

REQUEST FOR APPLICATIONS

FY24

Suicide Awareness, Prevention & Postvention Grant

**Release Date**: February 7, 2023

**Available at**: [DEED Suicide Awareness, Prevention and Postvention page](http://education.alaska.gov/tls/suicide/) (https://education.alaska.gov/tls/suicide)

**Letter of Intent to Apply Due: Feb. 24, 2023**

Applications Due: March 21, 2023

ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT

# General Application Information

**An ELECTRONIC COPY (Word & PDF) OF THE COMPLETED**

**GRANT APPLICATION**

**MUST BE RECEIVED NO LATER THAN 4:00 P.M.**

**on March 21, 2023**

**Signed originals must be mailed but can arrive at a later date.**

NOTE: Applications that are received after this time/date will not be considered.

**Email grant application to:** [**Sharon.Fishel@alaska.gov**](mailto:Sharon.Fishel@alaska.gov)

**Mail signatures to:**

ATTN: Sharon Fishel

Alaska Department of Education & Early Development

Division of Innovation and Education Excellence

P.O. Box 110500

Juneau, Alaska 99811-0500

**Department of Education & Early Development Contact:**

Sharon Fishel

Alaska Department of Education & Early Development

P.O. Box 110500

Juneau, Alaska 99811-0500

(907) 465-6523

[Sharon.Fishel@alaska.gov](mailto:Sharon.Fishel@alaska.gov)

* **Applications which do not meet the specifications listed in Section II of this RFA may not be reviewed.**
* **Do not attach any additional support materials beyond what is identified as acceptable appendices. Excess materials will be discarded.**
* **Faxed, late, or incomplete applications will not be reviewed.**

All proposals must be submitted in the format specified in this RFA. Submission of a proposal indicates acceptance by the applicant of the appropriate state administrative conditions.

**All applicants submitting applications in a timely manner will receive a Grant Application Receipt Acknowledgment by email.**

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# Section I

## Program Purpose

The Suicide Awareness, Prevention & Postvention (SAPP)grant provides an opportunity for schools to support programs, practices, and policies that focus on areas related to the State Suicide Prevention Plan goals and strategies. [State of Alaska Department of Health & Social Services webpage](https://health.alaska.gov/SuicidePrevention/Pages/default.aspx) (health.alaska.gov/SuicidePrevention/Pages/default.aspx).

For example:

* Understand and Educate Alaskans about the Impacts of Trauma (Strategy 1.1)
* Align Upstream Prevention Activities with the Understanding of Shared Risk and Protective Factors (Strategy 1.2)
* Promote Projects and Programs that Build Resiliency (Strategy 1.4)
* Reduce the Impact of Alcohol and Substance Misuse Disorders (Strategy 2.1)
* Address Stigma around Suicide (Strategy 2.2)
* Support Suicide Prevention Coalitions and Organizations across Alaska (Strategy 2.4)
* Support Adoption of Culturally Appropriate and/or Evidence-Based Models for Suicide Prevention (Strategy 2.5)
* Promote and Encourage Peer Support Models of Care (Strategy 2.8)
* Encourage Alaskans to Prevent and Mitigate the Impact of Factors Contributing to Suicide (Strategy 2.9)
* Promote Lethal Means Safety (Strategy 3.1)
* Continue to Support Statewide Crisis Call Centers (Strategy 4.2)
* Target Suicide Prevention Programs and Initiatives for Alaskan Youth (Strategy 5.1)
* Target suicide prevention and stigma reduction activities for Veterans and military families. (Strategy 5.4)

## Eligible Recipients

Any public school district is eligible to apply for SAPP funds; however, **grants will primarily be awarded to applicants who serve at risk students as demonstrated by Youth Risk Behavior Survey (YRBS) results and suicide demographics.** Only **one application** will be accepted from each district. The department also allows a consortium of two or more school districts to apply.

**10 priority points** will be given to applications that will meaningfully serve at risk students in:

* schools designated as alternative schools **or,**
* correctional facilities, youth detention centers **or,**
* regions that have historically had high suicide rates as reported by the State of Alaska Epidemiology: [Alaska Department of Health & Social Services Epidemiology Bulletin Index](http://www.epi.alaska.gov/bulletins/catlist.jsp?cattype=Suicide) (epibulletins.dhss.alaska.gov)

**5 priority points** will also be given to applications that are submitted with a Letter of Support or Memorandum of Agreement with their local Community Behavioral Health Agencies. [Alaska Community Mental Health Centers](http://dhss.alaska.gov/SuicidePrevention/Pages/Resources/mhcenters.aspx) (dhss.alaska.gov/SuicidePrevention/Pages/Resources/mhcenters.aspx)

## Available Funding and Related Conditions

**1. Projected Total Amount Available for Awards**

Approximately $250,000 will be available for the Suicide Awareness, Prevention, & Postvention Grant program. The number of grants and the grant amounts will be based on the number and quality of proposals submitted. It is estimated that the department will award 10 grant awards in this competition. This competition requires that 50% of the grantees are from rural areas.

The maximum grant award is $25,000.

The State reserves the right to award a smaller or larger amount of grant funds than requested based upon available funding and the recommendations of the review panel.

**2. Grant Period:** 5 years, contingent upon state funding, substantial progress towards meeting grant goals and objectives, and compliance with all grant requirements.

## Use of Funds

Each eligible school district that receives an award may use the funds to carry out a broad array of evidence-based programs and promising best practices. **All grants must have a Trauma-Engaged schools’ focus**. Eligible focus areas include but are not limited to:

* **Trauma Engaged Schools** (required)
* **Positive Behavior Interventions & Supports**
* Restorative Practices
* School Climate
* Bullying Prevention
* Natural Helpers (Youth Leaders)
* Crisis Response Training
* ASIST
* safeTALK
* Healthy Relationships
* Youth/TEEN Mental Health First Aid
* Signs of Suicide
* Sources of Strength
* Alcohol & Drug Abuse Programs
* Violence Prevention
* Depression Screenings
* Social skills/Character Building
* Social Emotional Learning
* Postvention Activities
* Gatekeeper QPR

Services can be provided for students in preschool through high school.

Grant funds cannot be used to purchase facilities, support new construction, or fund endowments.

## Technical Assistance and Application Review Process

All applicants are encouraged to submit a letter of intent to apply for SAPP funding.  Letters are requested by February 24, 2023.  This letter will allow the department to identify potential applicants and communicate additional resources as well as direct technical assistance and support for the application process.  Interested applicants who miss the deadline date are still welcome to apply – please contact the department for further details.

The department plans to offer **one** technical assistance conference call that will provide support for viable applications under this funding source.

**Please refer to the department website for an up-to-date schedule of all technical assistance opportunities and resources. (**[**Alaska Department of Education's Suicide Awareness webpage**](http://education.alaska.gov/tls/suicide/) **-https://education.alaska.gov/tls/suicide)**

Our website has a variety of helpful resources available to interested applicants including:

* General grant writing guidance
* National websites and publications of interest

Planned Technical Assistance:

**For All Applicants:** The optional technical assistance audio conference will focus on writing a successful application.

The webinar will be **February 21, 2023 at 10 am**

**Join Zoom Meeting**

[**https://us02web.zoom.us/j/84985360450**](https://us02web.zoom.us/j/84985360450)

**Meeting ID: 849 8536 0450**

**+12532050468,,84985360450# US**

**+12532158782,,84985360450# US (Tacoma)**

Individual technical assistance will be available by phone 907-465-6523 or email [Sharon.Fishel@alaska.gov](mailto:Sharon.Fishel@alaska.gov).

A panel of reviewers composed of a minimum of five State of Alaska staff and/or other educators/state agency representatives with expertise in schools, communities, mental health, and suicide prevention will review eligible grants submitted and received by the deadline.

Applications will be scored independently using the scoring form and rubric included in this RFA. Reviewers will be allowed to utilize the full breadth of the scoring points. Reviewers will then conference to clarify the accuracy of reviewers’ understanding. The reviewers’ final scores will be totaled to determine the order by which applications will be considered for funding; funds will be awarded to the highest scoring proposal(s).

*Review panelists will be asked for recommendations for improving the project and comments on the feasibility of the budget. These comments may form the basis for adjustments negotiated to the project prior to issuance of the grant award.*

## Assurance

All grantees must complete the required assurance form contained in the application packet.

## Conditions of Grant Award

Evaluation of grantee performance / continuation of funding:

Entities receiving state funds are required to meet all necessary reporting requirements of the grant. In awarding the grant, the state expects the grantees to conduct all activities and evaluation measures as written or negotiated in the approved grant proposal. Failure to provide the requested performance reports (reporting on and evaluating all activities as proposed and implementing the grant as written) could result in the loss of funding. Any changes to the original funded proposal (including modifications to goals and/or objectives) must receive prior approval by the state.

The state reserves the rights to withhold funding, reduce funding, or terminate funding if the proposal is not meeting program reporting requirements, making substantial progress toward meeting identified performance goals and measures, or does not demonstrate a clear need for the allotted level of grant support.

After it has been awarded, the Alaska Department of Education & Early Development may terminate a grant by giving the grantee written notice of termination. In the event of termination after award, the Alaska Department of Education & Early Development shall reimburse the grantee for approved grant expenses incurred up to the notification of termination. This grant is subject to state appropriations and may be reduced or terminated based on state appropriated funds in any given fiscal year.

The state retains the right to refrain from making any awards if it determines that to be in its best interest. This RFA does not, by itself, obligate the state.

The state reserves the right to add terms and conditions during grant negotiations. These terms and conditions will be within the scope of the RFA and will not affect the proposal reviews.

After the completion of grant negotiations, the state will issue a written Notice of Intent to Award (NIA) and send copies to all applicants. The NIA will set out the names of all applicants and identify the proposal(s) selected for award.

The state reserves the right to modify annual awards based on the actual amount of appropriation towards this grant program.

The applicant is **required to attend an annual grantee meeting**. If available, additional funding above the grant award amount will be awarded for travel and related expenses. If additional funding is not available grantees will need to take the funding out of their grant award.

## Appeals Process

[4 AAC 40.010 - 4 AAC 40.050](http://www.akleg.gov/basis/aac.asp#4.40.010) (akleg.gov/basis/aac.asp#4.40.010) governs the process of appeals. This regulation in its entirety is available on the [Alaska Legislative website](http://www.legis.state.ak.us/basis/aac.asp) (legis.state.ak.us/basis/aac.asp).

## Timelines

RFA Released…………………………………………………February 7, 2023

Optional Audio Conference ……………………….……… …February 21, 2023

**Letter of Intent to Apply Form Due……………………..(on or before) February 24, 2023**

**Grant Applications Due……… ……………………………..March 21, 2023 by 4:00 p.m.**

Grant Review Period…………………………………………. March-April 2023

Notice of Intent to Award…………………………………….. by May 15, 2023

Grant funding begins…………………………………………. July 1, 2023

Reports Due……………………………………………………June 30 of each year and asrequired for state reporting

## Application Submission

**Notice of Intent to Apply forms are due to the Alaska Department of Education & Early Development on or before February 24, 2023. (See form for delivery instructions.)**

**Suicide Awareness, Prevention & Postvention Grant Applications must be received via email by 4:00 p.m. on March 21, 2023. (Signature pages can be mailed later.)**

**Email word and PDF applications to:** [**Sharon.Fishel@alaska.gov**](mailto:Sharon.Fishel@alaska.gov)

**Send the original to: (may follow later)**

ATTN: Sharon Fishel

Department of Education & Early Development

Division of Innovation and Education Excellence

P.O. Box 110500

Juneau, Alaska 99811-0500

# Section II

## Application Forms- Directions

A completed application must contain the following sections, in the order provided below.

1. **Cover Page** Use DEED form #05-23-031
2. **Table of Contents** Include a one-page table of contents.
3. **Page Numbers** All pages within the application must have page numbers.
4. **Program Summary/Abstract** Include a one-page summary of your project.
5. **Application Narrative** Applicants must limit the **application narrative** to no more than 10 **double-spaced** pages. Pages must have a 1” margin on all sides and utilize a type size of 12 points or greater, preferably using Times New Roman font. **All sections should be clearly labeled for reviewers.** (All tables and charts can be size 10 font and single-spaced.) Applications that do not follow formatting guidelines may not be reviewed. In preparing the application, applicants should clearly keep in mind the selection criteria (rubrics) that will be used to evaluate applications and ensure that each of these criteria is addressed in the narrative responses. The Narrative section includes information on**:**

* **Need for project**
* **Alignment with the Statewide Suicide Prevention Plan (SSSP)/ Project Design**
* **Managing Programs, Services, and Supports**
* **Partnerships & Community Stakeholders**
* **Previous Success/Promise of Success**

**Please note: The following is not considered part of the 10 pages for the narrative:**

**Appendix A -Targeted Populations, Appendix B – Suicide Prevention Plan checklist /Table, Appendix C - MOU’s/LOS Appendix D – Previous Success/Promise of Success** (limit 3 pages, 12 fonts, double-spaced) **Appendix E - Budget forms, including any contracts or MOAs, Appendix F** - **Assurance**

1. **Budget and Budget Narrative** Provide a complete budget summary for **the first year** of the project on the Excel forms provided by the department, referenced in the forms section of this application.

* Budget narrative pages must explain **all** budgetary items, including any possible in-kind support, or funding provided by partners in the project.

1. **Appendices** Each application may be accompanied by appendices, limited to the following: (Please note – the Appendices in **BOLD** text are required under this application)
2. **Target Population Data- This should be clearly labeled “Appendix A”.**
3. Suicide Prevention Plan Strategy Checklist Table- This should be clearly labeled “Appendix B1”. Suicide Prevention Plan Strategy Table- This should be clearly labeled “Appendix B2”.
4. Memorandum of Understanding (MOU)/Letter of Support (LOS) from a Behavioral Health Agency-This should be clearly labeled “Appendix C”.
5. Previous Success/Promise of Success- This should be clearly labeled “Appendix D”. (Limit 3 pages)
6. **Budget Forms, Budget Narrative Forms, Contracts for Key Partners- This should be clearly labeled “Appendix E”.**
7. **Assurance- This should be clearly labeled “Appendix F”.**

***Other attachments to the application will not be accepted.***

## Application Checklist

**Due: March 21, 2023**

**A complete application must include*, in the order given below*, the following sections:**

* The *Application Cover Page*, completed according to the instructions and signed by an authorized official.
* The *Table of Contents* form, completed to inform reviewers of where in your application, information can be found.
* The *Program Summary/Abstract* (no more than one page)
* The *Application Narrative* (no more than 10 pages double-spaced, 1” margins, 12-point font)
* The *Budget*, *Budget Narrative*
* *Appendices* as indicated
* Target Population Data- This should be clearly labeled “Appendix A”.
* Suicide Prevention Plan Strategy Checklist-This should be clearly labeled “Appendix B1”.
* Suicide Prevention Plan Strategy Table-This should be clearly labeled “Appendix B2”.
* Memorandum of Understanding (MOU)/Letter of Support (LOS) from a Behavioral Health Agency- This should be clearly labeled “Appendix C”.
* Previous Success/Promise of Success (if applicable) This should be clearly labeled “Appendix D”. (Limit 3 pages)
* Budget Forms, Budget Narrative Forms, Contracts for Key Partners-This should be clearly labeled “Appendix E”.
* Assurance-This should be clearly labeled “Appendix F”.

***This checklist is for your own use and should not be submitted with your application!***

**Suicide Awareness, Prevention & Postvention Grant**

## APPLICATION COVER PAGE

**DEED FORM # 05-23-031**

Organization:

Mailing Address:

Name of Contact Person:

Telephone:

Email Address:

Authorized Signatory for Budget Revisions:

Date:

*Note: The general certifications and assurances that are signed and submitted by the district each spring (or provided by the application to DEED) will apply to this federally funded program.*

Signature of Superintendent or Designee:

Date:

Title:

$ Total Funding Requested Per Year (not to exceed $25,000):

**DEED USE ONLY**

Project Number:

Date Received:

Project Approval:

Amount Awarded:

**Program Abstract**

(One Page Limit)

**What is your project wanting/trying to do?**

## Application Questions

**Note to applicants – provide responses to each question. You may utilize as much space as you need provided you comply with the page limit requirements for the total narrative package:**

**Need for Project/ Targeted Population**

a1. Who is your targeted population of students to be served under this project? (List site names and numbers of students/adults that will be served through the grant activities. Applicants should describe any subpopulations identified.) See appendix A

a2. What data do you have that indicates you serve an “at risk” population and have a need in your community for services? (YRBS results, suicide demographics) Use Appendix A for data.

a3. What other prevention programs and services exist in the community and why are they insufficient to meet the needs of your targeted audience?

**Project Design / Aligning with the State Suicide Prevention Plan (SSP)**

b1. What is your project design over the next five years and how are the strategies supported by research?

b2. What specific SSPP strategies will your program target? What activities will be proposed? What is your timeline for implementation?

b3. Why do you believe these activities will be effective in your community and how will you measure success?

b4. If your project involves surveying students, how will you comply with AS 14.03.110 Questionnaires and surveys administered in public schools?

**Managing Programs, Services and Supports**

c1. Who will manage the project? What specific duties will they be responsible for?

c2. What types of professional development will be offered to any project staff and how will it build capacity for delivering your project? (Justification needs to be provided for the use of funds for travel.)

**Partnerships and Community Stakeholders**

d1.Who will be the key partners/ community stakeholders you will involve in your project? How will your project work with other school-based and community providers to maximize services for your targeted population?

**Previous Success/Promise of Success**

e1. If you have been previously funded by DEED or another agency to provide suicide awareness, prevention or postvention activities, what evidence can you provide to demonstrate prior success?

***Or***

e2. If you have not previously received funding, what information can you provide to demonstrate a promise of success in providing these services? (More info can be provided in Appendix D.)

**Budget**

Using the prescribed Budget Form/Budget Narrative documents, how will you utilize grant funds to support your proposed program design? Provide any copies of contracts in Appendix E.

## Reviewers Form for Suicide Awareness, Prevention & Postvention

**A: NEED FOR PROJECT**

**What needs exist in your community that could be addressed through this project?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q#** | **Question** | **Need for Project**  **25 points** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Good**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** |
| **a1** | **Who is your targeted population of students to be served under this project?** (List site names and numbers of students/adults that will be served through the grant activities. Applicants should describe any subpopulations identified.) See appendix A | Description clearly indicates who the target population is and why they are targeted.  Data clearly indicates services aimed at “at- risk” populations. | 0 | 1 | 3 | 5 |
| **a2** | **What data do you have that indicates you serve an “at risk” population and have a need in your community for services? (YRBS results, suicide demographics) Use Appendix A for data.** | Data clearly indicates services aimed at “at risk” populations and that services are needed. | 0 | 5 | 10 | 15 |
| **a3** | **What other prevention programs and services exist in the community and why are they insufficient to meet the needs of your targeted audience?** | Clearly describes other suicide awareness and prevention projects currently serving target population and explains why those services are insufficient to meet identified needs. | 0 | 1 | 3 | 5 |

**B: ALIGNING WITH THE STATEWIDE SUICIDE PREVENTION PLAN (SSPP)/PROJECT DESIGN**

**How will you align activities with the statewide suicide prevention plan?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q#** | **Question** | **Aligning with Suicide Prevention Plan**  **60 points** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Good**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** |
| **b1** | **What is your project design for the five-year period of this grant and how are those activities supported by research?** | Clearly describes the incorporation of evidence-based and quality best practices and suicide prevention activities. | 0 | 5 | 10 | 20 |
| **b2** | **What specific SSPP strategies will your program target? What activities will be proposed? What is your timeline for implementation?** | Activities clearly address specific goals or strategies of the SPP that will be utilized under these grant funds. The timeline for implementation is reasonable, realistic and the appropriate personnel have been identified. Please use Appendix B1& B2 | 0 | 3 | 8 | 15 |
| **b3** | **Why do you believe these activities will be effective in your community and how will you measure success?** | Rationale for selected activities is well developed. Clear plans to measure successful strategies. | 0 | 1 | 3 | 5 |
| **b4** | **If your project involves surveying students, how will/would you comply with AS 14.03.110 Questionnaires and surveys administered in public schools?** | Clearly describes the process for obtaining active parent permission for all student surveys and questionnaires. | 0 | 3 | 5 | 10 |

**C: MANAGING PROGRAMS, SERVICES, AND SUPPORTS**

**How will you manage the programs, services, and supports provided through this project?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q#** | **Question** | **Managing Programs, Services and Supports**  **10 points** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Good**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** |
| **c1** | **Who will manage the project? What specific duties will they be responsible for?** | Clearly identified management structure. Clearly defined roles and responsibilities for staff. | 0 | 1 | 3 | 5 |
| **c2** | **What types of professional development will be offered to any project staff and how will it build capacity for delivering your project? (Justification needs to be provided for the use of funds for travel.)** | Professional development is clearly described to build capacity for the suicide awareness and prevention activities planned. | 0 | 1 | 3 | 5 |

**D: PARTNERSHIPS AND COMMUNITY STAKEHOLDERS**

**How will you involve community partners and stakeholders in your project**?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q#** | **Question** | **Partnerships and Community Stakeholders -**  **20 points** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Good**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** |
| **d1** | **Who will be the key partners/ community stakeholders you will involve in your project? How will your project work with other school-based and community providers to maximize services for your targeted population?** | Clearly identified key partners that represent a strong school and community base and how they will maximize services for the targeted population. | 0 | 3 | 15 | 20 |

**E: PREVIOUS SUCCESS/PROMISE OF SUCCESS**

**What evidence can you provide of success or promise of success? Score in one area ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Q# | **Question** | **Previous Success/Promise of Success– 15 points** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Good**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** |
| e1 | **If you have been previously funded by DEED or another agency to provide suicide awareness, prevention or postvention activities, what evidence can you provide to demonstrate prior success?** | Evidence that goals and objectives were met; partnerships solidified; student academic performance improved; aspects of the program supported locally. Evidence can be provided in “Appendix D” (limit 3 pages) | 0 | 5 | 10 | 15 |
| e2 | **If you have not previously received funding, what information can you provide to demonstrate a promise of success in providing these services?** | Information that goals and objectives can be met; partnerships solidified; student academic performance improved; aspects of the program supported locally. | 0 | 5 | 10 | 15 |

**F: BUDGET**

**How will you utilize grant funds to support your proposed project design?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q#** | **Question** | **Budget**  **20 points** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Good**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** |
| **f1** | **Has the applicant provided the required budget detail for each year of the granting period? How has the applicant provided the detail necessary on professional services? (If applicable)** | Detailed budget and budget narrative provided that aligns with project activities and design. Professional services subcontracts are clearly defined and described. MOAs included for any subcontractors that will provide services for a fee. | 0 | 1 | 5 | 10 |
| **f2** | **Has the applicant provided justification that the expenses related to program services are reasonable and necessary?** | Funding request is reasonable for proposed services. | 0 | 1 | 5 | 10 |

## Notice of Intent to Apply Form – FY24 Application

**Suicide Awareness, Prevention, & Postvention Applicants**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Give a brief description of your proposed services. When do services occur? Who is the target audience? Who provides the services or programming?
2. Give a brief description of the process that will be used to develop this application.
3. What types of technical assistance from the Department of Education & Early Development would assist you in your proposal preparation?

**This Intent to Apply form is due to the department by Feb. 24, 2023.**

The form should be emailed to [Sharon.Fishel@alaska.gov](mailto:Sharon.FIshel@alaska.gov) – a confirmation email will be delivered to all applicants that meet the filing deadline.

# Budget Form

[Alaska Department of Education's Form Page](https://education.alaska.gov/forms/)

Please see Financial Grants Administrative Forms section:

Financial Grants Administrative Forms

*For assistance on these forms, call 465-2939.*

|  |  |  |
| --- | --- | --- |
| Number | Form Name | Due Date |
| [05-07-071](https://education.alaska.gov/forms/05-07-071.xlsx) | Program Budget and Narrative School District - MS Excel | As Needed |
| [05-15-019](https://education.alaska.gov/forms/05-15-019.xlsx) | Year to Date (YTD) Request for Reimbursement School District | As Needed |

# Appendix A

**Targeted Population**

**Targeted population chart**

|  |  |  |
| --- | --- | --- |
| **Name of each school site to be served** | **# of students to be impacted** | **# of staff/community stakeholders to be trained or included** |
| **ABC School Alaska** | **50** | **25** |

*Applicants should describe data from the following sources Youth Risk Behavior Survey (YRBS) results, School Climate & Connectedness survey results, and local suicide demographics.*

# Appendix B1

**Messages of Hope-Alaska’s Statewide Suicide Prevention Plan**

**FY24-28 Alaska State Suicide Prevention Plan** **Checklist**

**Please check which strategies you will use.**

|  |  |  |
| --- | --- | --- |
| **Goal 1** | **Address Upstream Factors that Impact Suicide** |  |
| **Strategies** |  |  |
| **1.1** | **Understand and Educate Alaskans about the Impacts of Trauma** |  |
| **1.2** | **Align Upstream Prevention Activities with the Understanding of Shared Risk and Protective Factors** |  |
| 1.3 | **Address Social and Economic Determinants of Health** |  |
| **1.4** | **Promote Projects and Programs that Build Resiliency** |  |
| **Goal 2** | **Implement a Broad-Based Public Health Response to Suicide** |  |
| **2.1** | **Reduce the Impact of Alcohol and Substance Misuse Disorders** |  |
| **2.2** | **Address Stigma around Suicide** |  |
| 2.3 | Ensure Collaborative and Streamlined Suicide Prevention Activities, Resources and Infrastructure Across Departments |  |
| **2.4** | **Support Suicide Prevention Coalitions and Organizations across Alaska** |  |
| **2.5** | **Support Adoption of Culturally Appropriate and/or Evidence-Based Models for Suicide Prevention** |  |
| 2.6 | Support Promotion of the Zero Suicide Framework |  |
| 2.7 | Support Efforts to Promote Comprehensive and Integrated Health Care Services |  |
| **2.8** | **Promote and Encourage Peer Support Models of Care** |  |
| **2.9** | **Encourage Alaskans to Prevent and Mitigate the Impact of Factors Contributing to Suicide** |  |
| **Goal 3** | **Reduce Access to Lethal Means** |  |
| 3.1 | **Promote Lethal Means Safety** |  |
| 3.2 | Address Special Populations about Safe Gun Storage |  |
| **Goal 4** | **Enhance Alaska’s Crisis Continuum of Care** |  |
| 4.1 | Support Promotion of the Crisis Now Initiative |  |
| 4.2 | **Continue to Support Statewide Crisis Call Centers** |  |
| 4.3 | Increase Access to Services in Rural Communities |  |
| **Goal 5** | **Address Special Considerations for Alaskan Youth, Seniors and Elders, Veterans and Military Families** |  |
| **5.1** | **Target Suicide Prevention Programs and Initiatives for Alaskan Youth** |  |
| 5.2 | Address Special Considerations for Transitional-Age Youth |  |
| 5.3 | Work Collaboratively with Senior and Elder Serving Agencies on Mental Health Supports and Services |  |
| 5.4 | **Target suicide prevention and stigma reduction activities for Veterans and military families.** |  |
| **Goal #6** | **Improve the Quality of Data and Research for Suicide Prevention Efforts** |  |
| 6.1 | Improve Data Collection and Data Sharing within the State of Alaska |  |
| 6.2 | Improve Data Analysis, Communication and Coordination with Stakeholders that Informs Policies and Programs |  |
| 6.3 | Continue to Work with Tribes, Tribal Health and Universities on Data and Research |  |

\*\*The **bolded** strategies are more school related.

# Appendix B2

**Recasting the Net: Promoting Wellness to Prevent Suicide in Alaska**

**FY24-28 Alaska State Suicide Prevention Plan** **Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **SPC Strategy** | **Activity** | **Timeline** | **Person Responsible** |
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**Alaska Department of Education & Early Development**

# 2022-2023 ASSURANCES

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER**

**RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS (All Districts)**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 2 CFR Part 180, "Government-wide Debarment and Suspension (Nonprocurement) and 2 CFR Part 182, Government-wide Requirements for Drug-Free Workplace (Financial Assistance)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. **LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement;

(b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. **DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR 180 Part 180, for prospective participants in primary covered transactions, as defined at 2 CFR Part 180, Sections 180.335

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (federal, state, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. **DRUG-FREE WORKPLACE**

**(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182 , Subpart C, for grantees, as defined at 2 CFR Part 182, Sections 182.300-

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

1. Abide by the terms of the statement; and
2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address. city, county, state, zip code)

Check **☐** if there are workplaces on file that are not identified here.

**DRUG-FREE WORKPLACE**

**(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 180, Subpart F, for grantees, as defined at 2 CFR Part 180, Sections 180.605 and 180.610-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Staff, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.**

|  |
| --- |
| NAME OF APPLICANT PR/AWARD NUMBER AND / OR PROJECT NAME |
| PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE |
| SIGNATURE DATE |

ED 80-0013 12/98