City of Boise
2022 Coronavirus Fiscal Recovery Grant Program
Application Package – Mental Health Projects

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This checklist is not required to be completed or submitted and is for individual use and tracking purposes only. All items must be completed and submitted through the City of Boise's ZoomGrants site: https://www.zoomgrants.com/zgf/cityofboise/4137.

I. APPLICATION SUMMARY

Project Name *Enter the name of the proposed project. Be descriptive and interesting.*	$
Amount Requested *Enter the amount of grant funding requested for this project. Use whole dollars only.*	$

Application Information
Enter the contact information for the person submitting the grant application.

First Name	
Last Name	
Title	
Telephone	
Email	

Organization Information
Provide the following information for your organization.

Organization Name	
Address	
City	
State/Province	
Zip/Postal Code	
Telephone	
Fax (optional)	
Website (optional)	
Federal Tax ID (EIN: Employer Identification Number, XX-XXXXXXX)	
Unique Entity Identifier (UEI)	

Chief Executive Officer/Executive Director
Provide contact information for the person who is authorized to make official decisions for the organization.

First Name	
Last Name	
Title	
Telephone	
Email	

II. APPLICATION QUESTIONS

ORGANIZATION TYPE

1. **Applicant Organization Type: Select the appropriate organization type. Use the space after the associated checkbox to specify the IRS section (for non-profits) or describe an entity not listed.**
    Instructions: Organizations must be incorporated to do business in Idaho and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN).

    ☐ Non-profit organizations with 501(c)(3) status, including hospitals and local providers
    ☐ For-profit organizations, including hospitals and local providers

ORGANIZATION BACKGROUND AND EXPERIENCE

2. **Enter the applicant organization's formation date and date of incorporation (if applicable).**
    Instructions: Enter the date and year of your organization's formation.
    (255 Character Limit)

3. **Provide a detailed description of the applicant organization.**
    Instructions: Include the organization's mission and vision statement(s), number of employees, and any other relevant details.
    (5,000 Character Limit)

4. **Describe the applicant organization's background and experience providing mental health care services, including administering mental health care programming, providing direct services to individuals, etc.**
    Instructions: Describe the organization's background and experience. Include any relevant qualifications, licenses, and professional experience of key staff that will be carrying out and/or overseeing project activities.
    (7,500 Character Limit)

5. **Describe the applicant organization's experience administering federal grant funds. If the applicant organization has not received federal grant funds in the past, describe any relevant experience with non-federal grant funding.**
    Instructions: Indicate source(s) of funding, amount(s) and year(s) received.
    (5,000 Character Limit)

COMMUNITY NEED

6. **Service Location**
    Instructions: Enter the service location of the project, including relevant neighborhoods (if applicable). See Notice of Funding Opportunity for service location requirements.
    (255 Character Limit)

7. **What community need(s) does this project address? How does this project address the identified need(s)?**
    Instructions: Be as specific as possible. Provide data sources and/or statistics utilized.
    (5,000 Character Limit)

8. **Total Number of Clients to be Served**
    Instructions: Enter the estimated number of clients to be served by this project.
    (255 Character Limit)

9. **Total Number of Clients at 185% Poverty Scale or Below**
    Instructions: Enter the estimated number of low-income clients to be served by this project. All answers must adhere to the 2022 Poverty Guidelines issued by the U.S. Department of Health and Human Services.
    (255 Character Limit)

10. **Total Number of Underserved, Uninsured, and/or Underinsured Individuals to be Served**
    Instructions: Enter the estimated number of uninsured and/or underinsured clients to be served by this project. Estimates must be based on justifiable information, such as historical clients.
    (255 Character Limit)

11. **How will this project define "underserved" and "underinsured"?**
    Instructions: Please provide the applicant organization's definitions for underserved and underinsured.
    (5,000 Character Limit)

12. **Population(s) to be Served – Gender**
    Instructions: Indicate the estimated percentage of population(s) to be served based on the demographics below. Estimates must be based on justifiable information, such as historical clients.

Gender	% of Clients
Female	
Male	
Nonbinary or Transgender	
Unknown	
Other	
Total	

13. **Population(s) to be Served – Age**
    Instructions: Indicate the estimated percentage of population(s) to be served based on the demographics below. Estimates must be based on justifiable information, such as the most recent data from the U.S. Census Bureau and/or historical clients.

Age	% of Clients
Under 5 years	
Kids 5-14	
Youth 15-19	
Adults 20-24	
Adults 25-44	
Adults 45-64	
Adults 65+	
Unknown	
Total	

14. Population(s) to be Served – Race/Ethnicity
Instructions: Indicate the estimated percentage of population(s) to be served based on the demographics below. Estimates must be based on justifiable information, such as the most recent data from the U.S. Census Bureau and/or historical clients.

Race/Ethnicity	% of Clients
American Indian and Alaska Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian and Pacific Islander	
Not Hispanic or Latino	
Some Other Race	
Two or More Races	
White	
Unknown	
Total	

15. How will this project's services be structured to support low-income, underserved, uninsured, and/or underinsured individuals and families?
Instructions: Indicate any relevant fees, whether or not a sliding payment scale will be utilized, etc.
(5,000 Character Limit)

16. How will this project identify and support populations and/or communities within Boise experiencing disparities in equitable access to high-quality mental health care services?
Instructions: Include any sources of data and methodologies used to identify these populations.
(5,000 Character Limit)

PROJECT DESCRIPTION

17. Type of Project
Check the box(es) to indicate the type(s) of services to be offered through the project.
Select all that apply:

☐ Individual Services
☐ Family Services
☐ Group Services
☐ Addiction Recovery Services
☐ Other

18. Project Description
Instructions: Please provide a complete and detailed description of the project.
(15,000 Character Limit)

19. What are the primary goals and objectives of this project?
Instructions: Provide a detailed description of this project's goals and objectives,
including major milestones.
(7,500 Character Limit)

20. Describe the mental health care services to be provided as a result of this funding,
including the therapeutic practices and evidence-based practices that will be utilized.
Instructions: Be as detailed as possible. See Notice of Funding Opportunity for
requirements regarding evidence-based practices.
(7,500 Character Limit)

21. Will the project generate program income as defined in 2 CFR 200 (see 2 CFR § 200.1
and 2 CFR § 200.307)? If so, how will it be used/spent to further the project during term of
the Subaward Agreement?
Instructions: Enter the dollar amount of estimated program income. Program income is
funding that is earned as a result of project activities, such as service fees, and must be
used to further the objectives of the grant during the grant term.
(5,000 Character Limit)

EVALUATION METHODS

22. How does the applicant organization propose to measure the impact of this project?
Instructions: Include the evaluation methods to be used, such as pre- and post-tests,
surveys, success stories, etc.
(5,000 Character Limit)

23. What reporting mechanisms will be implemented to maintain detailed program records and capture required data as needed for the City of Boise for monitoring purposes?
Instructions: Include any existing and/or planned procedures and policies that meet this requirement.
(5,000 Character Limit)

PROJECT MANAGEMENT AND TIMELINE

24. What are the key deliverables for this project?
Instructions: Provide a detailed description of project deliverables that support the previously outlined goals and objectives.
(5,000 Character Limit)

25. Describe the proposed timeline for this project, including actionable milestones for each identified deliverable.
Instructions: Provide a detailed description of when the project's actionable milestones will be completed and any contingencies in place for timeline deviation.
(5,000 Character Limit)

26. What key personnel does the applicant organization have specifically assigned to this project to ensure that the project is completed according to plan and is able to meet all compliance standards?
Instructions: Include a detailed description of the roles and responsibilities of key personnel related to this project and how it will be properly managed.
(5,000 Character Limit)

SUSTAINABILITY

27. Project History
Instructions: Indicate if this is in support of a new or existing project.

☐ New project
☐ Continuation of an existing project
☐ Expansion of an existing project

III. REQUIRED TEMPLATES

28. Work Plan Template

In ZoomGrants, please fill in applicable columns for each major task or activity necessary to complete the proposed project. There is a limit of 10 entries for the Work Plan. Combine related tasks or activities as needed. Please see instructions below:

Task/Activity
Enter the title of tasks and/or activities in the order they will be carried out.

Description
Include major milestones and deliverables necessary for completing the grant, including training, planning, accounting, contracting, reporting, monitoring, etc. Use quantifiable data wherever possible.

Timeline
Indicate the month(s) during which work will take place. Example: Oct-Dec 2022. Some tasks and/or activities may be labeled "continuous" or "on-going", such as administrative duties, etc.

Responsible Parties
Indicate who will be responsible for performing the work and supervising its completion. Include title of responsible party.

Expected Outcome/Result
Describe what will result from completing the task and/or activity. Be specific in explaining the effect of the completed task and/or activity.

Amount Requested/Match
Enter the associated amount of grant funds requested and match (if applicable) for each task/activity.

Task/Activity	Description	Timeframe	Responsible Parties	Expected Outcome/Result
Ex: Addiction Recovery Support Group	*Ex: Provide monthly addiction recovery support group sessions for up to 50 attendees*	*Ex: Oct 2022 - Sept 2023*	*Ex: Program Manager, Licensed Therapist(s)*	*Ex: 75% of attendees will report increased feelings of social connectedness and support*
Ex: Administrative Duties	*Ex: Monitor project implementation and compliance, prepare progress reports, submit invoices, etc.*	*Ex: Ongoing*	*Ex: Program Manager, Accounts Payable Specialist*	*Ex: Successful and compliant project implementation*

29. Detailed Budget Template
In ZoomGrants, please fill in applicable columns for each budget line item according to the instructions provided below. There is a limited number of entries per budget category. Combine expenses as needed. Please see instructions below:

Personnel
Use this cost category ONLY for employees of the applicant organization. If the organization does not have employees and uses independent contractors or volunteers, those expenses belong under the Contractual and Other categories respectively. Refer to the IRS website for definitions of "employee" versus "contractor."

Personnel expenses and match require specific record keeping for all employee activities, not just those charged to the grant. Refer to the requirements in OMB's Uniform Guidance (2 CFR 200) for more information.

Fringe Benefits
Enter the fringe benefits associated with each employee's allocated costs listed in the Personnel category. If the applicant organization does not track benefits separately from salaries/wages, these costs may be included in the cost under Personnel (i.e., salary/wage + benefits). Benefits are listed for employees of the organization, not contractors.

Travel
N/A

Equipment
N/A

Supplies
Supplies are defined as tangible property items that have per-unit acquisition costs of less than $5,000. Enter supplies and materials needed to complete the project (e.g., project computer, scanner, project software, paper, toner, educational materials, signs, brochures, etc.). Provide a breakdown of the unit costs and quantities to be purchased.

Contractual
Use the Contractual category for any services from companies, professionals, or individuals that are hired as independent contractors for the project (e.g., consultants, project specialists, CPA (Certified Public Accountant), etc.). Be sure to follow organizational procurement policies and adhere to OMB's Uniform Guidance (2 CFR 200) when hiring contractors. See "Important Definitions" below for additional information on contractor vs subrecipient designations.

Other
Enter costs that do not fall within the scope of the above categories. Any costs associated with second tier Subrecipients/Subaward Agreements should also be included here. See "Important Definitions" below for additional information on contractor vs subrecipient designations.

Indirect

Indirect costs may be recovered in accordance with your organization's Negotiated Indirect Cost Rate Agreement (NICRA) or approved Cost Allocation Plan approved by your cognizant federal agency. In the absence of a current NICRA, the applicant organization may elect to charge the 10% de minimis rate based on modified total direct costs (MTDC) as defined in OMB's Uniform Guidance (2 CFR 200) OR request to negotiate a NICRA with the City of Boise. If your organization chooses not to recover indirect costs associated with this project, your administrative expenses must be allocated as direct costs throughout your budget and this budget line item can be left blank.

Budget Category/ Line Item	Description	Hours/ Unit	Hourly Rate/ Per Unit Cost	Total
Ex: Personnel/ Program Manager	*Ex: Responsible for overseeing project activities, including marketing, implementation, performance monitoring, etc. (8hrs/month x 12 months)*	*Ex: 96*	*Ex: $25*	*Ex: $2,400*
Ex: Personnel/ Licensed Therapist	*Ex: Responsible for providing therapeutic services to clients, documentation/notes, etc. (4hrs/month x 12 months)*	*Ex: 48*	*Ex: $40*	*Ex: $1,920*

Important Definitions

*A **Contractor** is an entity that provides goods or services that are ancillary to the operation of a Federal program. They are not subject to the requirements placed on subrecipients in the Uniform Guidance, including the Single Audit Act or reporting requirements, though similar requirements may apply.*

*A **Subrecipient** is a non-Federal entity that receives a subaward agreement from a pass-through entity to carry out part of a Federal program but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.*

30. Match Contributions Template
In ZoomGrants, complete the following table regarding outlining this project's match contributions. Please note that all matching funds provided must be from non-federal funding sources.

Name of Match Contributor (Entity or Individual)	Type of Match (Cash or In-Kind)	Description	Total Amount

IV. SUPPORTING DOCUMENTATION

31. Risk Assessment Questionnaire
In ZoomGrants, attach a copy of the completed "Attachment A: Risk Assessment Questionnaire," including any relevant supporting documentation as requested.

32. Negotiated Indirect Cost Rate Agreement (NICRA) (If Applicable)
In ZoomGrants, attach a copy of your organization's Negotiated Indirect Cost Rate Agreement or Cost Allocation Plan (if applicable). See "Detailed Budget Template" instructions for more information.

33. Letters of Support (If Applicable)
In ZoomGrants, attach letters of support from community leaders and/or relevant organizations that demonstrate commitment to services and/or community impact. The letter should be on the organization's letterhead, include a printed name, signature, and date, and show support for the proposed project.

Example supporters could include:

- Community-based organizations providing mental health care services
- Financial institutions or other non-federal organizations that will provide funds used as cost-share/match

34. Proof of SAM.gov Registration
In ZoomGrants, attach a copy of your organization's active SAM.gov registration. Applicants must complete and maintain an active registration with the System for Award Management (SAM), which requires renewal at least annually.

35. Organization Type Verification (If Applicable)

In ZoomGrants, attach a copy of the applicant organization's proof of incorporation, 501(c)(3) determination letter, or other organization type documentation as necessary.