

**Salt Lake County Health Department
Substance Use Disorder (SUD) Prevention RFA
Frequently Asked Questions (FAQs)**

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OVERVIEW

Salt Lake County Health Department (SLCoHD) announces the availability of funds to support evidence-based substance use prevention interventions. SLCoHD is seeking coalitions, partnerships, and service providers to collaboratively prevent youth and other specific populations in Salt Lake County from misusing harmful substances. Please see the [RFA](#) and our [recorded information session](#) for more information.

The purpose of this document is to provide information for submitting a strong proposal under the substance use prevention Request for Applications (RFA). This document also provides context around prevention science, for those less familiar with the field.

FREQUENTLY ASKED QUESTIONS

Administrative Questions

Where can I find more information about this RFA?

There are three sources of information for this RFA:

1. The [RFA](#) itself outlines due dates, application questions, scoring criteria, priorities, and other important elements you need to know to submit a strong application.
2. This FAQ document outlines
 - a. basic information about prevention science and evidence-based programs, policies, and practices;
 - b. tips and tricks for writing a strong proposal; and
 - c. administrative information about the RFA.
3. The [recorded information session](#) covers similar information as this FAQ, but may go into more depth on some topics such as evidence-based substance use prevention programs, practices, and policies (EBPPPs), and also includes answers to specific audience questions.

If any of these documents or other information sources conflict with each other, refer to the RFA for final guidance. If you have additional questions after reviewing these three sources of information, please email your questions to RSHanson@slco.org. These questions and SLCoHD responses will be posted in the [Questions and Answers document](#) for all Applicants to review. We urge you to check the Questions and Answers document on occasion to see answers to new questions. You can submit questions until **March 30, 2022, at 5:00 pm Mountain Time**. Please do not contact other Health Department staff or reviewers directly.

Where do these funds come from and how can they be used?

The funds for the RFA originate from both the State of Utah and from the Federal government. Block Grant dollars are disbursed to states from the Federal government, and then sent out to all Local Health Authorities, including the Salt Lake County Health Department, to support evidence-based substance use prevention efforts. Additional funding for this RFA come from the [State’s Electronic Cigarette, Marijuana, and Other Drug Prevention Grant under Utah Code 26A-1-129](#).

Both funding sources have clear requirements to support evidence-based substance use prevention. SLCoHD and its contracted providers are required to uphold these requirements. All accepted proposals will need to serve at least one SUD Behavior. If any of the documents or other information sources conflict with each other, refer to the RFA for final guidance.

Because some of the funding for this RFA originates at the federal level, all expenditures must adhere to [OMB Circular A-87](#) spending and reporting requirements for use of federal funds.

What is the timeline for submitting the proposal?

The projected RFA timeline is as follows. Any changes will be updated in ZoomGrants.

- PRE-RFA Community Focus Groups-----Oct 26, 2021 & Nov 1, 2021
- RFA Information Meeting -----January 7, 2022
- RFA Posted -----February 15, 2022
- Required Letter of Intent Due -----February 27, 2022
- Partner Match-Making Discussions -----March 2022
- Deadline for Question Submittal -----March 30, 2022
- Full Application Due -----April 3, 2022
- Applicant Interviews / Revision of Proposal (if needed) -----April 2022
- Committee Review Process Finalized -----April 30, 2022
- Recommendation to Mayor or designee -----May 15, 2022
- Contracts Signed -----June 15, 2022
- Contract Commencement-----July 1, 2022

What is ZoomGrants and how do we submit a proposal through ZoomGrants?

ZoomGrants is an online funding platform that allows you to submit and manage grants and contracts. You will submit application responses directly into ZoomGrants and upload your required documents there. If you are awarded funds, you will submit your invoices through ZoomGrants as well.

Once the RFA is live, we will provide a [link](#) to the ZoomGrants page where you can create an account and then access the application. After you have created your ZoomGrants account, you may visit [this instruction presentation](#) or visit [ZoomGrants University](#) to see other tips on how to use ZoomGrants. If you have any questions for us, we ask that you submit them to Steve Hanson at rshanson@slco.org.

My organization has received funding from SLCoHD's SUD Prevention contracts before. How is this year different from previous years?

This year, re-wrote the RFA to meet several new or expanded goals.

1. *Receive community input up front.*

In October 2021, we held three focus groups with community partners to better understand what they need to succeed in SUD prevention work. Although our funding is restricted to specific uses, we were able to integrate feedback such as expanding services to priority communities and how the Health Department can assist contractors to build meaningful partnerships.

2. *Assist applicants to build their best proposals.*

This year, we added a virtual information session and a FAQ document to help applicants build their best proposal. The information session was recorded on January 7, 2022. You can listen to the recording [here](#). Finally, we are assisting applicants in finding suitable partners to strengthen their work through a partner matching website and other assistance. See the *Partners* tab on our [website](#).

3. *Stronger focus on equity and accessibility.*

Through our efforts at connecting partners and outlining application techniques, we are working to make the RFA application more accessible to new organizations. Unlike recent Salt Lake County grants that require only a one-page proposal, the SUD RFA requires prevention and grant writing expertise due to the complex nature of the work. Our goal is to open the door to this funding opportunity to new organizations by helping to connect them with partners who have worked in the SUD Prevention space before.

We are also putting more weight on proposals that serve specific under-resourced communities.

4. *More opportunities for continuous improvement during implementation.*

Partners have asked for more flexibility during implementation to alter their work for improved results. Our contracts, however, often do not allow for changes, so we are working with our Contracts & Procurement department to make changes to our contract. There will still be requirements, but our new contracts will allow for broader discussions about how best to do the work.

Our reoccurring meetings with contractors will also expand to include more continuous improvement discussions to help providers make necessary changes for best results.

5. *More attention to environmental strategies.*

This year we are highlighting the opportunity to apply for evidence-based environmental strategies (policies and practices) as well as evidence-based programs. To learn more about environmental strategies, please see *What do you mean by “environmental strategies”?* below.

6. *Application questions geared towards building your implementation plan.*

We have updated the application questions to focus more on why your selected strategy is important and how you plan to make it successful.

Please review *“What are you looking for in a proposal?”* below for more information.

What are the eligibility requirements to receive funds from this RFA?

The funding for the SUD Prevention RFA will be distributed through contracts due to the complex nature of the work. Please read through the contract in advance to ensure your organization meets all eligibility requirements (see Appendix C in the RFA). Examples of these requirements may include but are not limited to minimum insurance requirements, compliance with federal and state laws, conflicts of interest, and other requirements.

Additionally, to be eligible for this funding opportunity, applicants must be eligible to receive and manage funds; must be a community coalition, local government agency, local education agency, or nonprofit organization established as a [legal entity under state](#) or [federal](#) statutes and regulations; and must be registered to do business in Salt Lake County and have a Salt Lake County address.

If a partnership or coalition is applying, the application must be submitted by one eligible entity that will serve as the Lead Partner. Any organizations receiving funds from this opportunity either as the primary contracted recipient or a sub-contractor must comply with all eligibility requirements and contract requirements. If a partner organization will not receive funds, they do not need to comply with eligibility requirements.

Organizations that do not meet eligibility requirements may apply for this RFA through an eligible entity that serves as their fiscal manager. The contract with the SLCoHD is signed by the fiscal manager, who takes on the full contract responsibilities. The fiscal manager cannot disburse funds to the ineligible partner, but rather conducts all financial transactions on behalf of the ineligible partner. Fiscal managers must have signed agreements with their partner outlining each party's responsibilities for this RFA and include this agreement as a required document when they submit their proposal.

What are the general reporting and payment requirements?

Each funded provider will be required to submit data related to their intervention implementation on a monthly basis. These data are required by either the State Department of Human Services, by the State Department of Health, or by Salt Lake County Health Department. (Please note that as of July 1, 2022, the State Department of Human Services and the State Department of Health will be merged into a single entity called the State Department of Health and Human Services.)

A list of specific data elements will be provided to successful Applicants. Primary (lead) partners are required to submit monthly invoices through ZoomGrants. SLCoHD reserves the right to not pay a contractor if monthly reporting and invoices have not been submitted.

If we want to apply for more than one intervention, how many applications and letters of intent do we need to submit?

You will need to submit one application and one letter of intent per intervention you propose. For example, if you would like to run the Strengthening Families program, you would submit one application with the Letter of Intent for that intervention. If you would like to apply for Strengthening Families and a Communities That Care coalition, you would submit two separate applications, each with its own Letter of Intent.

If you are conducting the same intervention at multiple sites or locations, that is considered a single intervention and would require one application. For example, if you are running multiple cohorts of your Strengthening Families program in five different communities, you would submit one application for all five sites.

How did SLCoHD choose the priority behaviors, risk factors, and protective factors?

The SLCoHD conducted a county level needs assessment using 2021 SHARP data and identified the substance use, risk factor, and protective factor priorities. For applicants who are not using a local community level assessment, your proposed intervention should address one or more SLCoHD priority(ies).

May we use our own or a local community assessment to select priority substance use behaviors, risk, or protective factors?

Yes! If your agency, partners, or others conducted a recent local SUD community assessment for the population you plan to serve, the SUD behaviors, risk, or protective factors identified through that assessment should be used for your proposal. If you are partnering with a community coalition, they may already have an SUD-based community assessment.

If you are addressing substance use problems and risk (or protective) factors identified through a local community assessment, please provide a brief summary of the community assessment in Question 2 of your application. Your assessment should be data-driven, community-informed, and based on a research-based model. For most Applicants, the [Communities That Care framework](#) or the [CADCA/Drug Free Communities approach](#) will be relevant and recommended. However, some applicants may be serving communities or populations where another model is more appropriate. Regardless, the community assessment should follow the [Strategic Prevention Framework \(SPF\)](#) and include:

1. A description of the priority community (either geographical boundaries and/or description of the target population to be served, etc.);
2. An examination of SUD quantitative data such as substance use behaviors, risk factors, and protective factors, and root or causal factors;
3. Community input about the quantitative data findings, local conditions, or other inputs;
4. The identification of priority indicators based on an assessment of the data and inputs reviewed.

If you do not have access to a recent SUD community assessment for your selected populations, you should choose your intervention based on the priority behaviors, risk, and protective factors outlined in the RFA.

Prevention Science

Prevention Science Overview: What is Prevention Science and Why Is It Important?

In its most basic form, prevention science is the practice of implementing prevention activities that have been proven through research to be effective in reducing problem behaviors like underage drinking and vaping.

Much has changed in the field of Substance Use Disorder (SUD) Prevention over the last 30 years. In the early 1980's, providers often offered well-intentioned prevention activities and programs, even though they weren't sure the activities would work. Some widely-used programs were actually later shown to have a negative effect on participants – in other words, participants engaged *more* in substance use after taking the program.

To ensure our prevention efforts helped rather than hurt people, a field of research and evaluation emerged. Researchers identified factors in multiple domains (school, family, peers, community) that can predict risk of substance use and substance use disorder. They also identified and developed evidence-based prevention activities that can change a person’s risk and protect people from misusing substances. The research has shown that by decreasing risk and adding protection, the likelihood of substance use and substance use disorder can be reduced. Using the scientific method and the public health approach, we now know that substance use disorders can be prevented. This is prevention science.

How does SUD Prevention differ from SUD Treatment and SUD Recovery?

SUD Prevention activities are part of a larger spectrum of activities to address substance use.

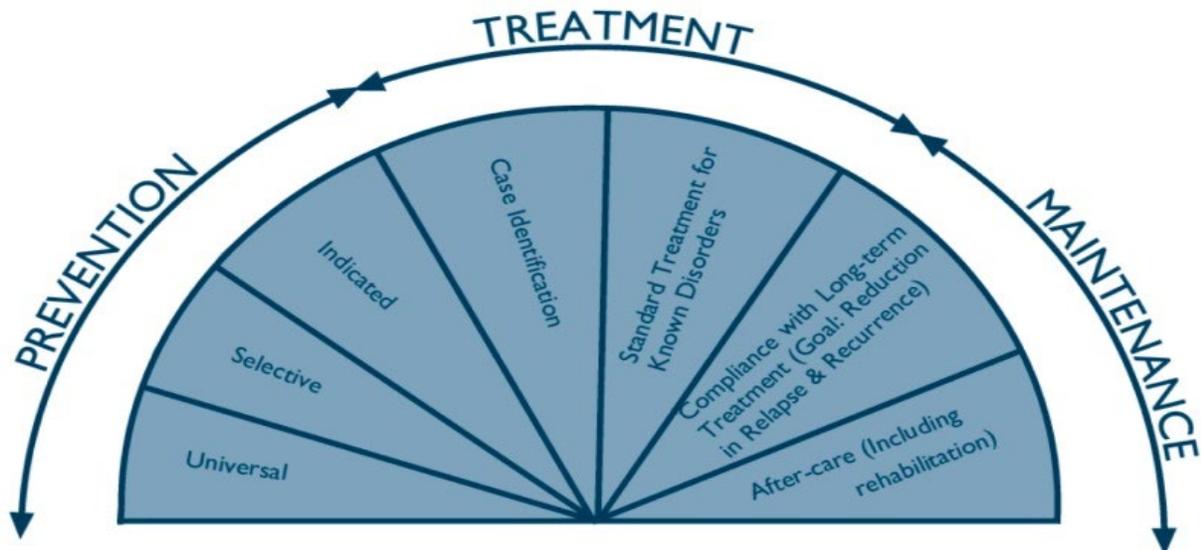
Prevention supports individuals, families, and communities to prevent the use and misuse of substances. There are [three classifications of SUD Prevention](#), commonly referred to as “IOM,” since they were established by the Institute of Medicine.

- Universal – Interventions that are meant for everyone
- Selective – Interventions that serve individuals or groups with elevated risk
- Indicated – Interventions for individuals or groups displaying some low-level problem behaviors but who do not have a diagnosis

SUD Treatment captures the broad spectrum of advice, therapies, services, and monitoring for individuals who are already suffering from substance use disorders.

SUD Recovery or Maintenance occurs after treatment, when an individual who had experienced a substance use disorder undergoes a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential beyond substance use.

This RFA supports ONLY SUD prevention efforts. No funding will be awarded for any treatment or recovery/maintenance interventions.



Center for Substance Abuse Prevention (US). *Addressing Fetal Alcohol Spectrum Disorders (FASD)*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 58.) Figure 1.1, The IOM Continuum of Care Model. Available from: https://www.ncbi.nlm.nih.gov/books/NBK344231/figure/part1_ch1.f1/

What are evidence-based programs, policies, and practices?

Evidence-based prevention programs, policies, and practices (EBPPPs) are programs or environmental strategies that have been rigorously evaluated and shown to be effective in producing positive outcomes on substance use behaviors and risk/protective factors. The selection and implementation of EBPPPs increases the likelihood that the interventions you implement will have the desired impact on individual participants and/or the communities you serve. EBPPPs can be found on evidence-based registries such as the [Results First Clearinghouse Database](#), [Blueprints for Healthy Youth Development](#), [The Community Guide](#), and [Social Programs that Work](#). Local programs that have been approved by the [Utah Evidence-Based Workgroup](#) also qualify as evidence-based for this RFA.

Not all evidence-based programs, policies, and practices (EBPPPs) are created, evaluated, and designated the same. Interventions with high design and evaluation standards that deliver consistent and positive behavior changes receive the highest evidence-based designations. **Just because an intervention is listed on one of the above-listed registries, does not guarantee it has been evaluated to show positive effects.** For example, Results First Clearinghouse lists interventions that have been shown to have mixed effects, no effects, negative effects, or insufficient evidence. Such interventions would likely not be funded by this RFA. Applicants are responsible for identifying the status and source of the designation for the intervention they propose.

The Applicant is responsible for delivering their program, practice, or policy in a way that maximizes its positive outcomes. As a general rule, implementation that adheres to the program developer’s implementation standards and guidelines (“implementing with fidelity”) is more likely to result in positive outcomes. You can learn more about implementation science [here](#) or [here](#).

What if we want to change or adapt an evidence-based program, policy, or practice to better fit our community?

Many of the highest designated EBPPPs have been shown to be effective across multiple populations. However, adaptations in implementation are sometimes necessary to effectively deliver the implementation in a culturally competent way. When considering adaptations, it is important to understand whether the changes being made affect the core components responsible for the EBPPP’s effectiveness. Adaptations should be made thoughtfully to ensure the EBPPP is not fundamentally changed from the original EBPPP, potentially resulting in different outcomes. Often, program developers will provide guidance on adaptations that can be made without affecting fidelity, and more importantly, outcomes.

There are some adaptations that are generally allowable. Examples include translating and/or modifying vocabulary, replacing images to show youth and families representative of the audience

served, replacing cultural references, modifying some aspects of activities such as physical contact or adjusting language based on literacy levels of the group.

Other types of adaptations should not be made without developer consent, such as: Changing dosage (the amount of time, length of sessions, or changing the order of sessions/lessons), removing topics or key messages, skipping skill building and skill practice, or adding important content not included in the evaluation of the EBPPP.

Some recommendations to consider when making adaptations, include:

1. Preserve the setting (e.g., It may be difficult to implement a school-based program in a different setting).
2. Maintain dosage (# of sessions, length of course, recommended participation levels, etc.).
3. Adding vs. excluding content (If changing the content of the program, usually safer to add content rather than take content out, but make sure it doesn't contradict what is already in the program.).
4. Get feedback from the experts in the community you're serving about the cultural competence of planned adaptations (even better, work with them on the front end when making plans for adaptations).
5. Reach out to the program developer to ask about planned adaptations, where possible.

Substance Abuse and Mental Health Services Administration. (2018, September). Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners.

What do you mean by “environmental strategies”?

Environmental Strategies are prevention efforts that are not curriculum-based programs. The “practices and policies” in the term “EBPPP’s” refer to environmental strategies. Environmental strategies aim to change the environment of a community, school, or family to better support healthy lifestyles and choices. The idea is to change the circumstances faced daily in life that may be leading to a greater likelihood of problem behaviors. If a lot of young people are vaping, for example, an environmental strategy may seek to decrease the availability of vape products, offer youth pro-social activities after school, or change school policies to increase enforcement. These are examples of practices and policies that change the environment of a community to make it easier for its residents to live healthier lives.

[The Community Anti-Drug Coalitions of America \(CADCA\)](#) outlines [seven strategies for community change](#), most of which are environmental strategies. Communities using a comprehensive approach to prevention with a combination of strategies are more likely to see their desired results. CADCA’s [The Coalition Impact: Environmental Prevention Strategies](#) offers more in-depth information on environmental strategies and the process of how communities can select the right strategies for their local conditions. Examples of researched or evaluated environmental strategies can be found in the [CDC’s The Community Guide](#) or from other trusted sources.

Seven strategies to affect community change

1. **Provide information**—Educational presentations, workshops or seminars, and data or media presentations (e.g., public service announcements, brochures, billboard campaigns, community meetings, town halls, forums, web-based communication).
2. **Enhance skills**—Workshops, seminars or activities designed to increase the skills of participants, members and staff (e.g., training, technical assistance, distance learning, strategic planning retreats, parenting classes, model programs in schools).
3. **Provide support**—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals for services, support groups, youth clubs, parenting groups, Alcoholics or Narcotics Anonymous).
4. **Enhance access/reduce barriers****—Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity).
5. **Change consequences (incentives/disincentives)**—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. **Change physical design**—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. **Modify/change policies**—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

** Note: This strategy also can be utilized when it is turned around to reducing access/enhancing barriers. When community coalitions establish barriers to underage drinking or other illegal drug use, they decrease its accessibility. Prevention science tells us that when more resources (money, time, etc.) are required to obtain illegal substances, use declines. When many states began to mandate the placement of pseudoephedrine-based products behind the pharmacy counter, communities experienced a significant decrease in local clandestine methamphetamine labs. Barriers were put into place that led to a decrease in the accessibility of the precursor materials for meth production.

The list of strategies were distilled by the University of Kansas Work Group on Health Promotion and Community Development – a World Health Organization Collaborating Centre. Research cited in selection of the strategies is documented in the Resources and Research section of the CADCA website, www.cadca.org. The Institute uses this list by permission of the University.

What are Risk and Protective Factors? What are Root Causes?

Risk factors are elements that increase the likelihood of a person engaging in risky health behaviors such as vaping or underage drinking. Examples of risk factors that affect SUD behaviors include family conflict, availability of drugs, lack of commitment to school, and antisocial behavior.

Protective factors buffer against risk, making a person less likely to engage in risky health behaviors. Examples of protective factors that affect SUD behaviors include opportunities for prosocial involvement, attachment to neighborhood, and interaction with pro-social peers.

For more information on SUD risk and protective factors, see [Utah's SHARP Surveys](#).

Root Causes are similar to and often overlap with risk factors. Root Causes are used in the CADCA assessment framework and include the following:

- Availability / access of drugs
- Community norms favorable toward drug use
- Laws and Enforcement
- Price and Promotion
- Parental Attitudes Towards Drug Use
- Favorable Youth Attitudes Towards Drug Use
- Retail Availability

For more explanation and details about CADCA's Root Causes, see their [Community Assessment manual](#).

My organization hasn't traditionally done SUD prevention. Should we still consider applying for this RFA?

SLCoHD aims to support inclusive, culturally relevant, and meaningful substance use prevention work throughout Salt Lake County under the guidelines of this state funding.

Many interventions address multiple behaviors. If your organization has not traditionally done SUD prevention, look for interventions that serve both SUD and other goals like delinquency, depression, academic achievement, or bullying.

To fulfill state reporting requirements, applicants must be able to tie their proposed intervention to at least one substance use prevention behavior.

Where can I learn more about prevention science?

There are many resources online regarding prevention science. Throughout this FAQ and referred to below are trusted sources on prevention science topics. If you are seeking more information, a simple online search will offer additional resources.

- [Recording of information session](#)
- [National Institute on Drug Abuse \(NIDA\) Prevention Principles](#)
- [Prevention Technology Transfer Center](#)

Preparing a Strong Proposal

This application is very in-depth! Why do you need so much information?

The application is in-depth because the work is complex. We are looking for organizations and partnerships that have the capacity to successfully implement evidence-based programs, policies, and practices. In order to be successful in this work, Applicants must have thoroughly considered all of the questions in the application.

What are you looking for in a proposal?

- An intervention that will work for your community.
- The community and/or partners were involved in the selection of the strategy.
- The intervention you're proposing is evidence-based (or research based for environmental strategies), or you have good reason to propose a non-EBPPP.
- You've considered under-resourced communities.
- You understand the expertise and planning required to be successful and have brought partners in to fill in gaps, if needed.
- You understand what is already going on in your community and are filling gaps rather than duplicating efforts.

How do we write a strong proposal?

- Start your planning as soon as possible. You may need time to assess your community needs, review data, select an appropriate intervention, or build partnerships.
- Read the question and instructions carefully and answer each question thoroughly, concisely, and directly. Do not add "fluff," but rather show us that you have thoughtfully considered the points listed in the questions above.
- Pay close attention to the scoring criteria. Scoring criteria are listed for each question in this application. Be sure your response addresses each scoring criteria point.
- Make sure you submit all required documents. Follow the application checklist listed in the RFA. Salt Lake County Health Department reserves the right to not consider any application that does not include all required responses and documents.
- Just because you build it, doesn't mean they'll come. Recruitment and participation are some of the most difficult parts of implementing EBPPPs. We need to see that you have a clear and workable plan for engaging your prioritized participants.
- Tell the same story in the budget and the project narrative. If you propose to do a social media campaign to reach participants, include funding for that campaign in your budget. Also, be sure to think through your budget needs and include any necessary costs.
- Establish your credibility. Show us that you have experience in similar work. If you have made mistakes or tried approaches that have not worked well, how have you improved to be more successful?

- Present your plan clearly and logically. Make sure we understand how you plan on implementing your work, what the challenges may be, and how you plan to overcome those challenges. Also, clearly state what success looks like for you: what goals or deliverables must be met to be successful?

Why do we need to submit a Letter of Intent?

Yes, the Letter of Intent (LOI) is required. Your application will not be reviewed if a Letter of Intent was not submitted by February 27, 2022. You will submit the Letter of Intent through this [LOI online submission form](#), not through ZoomGrants.

The letter of intent helps us understand who is interested in applying and what their proposals cover - before the applications are due. We will use this information to help applicants connect with other organizations who may be interested in serving similar communities or conducting similar work so you can discuss a joint proposal. We will also work to connect organizations that may not have all the skills, knowledge, or community connections needed to succeed in their proposed project. This approach will help alleviate duplication and overlap, fill in gaps, and better serve our under-resourced communities.

You will not be held to anything outlined in your Letter of Intent. If your proposal turns out very different from your Letter of Intent, that is not a problem! We are hoping applicants' original ideas outlined in the Letters of Intent will be improved upon and possibly even completely changed as they learn what other applicants are proposing, find partners, etc.

In addition to using the Letter of Intent to find potential partners, you may [add your organization's name](#) to our [online partner list](#), review the other organizations on the list, then reach out to any partners you think may help make your proposal stronger.

What are you looking for in the Budget and Budget Narrative?

We're looking for sufficient information to get a solid picture of how funds will be spent. Please be sure to follow budget instructions. Double check the total lines of your budget to ensure all line items are calculated – if you add a line to the bottom or top of a summed-up column, the added number may not be included in the total calculation.

If you are applying as a partnership, the Lead Partner will put the total sub-contracted amount in the Contract Services section of the budget, then submit a second budget detailing that sub-contracted amount.

If you are using other funding sources for this intervention, please outline those costs in the Activities Funded by Other Sources section at the bottom of the budget. You may broadly estimate costs in this section; we only ask for this information to understand what other expenses you are considering in your planning.