programs actively work to increase awareness and address key mental health concerns such as suicide prevention, bullying, eating disorders, and the impact of social media on mental health. Personnel, including subject matter experts, may be contracted to support these services.
Examples of Projects:
Peer Mentorship and Mental Health Workshops: Training peer mentors to lead workshops on mental health topics, helping students recognize signs of distress, and promoting positive coping strategies.
Social Media Awareness Campaign: Initiating a campaign or workshops to educate students on the effects of social media on self-esteem and mental health, with resources on responsible online behavior.

Nutritional Education and Counseling
Proposed programs actively work to provide students with essential resources, counseling, and guidance on maintaining a balanced diet and understanding nutrition's impact on overall health. Personnel, including subject matter experts, may be contracted to support these services.
Examples of Projects:
Nutrition and Food Access Challenges: Distributing $100 gift cards for local grocery stores to SBHC-enrolled students from high-need families (limit of one card per family) to increase access to nutritious foods.
Healthy Cooking Classes for Families and Students: Offering cooking classes that teach easy, affordable, and nutritious recipes, paired with a supply of ingredients to encourage families to prepare meals together.
Student-Led School Nutrition & Mental Health Garden: Creating a school garden project where students grow vegetables and learn about sustainable food practices and healthy eating habits.
Outreach to Students and Families

Proposed programs actively work to expand support to families and at-risk students, emphasizing engagement with high-need populations to increase access to SBHC resources and services. Personnel, including subject matter experts, may be contracted to support these services.

Examples of Projects:

First Aid Kit Distribution: Providing first aid kits to all families or as an enrollment incentive for families who register with the SBHC, ensuring they are equipped for basic health needs at home.

Family Health Nights: Hosting regular health-focused events for families to engage with healthcare providers, learn about health topics, and connect with support resources in their community.

Eligibility to Submit Proposals:

To be considered for grant funding under this application process, applicants must:

- Address the target population: the students who attend the school where the SBHC is located.
- Offer the following model:
    - School-Based Health Center (SBHC) is a health clinic that:
        - is located in, or on the grounds of, a school facility of a school district or school board or an Indian tribe or tribal organization
        - is organized through school, community, and health provider relationships
        - is administered by a sponsoring facility
        - provides comprehensive on-site medical and/or behavioral health services to children and adolescents in accordance with State and local law, including laws relating to licensure and certification

Entities able to be awarded:

- Subrecipients may include any of the following:
- hospital
- public health department
- community health center
- nonprofit health or human services agency
- school or school system
- a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.
- In honor and recognition of government-to-government relationships and the moral and legal responsibility to honor Indian Nations, Tribal or Indigenous communities and representative organizations are strongly encouraged to apply.

Number of Awards:

SBHA anticipates making multiple awards due to this RFA process, including partial awards. We reserve the right to eliminate the lowest-scoring application(s) or make awards at amounts less than that requested.

Award Information:

- **Available Funding**: $1,191,238.54
- **Minimum Award Amount**: $25,000 per school site
- **Maximum Award Amount**: $100,000 per school site
- **Projected Number of Awards**: Varied
- Funds may support varied operational costs, including personnel and supplies, as well as one-time costs related to equipment purchases (including mobile units and telehealth infrastructure).

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than one year, and a per-unit acquisition cost that equals or exceeds the lesser of (a) the capitalization level established by the applicant for its financial statement purposes, or (b) $5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Dental chairs and radiographic equipment are considered moveable equipment. Permanently affixed equipment (e.g., signs in or on the existing building) is considered fixed equipment and is categorized as minor A/R (not equipment).

Key Dates:
- **FAQ Session**: Thursday, November 14, 2024
- **Submission of Proposals Deadline**: Thursday, December 5, 2024
- **Award Announcement**: Wednesday, December 18, 2024
- **Contract Term**: On execution of contract - May 31, 2025

Contract Management/Data Reporting:
Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive service improvements. As such, the SBHA reserves the right to request/collect other key data and metrics from providers/vendors.

Grantee Requirements:
1. Monthly group virtual call (1-1.5 hours)*
2. After submission of first reporting period, schedule grantee 1:1 meeting*
3. Submit program reports in electronic format in accordance with contract
4. Submit invoice and year-to-date financial reports in electronic format in accordance with contract
 *at least one program and one financial staff member required to attend

RFP Manager:
All communication regarding the RFA must be made through the RFA Manager at
CTSBHCFunding@sbh4all.org.

Questions:
All questions must be submitted by email to the RFA Manager at CTSBHCFunding@sbh4all.org and include "**CT RFA Short-term Program Questions - 2024**" in the email's subject line by Wednesday,

November 13, 2024.

SBHA is hosting an FAQ session regarding this opportunity on **Thursday, November 14th from 9:00 to 9:45 AM EDT on Zoom**. Register here. A recording will be available after the session, posted to the informational webpage.

Application Submission:
Only proposals received through this portal will be considered:
<mark>Submission Deadline - Thursday, December 5, 2024</mark>
Applications must be submitted electronically through the submission form, with all documents attached.

Visit the School-Based Health Alliance Request for Applications (RFA) in Connecticut Webpage for more information. The RFA details additional documents to be attached. You may attach additional supporting documents, such as additional letters of support. The following documents must be attached to your proposal:

- Memorandum of Understanding or Agreement
- School website link or brochure, if applicable
- Budget to detail requested funds - clearly describe items requested and identify specific items.
  - Example:
    - Detailed and specific - erasers, pencils, pens
    - Not enough detail - office supplies
- Budget Narrative
- Work Plan
- Letters of Support from school and community partners

End of Block: Application Information and Instructions

Start of Block: Applicant Information

Do you have an existing and fully operational School-Based Health Center (SBHC) at the site(s) you are applying for?

Application requires current existing and fully-operational SBHC or services.

○ Yes

○ No

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Applicant Agency

_____

Applicant Agency Address

EIN Employer Identification Number

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Please indicate below how many school-based health centers/ sites you plan to apply for. The survey will loop based on the number provided. At the beginning of each loop, please indicate the school-based health center/ site you are applying for on that loop.

For example, if you are applying for funding at three school-based health centers/ sites (A, B, C), the application will loop three times and ask which school-based health center/ site you are applying for and the requested funding amount for that site before each loop.

How many school-based health centers/ sites are you applying for?

_____

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The Contractor identifies as follows (select all that apply)

☐ Health Center

☐ Health Department

☐ School

☐ School district

☐ Non-profit

☐ Corporation

☐ Other _____

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Primary Contact

○ Name _____

○ Telephone _____

○ Email _____

Fiscal Contact

○ Name _____

○ Telephone _____

○ Email _____

Signatory Contact

○ Name _____

○ Telephone _____

○ Email _____

Other Contact

○ Name _____

○ Telephone _____

○ Email _____

SBHC Site Information

○ SBHC school name (complete name, no abbreviations)
_____

○ SBHC name, if applicable (complete name. no abbreviations)
_____

○ SBHC website (if no website, type N/A)
_____

Requested funding amount for this SBHC site application *(do not include a comma in numeric response)*

_____

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Is your proposed school listed in the PA-21-35 report? See report here

○ Yes

○ No

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SBHC Site Population

○ **2023-2024** school population size at SBHC site

_____

○ **2023-2024** number of student utilization at SBHC site

_____

○ **2024-Present** number of student utilization at SBHC site

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Attach a Formal Partnership Agreement: A signed agreement or memorandum of understanding (MOU) or memorandum of agreement (MOA) between the school and the healthcare provider or organization operating the SBHC.

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Please use the appropriate box below to attach **or** link a webpage, brochure, or official publication from the school or district describing the services provided by the SBHC.

Please upload applicable documents below:

Please provide a URL below:

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Proposed Project Description *(no more than 2,200 characters)*

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What are the needs at your proposed site that your project is addressing? *(no more than 2,200 characters)*

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Attach a work plan with measurable objectives describing tasks to be performed, deliverables, equipment/ supplies, personnel, and timelines, including a project start date in the 'File Upload' field below. No more than two pages.

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What is your indirect rate? *As this is a short-term project, indirect rates can range from 0 to 19.194%. All budget components will be evaluated as part of the competitive process*

_____

Please attach your budget and budget narrative below. Be clear and specific. Expense line items can include, but are not limited to, start-up costs, in-kind contributions, marketing, resources, and equipment, if applicable. *As this is a short-term project, indirect rates can range from 0 to 19.194%. All budget components will be evaluated as part of the competitive process*
Please provide the requested attachment in an Excel document.
- Example:
    - Detailed and specific - erasers, pencils, pens
    - Not enough detail - office supplies

Attach Budget

Attach Budget Narrative

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Identify up to 3 community partners that you can connect with and describe how you can work together to serve the SBHC students. *(no more than 2,200 characters)*

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Attach letters of support from up to three community partners.

Letter of support from the school or health provider *(should not be the same as applying organization)*

Select yes to submit and authorize your application:

○ Yes

Display This Question:

If Select yes to submit and authorize your application: = Yes

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The applicant has the legal authority to apply for this funding, and I am authorized to submit this application.

DISCLAIMER: By signing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your physical signature on this application.