#### **APPENDIX H1a**

# SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) SUBSTANCE ABUSE TREATMENT SERVICES REQUEST FOR APPLICATION (RFA) REQUIRED APPLICATION FORMS

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# Substance Abuse Treatment Services RFA Application Checklist

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**. This checklist is being provided to ensure all pieces of your application are included.

February 13, 2009: Applications are DUE by 4:00 p.m. in SAPTA's Carson City Office. NO EXCEPTIONS.

	Description		Page limit	Check if Included				
1	Application Checklist	Form	0					
2	Application Cover Page	Form	0					
3	Application Summary	Form	0					
4	Detailed Level of Service	Form	0					
5	Need for Services	Narrative	3 pages					
6	Relevant Experience or Past Performance	Narrative	2 pages					
7	Clinical Staff and Supervision Procedures	Narrative	2 pages, plus one attachment					
8	Treatment Processes and Utilization Management Criteria	Narrative	5 pages, plus one attachment					
9	Client's Ability to Pay, Cost of Services, Third Party Liability, Provider of last resort. Fee scale policies and worksheets not included in page total. Please attach, as necessary.	Narrative	4 pages, plus attachment					
10	Program Effectiveness	Narrative	2 pages					
11	Funding Map Worksheet	Form	0					
12	Budget Summary, Budget Request, and Justification	Forms	0					
	Program Effectiveness							
The	following applies to the funding population and funding source(s)	you are apply	ring for:					
13	Adults - SAPT and/or State General Funds	Narrative	4 pages					
14	Adolescents - SAPT and/or State General Funds	Narrative	4 pages					
15	Pregnant Women and Women with Dependent Children - SAPT	Narrative	4 pages					
16	CPC / Detoxification - State of Nevada Liquor Tax	Narrative	2 pages					
17	Wait List Reduction - State General Funds	Narrative	4 pages					
18	Attachments to the Application:		Check on Fil					
	Management letter from last A-133 audit, or cover letter of y independent audit.	rour most rece	ent					
	2. IRS letter documenting 501 (c) (3) status, if not already on fi	le with SAP	ГА.					

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### **Application Cover Page**

Applicant Name:		
Employer Identification Number:		
Data Universal Number System (DUNS	) Number ( <i>required</i> ):	
*Religious Organization Status:  Please check the one that applies  Address:	<ul><li>o Faith – Permeated</li><li>o Faith – Centered</li><li>o Faith – Background</li></ul>	<ul><li>o Faith – Secular     Partnership</li><li>o Secular (not a faith based     organization)</li></ul>
Address.		
City/State/Zip Code:		
Phone Number:	Fax Number:	
Email Address:(Required)		
Project Director:		
(Print or Type)		
Project Director Signature:(In blue ink)		Date:
Board Chair or President:		
(Print or Type)		
Board Chair or President Signature:(In blue ink)		Date:

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#### **APPLICATION SUMMARY - TOTAL ORGANIZATION**

July 1, 2009 - June 30, 2010

CATEGORY OF SERVICE	Client	Unit Capacity	Number of Clients to be Served	Number of Units to be Provided	TOTAL FUNDING
Early Intervention (Level 0.5) Adults	Capacity	Сараспу	be Serveu	Frovided	REQUEST
Early Intervention (Level 0.5) Adolescents					
Comprehensive Evaluation Adults					
Comprehensive Evaluation Adolescents					
Outpatient Services – Individual Counseling (Level I) Adults					
Outpatient Services – Group Counseling (Level I) Adults					
Outpatient Services – Individual Counseling (Level I) Adolescents					
Outpatient Services – Group Counseling ( Level I) Adolescent					
Outpatient Services – Individual Counseling (Level I) Women's Services					
Outpatient Services – Group Counseling ( Level I) Women's Services					
Intensive Outpatient Treatment (Level II.1) Adults					
Intensive Outpatient Treatment (Level II.1) Adolescents					
Intensive Outpatient Treatment (Level II.1)Women's Services					
Residential Treatment (Level III) Adults					
Residential Treatment (Level III) Adolescents					
Residential Treatment (Level III) Women's Services					
Opioid Maintenance Therapy					
Transitional Housing Adult					
Transitional Housing Adolescent					
Transitional Housing Women Services					
Detoxification (Level III.2-D and III.7D) Adult					
Detoxification ( Level III.2-D and III.7D) Adolescent					
CPC (SAPTA) Adult					
TOTAL CLIENTS SERVED*					TOTAL FUNDS:

\*Note: Please read instructions for completing "Number of Clients to be Served" and "Total Clients Served." **THIS COLUMN MAY NOT TOTAL.** The "Number of Clients to be Served" rows can include a single client in multiple rows. The "Total Clients Served" must be an unduplicated count.

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#### Detailed Level of Service July 1, 2009-June 30, 2010

Name of Organization (Site Specific) \_

LEVELS/Type of Service	Reporting Code	Unit Definition	Projected Count of Clients Served	Projected Number of Units Delivered	Total Funding Requested
Level 0.5 Early Intervention-Adult	17	A unit consists of one day of services.			
Level 0.5 Early Intervention-Adol.	17A	A unit consists of one day of services. Count either group or individual but not both for a given day.			
Comprehensive Evaluation-Adults	18	A unit consists of 100 minutes of face to face client contact with an evaluator.			
Comprehensive Evaluation- Adolescents	18A	A unit consists of 100 minutes of face to face client contact with an evaluator.			
Level I Outpatient Services - Adult-Individual	07	A unit consists of a 50 minute face to face counseling service.			
Level I Outpatient Services Adult-Group	07G	A unit consists of a minimum of 50 minutes of group counseling service.			
Level I Outpatient Services Adol Individual	07A	A unit consists of a 50 minute face to face counseling service to a client between ages 13 and 18.			
Level I Outpatient Services Adolescent-Group	07GA	A unit consists of a minimum of 50 minutes of group counseling service to a client between ages 13 and 18.			
Level I Outpatient Services- Women's Set-Aside Funds	07W	A unit consists of a 50 minute face to face counseling service funded by SAPT Women's Set-Aside Funds.**			
Level I Outpatient Services- Women's Set-Aside Funds-Group	07GW	A unit consists of a minimum of 50 minutes of group counseling funded by SAPT Women's Set-Aside Funds**			
Level II.1 Intensive Outpatient For Adults	06	A unit consists of one three hour treatment period.			
Level II.I Intensive Outpatient For Adol.	06A	A unit consists of one three hour treatment period to a client between ages 13 and 18.			
Level II.1 Intensive Outpatient- Women's Set-Aside Funds	06W	A unit consists of one three hour treatment period funded by SAPT Women's Set-Aside Funds.**			
Level III Clinically Managed Residential Treatment For Adults	05	A unit consists of one day. (24-hour Period)*			
Level III Clinically Managed Residential Treatment For Adolescents	05A	A unit consists of one day. (24-hour Period)*			
Level III Clinically Managed Residential Treatment-Women's Set-Aside	05W	A unit consists of one day funded by SAPT Women's Set-Aside Funds.** (24-hour Period)*			
Opioid Maintenance Therapy For Adults	14	A unit consists of one week of OMT and ancillary services.			
SAPTA Transitional Housing For Adults	10	A unit consists of one day. (24-hour Period)*			
SAPTA Transitional Housing For Adolescents	10A	A unit consists of one day. (24-hour Period)*			
SAPTA Transitional Housing For Women's Set-Aside	10W	A unit consists of one day. (24-hour Period)*			
Level III.2.D Clinically Managed Residential Detoxification for Adults	2	A unit consists of one day. (24-hour Period)*			
Level III.2.D Clinically Managed Residential Detoxification for Adolescents	02A	A unit consists of one day. (24-hour Period)*			
SAPTA Adult CPC	15	A unit consists of one day. (24-hour Period)*			
		Total Clients/Units:			Total Funds:

<sup>\*</sup> Count the day admitted as a unit, but do not count the day discharged as a unit.

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<sup>\*\*</sup>This service level must be funded by SAPT Women's Set-Aside Funds and must include services in addition to treatment as prescribed by 45 CFR, Part 96, Section 96.124.

#### **FUNDING MAP**

Sample only, the form must be completed in a spreadsheet software program.

					FUNDING M.					
			Program Na	me:						
			Dates of Budg	et Period:		_ through				
FUND	OING SOURCES:									TOTALS
	# (required, where applicable)									
1.	TOTAL REVENUES									-
	_									
	EXPENDITURE CATEGORIES:									\$ -
2.	PERSONNEL									\$ -
3.	CONSULTANTS/ CONTRACTS									\$ -
4.	TRAVEL									\$ -
5.	TRAINING									\$ -
6.	OPERATING									\$ -
7.	OTHER									\$ -
8.	TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
	EXPENSES	-	-	-	-	-	-	-	-	
		The total exp	ense charged to	each funding so	urce should equ	al the revenue a	vailable from th	ne funding source	e.	

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#### **FUNDING MAP – EXAMPLE**

#### FUNDING MAP

#### Program Name: **EXAMPLE**

Dates of Budget Period: 7/1/2007 through 6/30/2008

		SAPTA	SAPTA	HEALTH	CLIENT	FUND	UNITED	WASHOE	CLARK		
	FUNDING SOURCES:	GRANT, STATE GENERAL FUNDS	GRANT, SAPT (Federal)	AND TX GRANT (Federal)	FEES	RAISING	WAY	COUNTY	COUNTY	T	OTALS
	CFDA # (required, where applicable)		93.959	93.456							
1.	TOTAL REVENUES	50,000	200,000	100,000	65,000	4,000	5,000	65,000	44,040	\$	533,040
	-										
	EXPENDITURE CATEGORIES:									\$	-
2.	PERSONNEL	50,000	155,500	65,000	35,000			46,473	39,440	\$	391,413
3.	CONSULTANTS/ CONTRACTS		15,000	15,000						\$	30,000
4.	TRAVEL		2,000	2,000	30,000					\$	34,000
5.	TRAINING		2,500							\$	2,500
6.	OPERATING		25,000	10,000					4,600	\$	39,600
7.	OTHER			8,000		4,000	5,000	18,527		\$	35,527
8.	TOTAL EXPENSES	\$ 50,000	\$ 200,000	\$ 100,000	\$ 65,000	\$ 4,000	\$ 5,000	\$ 65,000	\$ 44,040	\$	533,040

The total expense charged to each funding source should equal the revenue available from the funding source.

#### ATTACHMENT F

#### **BUDGET SUMMARY**

See Appendix G1a

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## BUDGET REQUEST AND JUSTIFICATION FORM

See Appendix G1a

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