IMPACT FUND GRANT PROGRAM

2024 Application Outline

INSTRUCTIONS

Please complete all **FOUR** sections (Grant Overview, Organization and Contact Details, Financial Information, Program Design) and upload all **required documents** to your organization's profile. Detailed instructions are provided within the application in the online portal.

Everything marked with an asterisk * is required. Some responses may require further detail.

GRANT OVERVIEW

*Program/Project Title:

*Executive Summary: *(Briefly describe the behavioral health-related program/project for which you are applying for funding in 150 words or less)*

*Amount Requested: *(this will auto-populate in the online form from the budget table to reduce double entry)*

*Grant Short Story *(fill in the blanks)*: We are requesting ___*Amount Requested*__ to pay for _____*What*_____, which will allow us to ___*How*____ in order to improve the Behavioral Health of ____*Quantity*_____*Who*____ in Larimer County.

*Please select your desired start date. *(10/1/2024, 01/01/25, 04/01/25, 07/01/25)*

*How long do you anticipate it taking for the requested funding to be fully spent? *(3 months, 6 months, 9 months, 12 months)*

*What type of program/project funding request is this for? (*New, Support for Existing, Expansion, Continuation)*

New = to fund a program/project that has not existed before; Support for Existing = to fund a current or ongoing program/project; Expansion = to fund the growth or advancement of a program/project; Continuation = to fund the same program/project that is currently being funded by BHS

*Which of the following Targeted Project areas best describes the program/project for which you are requesting funding? Select only one.

- *Basic to Moderate Care Coordination for Short-Term or Less Complicated Needs*
- *Moderate to Intensive Care Coordination and Management for those with Complex Needs*
- *Workforce Expansion and Support*
- *Alternatives and Interventions in Criminal Justice*
- *Services in Diverse Settings*
- *Expansion of Child and Youth Services*
- *Systems Integration*
- *Responsive*

LARIMER COUNTY
BEHAVIORAL HEALTH SERVICES

ORGANIZATION AND CONTACT DETAILS

[Populated from Organization Profile]
Organization Legal Name, Organization Business Name, Tax ID (EIN), Organization Type, Organization Website, Department, Organization Address, City, State, Zip, Mission

*Is this grant application being submitted with the appropriate authorization and approval from your organization? *(Yes/No)*

*Are all the required documents up-to-date in your Organizational profile? *(Yes/No)*

*Briefly tell us about your organization (i.e. organizational size, history, leadership structure, competencies, and/or experience) and why the organization is leading the proposed program/project.

[IF CONTINUATION] ***Briefly tell reviewers about your organization (i.e. organizational size, history, leadership structure, competencies, and/or experience) and why the organization is continuing the proposed program/project. Please note any significant changes that have occurred since your last application.**
(significant changes may include program/project changes, key personnel changes, financial changes, or other notable organizational news related to the program for which you are seeking funding).

*PRIMARY CONTACT, GRANT SIGNATORY

[Populated from Organization Profile]
Name, Title, Organization, Email Address, Phone Number, Address, City, State, Zip

*PROGRAM/PROJECT DIRECTOR

Name, Title, Organization, Email Address, Phone Number, Address, City, State, Zip

LARIMER COUNTY

BEHAVIORAL HEALTH SERVICES

FINANCIAL INFORMATION

*__Total Income/Revenue For Your Organization's Current Fiscal Year__ *(Tip: this dollar amount should match the financial document(s) uploaded in your Organization profile)* % of Request of Total Income cannot exceed 25%

*__Do you have any other sources of funding that support this specific program/project?__ *(Yes/No)*
(Tip: Other grants (secured or pending) Individual/Corporate Support, Earned/Contract Revenue, In-kind)
   IF YES: Secured $_____ Pending $_____ (do not include BHS) IF YES: Explain

*__Budget Worksheet:__ *BHS provides an excel spreadsheet for budget planning purposes only. The budget will need to be entered (not uploaded) into the online portal budget table. The online application will auto-calculate many of the budgeted fields.*

Direct Personnel

Position	Name	Annual Rate ($)	FTE (%)	Personnel Cost	Fringe Benefits	Total	Justification
					SUBTOTAL		

Other Direct Costs

Item(s)	Rate	Units	Category	Total	Justification
			SUBTOTAL		

Budget Table will auto-fill direct cost items entered and saved in the Budget Worksheet.

Personnel and Benefits	
Travel	
Equipment	
Supplies	
Consultants	
Professional Development / Training	
Other Costs	
Total Direct Costs	
Indirect Costs (20% max)	
Total Request	

*Budget Narrative: Please summarize what BHS grant dollars would be funding.

LARIMER COUNTY

BEHAVIORAL HEALTH SERVICES

PROGRAM DESIGN

INSTRUCTIONS: Although there is not a word limit, we ask that you keep all responses as clear and concise as possible. Consider bullet points, graphics, or a table to convey activities or goals.

ALIGNMENT OF NEED AND AREAS OF FOCUS

***ALIGNMENT OF NEED & TARGET AREA:** Briefly describe the unmet behavioral health needs or emerging problems in Larimer County and how your proposed program/project aligns with your selected targeted area of focus. If applying in the Responsive category, summarize how the program/project will improve behavioral health needs in the community.

***GEOGRAPHIC REACH:** Briefly share the intended geographic reach of your program/project. Include any targeted outreach strategies or innovative service delivery models to reach individuals in cities, towns, and rural areas outside of Fort Collins and Loveland (i.e. Estes Park, Wellington, Timnath, Red Feather Lakes, Laporte, Berthoud, Windsor, or Johnstown)

***HEALTH EQUITY:** How does your program/project remove barriers and improve access to behavioral health care?

BHS is not looking for non-discrimination policies, rather seeking to understand if the program/project is using specific, targeted, culturally or linguistically competent, data-driven, evidence-based, or practice-based strategies to connect with individuals in a way that makes sense to them.

LARIMER COUNTY

BEHAVIORAL HEALTH SERVICES

PROGRAM DESIGN (continued)

IMPLEMENTATION APPROACH AND MEASUREMENT

***OBJECTIVES TABLE:** What do you plan to accomplish with these funds within this grant period? List up to 5 objectives. Each objective (or output measure) must describe what you propose doing, quantify how much is being provided (goal quantity, #/%) and identify who (the population being served). Examples below:

INSTRUCTIONS: There are character limitations for this table (250 characters). The intent is to provide a high-level summary about what you propose doing, how much you're doing, and who you're reaching with these funds. You will be able to elaborate on the activities in the following narrative questions. Applicants will be responsible for reporting on these objective goals/measurements in the Interim and Final Reports. Please note the goal quantity is a numeric field and unfortunately cannot capture the % sign or estimate range at this time. If you are using a % measure or estimate, please note that in the Objective and/or Notes section. The % will be updated by BHS staff in the contracting process, if awarded, for the award and final reporting.

Objectives (what do you propose doing?)	Goal Quantity (#) (how much will you do?)	Population (who is the target audience?)	Notes/Data Source (how will you know it's done?)
(example) Provide no-cost client therapy (~3 sessions per person) to 20 victims of domestic violence in Larimer County	20	victims of domestic violence	During the grant period 20-25 clients will participate in therapeutic counseling. 80% will report having improved coping skills and a reduction in trauma-related symptoms through pre-post surveys. Average of 3 sessions per person.
(example) Increase clinical staffing by one FTE to increase case management services and reduce waitlist by 50%	50	Underserved victims of child abuse, primarily sexual abuse	Goal Quantity is 50%. Current waitlist is 20 clients. Goal is to reduce waitlist by 50% to 10.
(example) 100% of clinical staff will participate in at least 8 hours of training related to treating trauma survivors	100	Clinical staff	100% (15 therapists) will engage in 8 hours of training to enhance their knowledge and skill in treating trauma survivors. 90% will report they learned new skills through training evaluation survey.

LARIMER COUNTY
BEHAVIORAL HEALTH SERVICES

PROGRAM DESIGN (continued)

***ACHIEVING OBJECTIVES:** Elaborate on the specific activities and goals that will help you achieve your objectives. Consider bullet points, graphics, or a table to convey activities or goals.
Focus on describing the project's intended activities and not a description of the need for the project.

***MEASURING IMPACT:** For each objective, please share what you will evaluate/measure to help you, and Larimer County Behavioral Health Services, understand your program's progress and impact on behavioral health challenges. What will improve if the program/project is successful?

[IF CONTINUATION] ***PROGRESS & RESULTS**: Briefly summarize the specific goals of the previous project period and share why BHS should prioritize continued funding for this project.
Provide qualitative or quantitative data to support the efficacy of your program/project.

COLLABORATION: Describe any collaborations your organization is proposing and how they will benefit this program/project.
If partnerships are needed, describe the partnerships you have established, or plan to establish, what work they are contributing, and whether any partner organizations will receive funding as part of this program/project.

ADDITIONAL COMMENTS
Do you have anything else to add?

If there is anything else you would like to upload to support your application, please upload it here.
Examples may include annual reports, letters of support, photos, infographics of the program, organizational charts, etc.

LARIMER
COUNTY

BEHAVIORAL HEALTH SERVICES

REQUIRED DOCUMENTS

[Upload documents into your Organization's Profile]

*W-9 (must use 2018 form or later)
Please ensure the information on the W9 is correct and the form is signed. The address on this form is the address that will be used to mail your funds, if your grant is awarded. If this has been uploaded previously and has not changed, then you don't need to make any changes.

*IRS Public Charity Designation Letter or EIN Verification Letter
For new registrants, please upload your IRS Public Charity Designation or EIN Letter. If this has been uploaded previously and has not changed, then you don't need to make any changes.

*Organization's <u>Current</u> Annual Operating Budget *(organizations <u>current</u> fiscal year)*
The Annual Operating Budget should include (estimated) revenues and expenses for your organization's current fiscal year. The revenue amount on this document should match the amount entered in the "Total Income/Revenue for your organization's current fiscal year" field in the application. The program/project request should not be greater than 25% of the annual operating budget.

*Organization's Most Current Income/Financial Statement (P&L)
Please upload a copy of your 2024 fiscal year's income statement. Partial years will be accepted. An income statement shows a company's revenues, expenses and profitability (net income) over a period of time. It is also sometimes called a profit-and-loss (P&L) statement or an earnings statement.

*Organization's Most Current Balance Sheet
Please upload a copy of your 2024 fiscal year's balance sheet. Partial years will be accepted. The Balance Sheet – also called the Statement of Financial Position – serves as a snapshot, providing the most comprehensive picture of an organization's financial situation including Assets and Liabilities.

*Can your organization provide its most recent audited financial statements or financial review?
(Yes/No) [IF NO] ***Why not?**
If applicable, please upload the most recently audited financial statements for your organization, including the disclosures. If the organization does not have, or is unable to provide, audited financial statements please explain why not. The purpose of providing a financial audit is to provide assurance (through an independent 3rd party) that financial statements are presented accurately and in conformity with generally accepted accounting principles (GAAP). Not all organizations are required to have audited financials, therefore the size and age of the organization are taken into consideration when reviewing the organization's financials.

Additional Business Documentation (if applicable) *(ex. Signed Fiscal Sponsorship Agreement/Designation)*

When submitting your application, you will certify that your application is complete and all documents are up to date in your Organizations profile.

For more information please visit our website at
https://www.larimer.gov/behavioralhealth/impact-fund

LARIMER COUNTY

BEHAVIORAL HEALTH SERVICES