



## The Ohio Children of Incarcerated Parents

SFY 2025

Request for Proposals

Proposals Due: Friday, June 7, 2024 at 5:00 p.m.

### Children of Incarcerated Parents, Creating Lasting Family Connections Community of Practice: Community Implementation Collaborative

#### Funding Opportunity

The Children of Incarcerated Parents, a program of Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOP), with support from the Ohio Department of Mental Health and Addiction Services, is offering a funding opportunity for up to ten (10) Community and/or Faith Based organizations interested in implementing Creating Lasting Family Connections (CLFC) Curriculum in a community setting (Funding available up to \$10,000).

#### Background and Intent

The Federation of Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOPs) through its existing prevention, treatment and Circle for Recovery Ohio programs has brought together eleven (11) UMADAOP programs, the Ohio Department of Rehabilitation and Correction and other local partners to mobilize service systems to build resiliency, develop resistance skills for substance use, and address trauma in children of incarcerated parents and their families.

The goal of this RFP is to create a funded opportunity for CLFC certified trainers to engage in a learning collaborative with their peers and receive technical assistance to build community capacity to implement CLFC within a community setting. Grantees should remember that this is a unique opportunity to receive funds to engage in professional development, therefore grantees will be **required** to participate fully in every aspect of the opportunity.

#### Applicant Eligibility

Eligible applicants must be a 501(c)3, tax exempt organization or government entity. The Organization is required to have a minimum of at least two staff or partners who are **certified as trainers (You received an actual Certificate)** for the Creating Lasting Family Connections curriculum.

Organizations that do not have certified CLFC trainers are encouraged to apply but will be required to complete the CLFC Facilitator Training prior to October 1, 2024. This training is five days and will be held the week of September 16-20, 2024 in Mansfield, OH. **If your organization does not have any certified CLFC trainers or would like to have additional trainers certified, please indicate in your proposal and line-item budget if you will need to attend this training.**

## **Funding Timeframe**

Applicants may apply for up to \$10,000 for this one-time, six-month funding opportunity beginning August 2024 and ending February 2025.

Funds will only be dispersed upon receipt of an invoice detailing expenses incurred by the grantee. Invoices may be submitted to Mansfield UMADAOP on a monthly basis.

## **Permissible Use of Funds**

Funds may be expended on travel, lodging, per diems, food/beverages (for programming purposes only), marketing, supplemental training aides, materials and supplies, participant group activities/incentives (please see guidelines below for incentives), training space rental, registration fees and other items approved in writing by the Director of Mansfield UMADAOP and the CIP Executive Leadership Team.

## **Scope of Work**

Grantees will be responsible for the following:

- Participate, virtually or in-person, in five (5) learning collaborative meetings to further develop their knowledge, skills and attitudes for engaging participants in the CLFC curriculum. Meetings will be held on:

- August 28, 2024
- September 25, 2024
- October 30, 2024
- November 20, 2024
- January 29, 2025

Please hold these dates on your calendar and meeting times will be confirmed upon acceptance of the award.

- Requirement of a minimum of two (2) staff or partner organization members must attend each learning collaborative meeting. One member must be a certified trainer in CLFC.
- In-person meetings will be up to (4) hours in length and will require additional pre-work.
- Virtual meetings will be up to two (2) hours in length and will require additional pre-work.
- Required to complete a minimum of one cohort of CLFC (with the targeted population identified, CLFC trainers must implement all CLFC modules to one group/cohort of participants).
- Must complete all deliverables (Implementation Plan, Evaluation Plan, Sustainability Plan, Problem ID and Referral, and a Closeout Report) and evaluation requirements associated with the grant. Templates will be provided for each deliverable and will be discussed at the learning collaborative meetings. The deliverables are spaced out across the grant (they will not all be due at the same time). There will be technical assistance offered to support you in completing the deliverables.
- Take advantage of technical assistance as offered (Technical assistance calls, drop-in TA sessions, webinars, networking sessions, etc.)
- Required to participate in one drop in call per month

- Participate in bi-monthly site visits (mandatory)

### **Ohio CIP Annual Conference**

The Ohio CIP Summit is tentatively scheduled for April 2025. **At least one representative from the grantee organization must attend.** This conference is outside the budget period for this grant. We anticipate scholarships available for registration, travel, and hotel. More information to follow, please mark your calendar.

### **Questions, Technical Assistance and Updates**

An informational webinar about this funding opportunity will be posted on the Ohio CIP Initiative website ([www.ohiocip.org](http://www.ohiocip.org)) for asynchronous viewing on April 30, 2024.

All questions must be submitted electronically to [rpickett@sherays.com](mailto:rpickett@sherays.com) no later than Friday, May 17, 2024. No questions will be answered after the deadline. A FAQ document will be posted to the Ohio CIP Initiative website by May 24, 2024.

### **Proposal Submission**

**Proposal Due Date:** The last day for submission will be **Friday, June 7, at 5:00 PM.** Proposals must be received by this time to be considered. Risk of delay or failure of delivery rests with the applicant. It is highly encouraged that applicants completely review the application, along with the required responses, prior to beginning the application process.

Where to submit:

Submissions for this proposal **will only be accepted via email.** All proposals must be submitted in a PDF version, electronically to the following emails: (1) [rpickett@sherays.com](mailto:rpickett@sherays.com) and (2) [latysha.askew@sherays.com](mailto:latysha.askew@sherays.com). No faxed, mailed, or hand delivered proposals will be accepted. Any supplemental documents to support this proposal (i.e., budget narrative, grant assurances) must be attached at the time of submission.

### **Proposal Contents**

Applicants will electronically submit via email **one** document that includes the following:

1. **Cover Sheet**, including:
  - a. Name of implementing agency, phone number, address, executive director name and contact information, President of the Board of Directors name and contact information, fiscal officer information, organization federal tax ID number, mission and vision of organization and any organization social media.
  - b. Amount of funding being requested.
2. **Program Specific Information** – Applicants will discuss CIP initiatives and how they plan to implement one cohort in the community with youth or adults, including:
  - a. Name and description of your CLFC initiative.
    - i. Describe the goals (A goal is statement about the long-term expectation of what should happen as a result of your program – the desired result).  
*Example – Increase positive communication among parents with their children (ages 8-12) in*

- Neighborhood Z.*
- ii. Provide for each goal at least one (1) objective of your program. An objective should answer what, when, where, how much.  
*Example- By (month/year), increase the percentage from (X%) to (Y%) of families in Neighborhood Z that participate in the CLFC Parenting Module to increase their communication.*
  - iii. How will your program recruit community partners who can support your project's success (build community capacity)?
- b. Identify additional organizations/partners outside of your own organization that you plan to work with in order to successfully implement your CLFC program.
    - i. What type of agreements, if any, do you have in place with this organization(s)?
  - c. Who will participate in the learning collaborative meetings and their qualifications? Must be a minimum of two individuals. Please confirm if the individuals are certified CLFC trainers and/or indicate which, if any, individuals will need to attend the CLFC Facilitator Training prior to September 2024.
    - i. Identify a backup participant who can attend learning events if above mentioned individual(s) are unable to attend.
  - d. Please describe your willingness to learn with and from others in a collaborative environment and your openness to applying new strategies in your work.
  - e. Plan for engaging participants in the CLFC process. (Attach a CLFC implementation plan, if applicable.)
  - f. What are anticipated obstacles or challenges for implementing the CLFC or participating in the activities associated with the Community of Practice: Community Implementation Collaborative?
    - i. Please address how you plan to accommodate or implement programming with potential COVID restrictions in mind (e.g., online/ability to implement virtually)?
    - ii. What additional resources would you need (e.g., technology, professional development, additional staffing)?
3. **Funding**
- a. Total amount of funds requested (up to \$10,000).
  - b. Description of matched funds, if any
  - c. Staff commitment (percentage of time allocated to project)
  - d. Sustainability plan
  - e. Budget narrative
4. **Conditions of Award and Assurances (may be submitted as an additional attachment)**
- a. The applicant must accept all conditions of award and assurances to be eligible. The grant assurances must be accepted online AND a signed copy must be uploaded to the system.

## Conditions of Award and Assurances

The undersigned grantee \_\_\_\_\_ makes the following representations and agrees to the following conditions in accepting funds from Mansfield UMADAOP.

1. Grantee will utilize the funds solely for the purpose of participation as outlined in the grant application.
  - a. Funds CAN NOT be used for overhead, equipment/furniture, or any product or publication purchased from Mansfield UMADAOP.
  - b. Funds CAN be used for food/beverages or for any travel purposes.
  - c. Funds will not be used to issue mini-grants or offer any other direct financial assistance to other organizations or individuals outside of the organization.
2. Grantee possesses the legal authority to apply for the grant and a motion resolution, or similar action has been adopted by Grantee and certified or executed by a duly authorized officer or representative of Grantee, authorizing the filing of the application for the Funds, including all understandings and assurances contained therein, and directing and authorizing the person identified below as the official representative of the Grantee to act in connection with the Application and to provide such additional information as may be required.
3. Grantee will comply with all applicable federal, state and local laws prohibiting unlawful discrimination on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation or disability.
4. Grantee will acknowledge the source of the funds on all written materials generated from the Project, and in all advertising and media releases using the following language:

“The Project was funded by Mansfield UMADAOP with grants and support from the Ohio Department of Mental Health and Addiction Services.”
5. Grantee will complete all activities and related expenses by Friday, February 28, 2025.
  - a. Grantee will calculate fund expenditures and report any anticipated unspent funds to Mansfield UMADAOP by March 14, 2025.
  - b. If the Grantee does not expend the entire amount of the awarded funds, the remaining funds will be returned to Mansfield UMADAOP by March 28, 2025.
6. Grantee will not make any budget changes without the prior approval of Mansfield UMADAOP. If grant funds are used other than as set forth in the application without written approval, the applicant will repay the full amount of the grant.
7. Grantee understands that failure to meet the parameters of 5 and 6 above will impact the grantee’s ability to receive funding from Mansfield UMADAOP for future projects.
8. Grantee hereby agrees to indemnify, defend, save and hold harmless Mansfield UMADAOP from any and all liabilities, obligations, claims, suits, actions, losses, damages, fines, penalties or any other costs which arise in whole or in part out of any authorized or unauthorized acts by Grantee, its representatives, agents, employees or affiliates, directly or indirectly related to the Project or the Funds.
9. Grantee agrees not to accept sponsorship from or partnership with the alcohol or tobacco industry for

any purpose within the scope of this project.

10. The Ohio Children of Incarcerated Parents is an initiative of the Mansfield UMADAOP and the logo may not be altered.
11. Grantee agrees to provide Mansfield UMADAOP with an accurate accounting of grant expenditures for this grant accompanied by receipts upon request.
12. Grantee is aware that Lobbying - Section 319 of Public Law 101-121 generally prohibits recipients of Federal grants and cooperative agreements from using appropriated funds for lobbying.

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Program Coordinator Name / Date

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Fiscal Agent / Date

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CEO/ Executive Director Signature and Date

## Budget Narrative

### DIRECT COSTS

**a. Personnel Salaries and Wages (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**b. Fringe Benefits (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**c. Travel (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**d. Equipment**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**e. Supplies (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**f. Contractual (insert total funds devoted to this project)**

The cost of consultants and other independent contractors (including their invoiced support costs), temporary help, and task and deliverables based sub-contracts.

**g. Construction (NA)**

**h. Other Expenses (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**Indirect Costs (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

**Matched Funds (insert total funds devoted to this project)**

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project

**CIP Budget Narrative**

<b>A. Budget Categories:</b>	<b>B. Mansfield Funds</b>	<b>C. Other Funds</b>	<b>D. Total Funds</b>
<b>Category I: Personnel Costs</b>			
A1. Personnel			
A2. Fringe Benefits			
<b>Category II: Non-Personnel Costs</b>			
A3. Consultants			
A4. Subscriptions & Publications			
A5. Supplies			
A6. Printing/Copying			
<b>A7. Rent/Lease Expenses</b>			
A8. Phone/Utilities			
A9. Maintenance/Repair			
A10. Rentals			
A11. Insurance			
A12. Motor Vehicle			
A13. Travel-hotel			
A14. Food			
A15. Conference/ Training/Registration			
A16. <b>Equipment/Computer</b>			
A17. Furniture			
<b>E. Totals</b>			

When this form is completed as an expenditure report the person submitting must print or type name and sign the document.

**Prepared By:** \_\_\_\_\_

**Fiscal Signature:** \_\_\_\_\_



