

**OPTUMHEALTH NEW MEXICO  
2904 RODEO PARK EAST, SUITE 300A  
SANTA FE, NEW MEXICO 87505**

**Request For Applications:  
Evidence-Based Prevention Services**

*State Fiscal Year 2013  
(July 1, 2012 – June 30, 2013)*

**BRENDA V. MARTINEZ, OPTUMHEALTH  
INTERIM DIRECTOR OF BHSD & BLOCK GRANT SERVICES**

**December 13, 2012**

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# I. GENERAL INSTRUCTIONS

The OptumHealth New Mexico (OHNM) with funding from the Human Services Department, Behavioral Health Services Division, Office of Substance Abuse Prevention (HSD/BHSD/OSAP) is offering contracts for SAMHSA's Partnerships for Success II Grant to provide underage drinking and prescription drug abuse prevention services for State Fiscal Year 2013 (July 1, 2012 - June 30, 2013).

The schedule for the RFA process is as follows:

<u>Action</u>	<u>Date</u>
1. RFA Issued	December 13, 2012
2. Pre-Application Conference	December 20, 2012
3. Deadline to Submit Additional Questions	December 20, 2012
4. Intent to Submit an Application	December 20, 2012
5. Response to Written Questions	December 21, 2012
6. Submission of Application	January 17, 2013
7. Application Review	January 17-31, 2013
8. Contract Finalizations	February 1-15, 2013
9. Notification of Outcome	February 1, 2013

## A. INTENT TO SUBMIT AN APPLICATION

Offerors are requested to return by email, hand-delivery or fax the "Intent to Submit an Application" form (see Appendix A). Intent to Submit an Application may be submitted to Brenda V. Martinez, Interim Director of BHSD & Block Grant Services: fax # (505) 428-6604, email address [brenda.v.martinez@optum.com](mailto:brenda.v.martinez@optum.com), hand delivered to OptumHealth New Mexico, 2904 Rodeo Park East, Suite 300A, Santa Fe, NM 87505. The form shall be signed by an authorized representative of the offeror's organization, dated and returned by close of business on or before December 20, 2012.

## B. SUBMISSION OF APPLICATION

Each offeror shall submit:

- Three separately bound applications in three-ring binders.
  - Original must be clearly labeled.
  - Applications should be tabbed and organized to match the table of contents and according to the RFA requirements. Please organize the application so that reviewers can easily find each component.
  - The project narrative, excluding the budget and justification (Section II A-D) **shall not exceed 20 pages.**
  - Each application must be typewritten in Ariel, 11 point font, on 8 ½ x 11 white paper, single-spaced, one inch margins, and numbered sequentially from beginning to end.
- An electronic copy with without attachments must be submitted on a data storage device.

Applications are to be submitted to:

OptumHealth New Mexico  
Attention: Brenda V. Martinez, Interim Director of BHSD & Block Grant Services  
2904 Rodeo Park East, Suite 300A  
Santa Fe, NM 87505

**The deadline for submission of completed applications is 5:00 pm MST on Thursday, January 17, 2013.** Applications not received at the above-specified address by mail, messenger delivery services, or hand delivery on or before the specified deadline will not be considered for review.

Incomplete or unresponsive applications shall not be accepted under this Request for Applications. The OHNM/BHSD shall make the final determination as to an application's competitiveness or responsiveness. The OHNM/BHSD reserves the right to waive minor technical irregularities that can be corrected without prejudice to other Applicants.

#### **C. PRE-APPLICATION CONFERENCE**

Pre-Application Conference will be held on December 20, 2012 from 9:00-10:00am.

Topic: Partnerships for Success II RFA Pre-Application Conference  
Date: Thursday, December 20, 2012  
Time: 9:00 am, Mountain Standard Time (Denver, GMT-07:00)  
Meeting Number: 640 441 962  
Meeting Password: (This meeting does not require a password.)

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To join the online meeting (Now from mobile devices!)  
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1. Go to <https://optum.webex.com/optum/j.php?ED=165680237&UID=0&RT=MiM2>
2. If requested, enter your name and email address.
3. If a password is required, enter the meeting password: (This meeting does not require a password.)
4. Click "Join".

To view in other time zones or languages, please click the link:  
<https://optum.webex.com/optum/j.php?ED=165680237&UID=0&ORT=MiM2>

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To join the audio conference only  
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For Audio please call: 1-888-844-9902  
Pass code: 4286566

#### **D. REVIEW AND AWARD PROCESS**

Applications will be evaluated based upon the weighted evaluation factors described in Section III. It is the intent to award contracts based upon the response to this Request for Applications.  
OHNM Partnerships for Success II RFA OHNM - 2

However, OHNM reserves the right to cancel this Request for Applications or to reject any or all applications in whole or in part. Applications will be prioritized and funding allocated based upon which applications are determined by review to be most advantageous to the needs of the BHSD in meeting the intent of this RFA.

A panel will be established to evaluate all applications and make recommendations. The recommendations of the panel will be forwarded with comments to OHNM/BHSD for Program approval or disapproval of contractor selection. All contracts resulting from this Request for Applications must be approved by BHSD and OHNM.

Once an award is offered and accepted, a contract will be prepared by OHNM for the work described in the application. Any Applicant receiving an award shall comply with all applicable federal and state laws, rules and regulations.

#### **E. NOTIFICATION OF OUTCOME**

The OHNM will notify each offeror of the outcome of the award process in writing by February 1, 2013, or upon completion of the procurement process, whichever is sooner. This date may change due to the review and approval process within the OHNM.

#### **F. CONFIDENTIALITY OF APPLICATIONS**

Pursuant to Section 13-1-116, NMSA 1978 of the Procurement Code, the contents of any application are considered confidential and shall not be disclosed to competing offerors during the negotiation process.

Applications will become public documents exclusive of proprietary information after contracts have been executed. All information submitted will be considered non-confidential unless otherwise labeled by the Applicant.

#### **G. FUNDING AVAILABILITY**

Contract awards are contingent upon funds appropriated by federal and state funding agencies. OHNM reserves the right to adjust any proposed allocations to offerors based on the review of all the competitive applications and any federal mandates included in the appropriations. Total funding available under this RFA is approximately \$757,687. Five counties (Doña Ana, Grant, Lea, Luna, and McKinley) were selected for prevention services based on 2011 YRRS underage drinking and prescription drug abuse data, social indicators, and current county prevention funding. Funding amounts for contract awards will be approximately \$128,800 per county per year for three years, with the understanding that 5% will be set aside internally for evaluation. Funds are targeted for community-level implementation of the five-step Strategic Prevention Framework. The framework requires the faithful adherence to a five-step continuous process including: comprehensive community **assessment** regarding individual, family, community risk and protective factors; building **capacity** to address these needs; community prevention **planning** of prevention programs, policies, and practices designed to impact the intervening variables, causal factors, and risk and protective factors that affect usage patterns

clearly related to the problem behavior; **implementation** of evidence based prevention programs, policies and practices in accordance with the Partnerships for Success II Grant and that have, as a whole, the potential of community wide impact; and **evaluation** of programs, policies, and practices.

This funding may not be used for substance abuse treatment or DWI law enforcement activities, although integrated community planning efforts that are inclusive of these activities as part of a continuum with prevention are encouraged, so as to better leverage these related activities and support more significant outcomes.

#### **H. TERM OF CONTRACT**

The OHNM has the discretion under the New Mexico Procurement Code to award contracts that are more or less than one year in length. Funds appropriated by the OHNM for contracting are available for only one State Fiscal Year (July 1 - June 30). Therefore, offerors awarded contracts in excess of one year will be allocated funding not to exceed one fiscal year. At the end of the state fiscal year, a contract amendment may be negotiated to reflect funding of services for the next year of the contract.

#### **I. QUESTIONS**

All questions must be submitted in writing to Brenda V. Martinez, Interim Director of BHSD & Block Grant Services, OptumHealth New Mexico, 2904 Rodeo Park East, Suite 300A, Santa Fe, New Mexico, 87505 or via email to [brenda.v.martinez@optum.com](mailto:brenda.v.martinez@optum.com). Written questions will be accepted through close of business on December 20, 2012. Responses will be emailed on December 21, 2012 to all RFA recipients who submit an "Intent to Submit an Application" form (Appendix A) on or before December 20, 2012.

#### **J. PENALTIES**

The Procurement Code, Sections 13-1-23 through 13-1-199, NMSA 1978, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

#### **K. CLARIFICATION AND DISCLOSURE**

Offerors submitting applications may be afforded an opportunity for discussion and revision of applications. Revisions may be permitted after submission of applications and prior to award for the purpose of obtaining best and final offers.

## II. ESSENTIAL ELEMENTS

### A. HUMAN SERVICES DEPARTMENT, BEHAVIORAL HEALTH SERVICES DIVISION, OFFICE OF SUBSTANCE ABUSE PREVENTION VISION

The New Mexico Human Services Department/Behavioral Health Services Division/Office of Substance Abuse Prevention (HSD/BHSD/OSAP) and OptumHealth New Mexico (OHNM) support a comprehensive system of prevention services that are community driven, strategically focused, research based and culturally relevant to individuals, families and communities in New Mexico. These services are designed to contribute to the health, safety and economic well-being of people in New Mexico by reducing the incidence of alcohol, tobacco and other drug abuse and related problems.

### B. SUBSTANCE ABUSE PREVENTION DEFINITION

Alcohol, tobacco and other drug abuse prevention is an active process that promotes the personal, physical and social well-being of individuals and families not in need of treatment and communities to reinforce positive behaviors and healthy lifestyles and reduce the initiation and prevalence of alcohol, tobacco, and other drug use.

### C. PURPOSE OF PROCUREMENT

SAMHSA's Partnerships for Success II grant requires states to address two of the nation's top substance abuse prevention priorities in high need communities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.

#### *Types of Programming to be funded through this Procurement:*

1. All counties will participate in and use the Strategic Prevention Framework planning model to include: needs assessment, capacity building, strategic planning, implementation, and evaluation with cultural competency and sustainability infused into each step. Year 1 will focus on needs assessment and capacity building. Year 2-3 will focus on planning, implementation and evaluation.
2. All counties must focus on reducing both underage drinking among 12 to 20 year olds and prescription drug misuse and abuse among 12 to 25 year olds.
3. Programming must focus on the use of Evidence-Based Environmental Prevention Strategies targeting community level processes based upon data driven needs as detailed in the Strategic Prevention Framework (e.g., Community Coalition work).

Only those strategies that have prior evidence of effectiveness will be supported. While the nature and scope of these services are different, each is intended to further the directions of the New Mexico Human Services Department/Behavioral Health Services Division/Office of Substance Abuse Prevention and OptumHealth New Mexico (HSD/BHSD/OSAP/OHNM) in terms of enhancing the quality of prevention programming and increasing the likelihood of substantial positive outcomes and impact.

**D. APPLICANT ELIGIBILITY**

Eligible entities are only those agencies that represent the following five New Mexico counties: Doña Ana, Grant, Lea, Luna, and McKinley.

**E. ASSURANCES**

The Applicant shall assure OHNM that it will maintain detailed records which indicate the date, time and nature of services rendered under any contract which might be negotiated pursuant to this Request For Applications (RFA). These records shall be subject to inspection by OHNM, the New Mexico Department of Finance and Administration, and the State Auditor. OHNM shall have the right to audit billings both before and after payment and to contest any billing or portion thereof. Payment under an agreement between OHNM and a selected Applicant shall not forfeit the right of OHNM to recover excessive or illegal payments.

The Applicant must assure OHNM that any confidential information provided to or developed in the performance of the scope of work detailed in this Request For Applications shall be kept confidential and shall not be made available to any individual or organization at any time without the prior written approval of OHNM.

The Applicant must assure OHNM of its commitment to abide by all Federal and State laws, rules, regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal opportunity. Pursuant to all such laws, rules, regulations, and executive orders, the Applicant assures OHNM that no person in the State of New Mexico shall, on the grounds of race, religion, color, national origin, ancestry, sex, age, physical or mental handicap, or serious medical condition, spousal affiliation, sexual orientation or gender identity, be excluded from employment with or participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity performed under a contract(s) entered into pursuant to this Request for Applications.



### **III. APPLICATION CONTENTS AND WEIGHTED EVALUATION FACTORS**

**ALL APPLICATIONS SHALL BE DIVIDED INTO THREE (3) SECTIONS**  
Please follow this order when submitting the application  
(preceded by a table of contents):

- Section I: FORMS – WEIGHT: NO POINTS)**  
Intent to Submit Application (see Appendix A)  
Cover Sheet (see Appendix B)  
Application Checklist and Contents (see Appendix F)
- Section II: WEIGHTED EVALUATION FACTORS (TOTAL WEIGHT: 100 POINTS)**  
Narrative for *Section II A-D* shall not exceed 20 pages
- |    |  |      |
|----|--|------|
| A. | Coalition History and Current Community Status | (30) |
| B. | Coalition Functions                            | (10) |
| C. | Project Management                             | (35) |
| D. | Coalition Sustainability                       | (20) |
| E. | Budget Justification                           | (5)  |
- Section III: ATTACHMENTS, including but not limited to these documents (REQUIRED – WEIGHT: NO POINTS):**
- Letters of Agreement (LOA) for each of the 12 Sectors listed on the “Sector Member Table” and additional LOA’s from other key community partners, as appropriate.
  - Letter of Endorsement from local governing body such as the County Commission or City Council or their designee for health related issues such as the DWI Council or County Health Council or other official entity.
  - Job Description for PFS II Coordinator

**Section II: WEIGHTED EVALUATION FACTORS (TOTAL WEIGHT: 100 POINTS)**

**A. Coalition History and Current Community Status**

**1. Do you currently have a functioning coalition or multi-agency group that is poised to work on underage drinking and prescription drug abuse?**

**Yes**

**No**

**2. What are the coalition and community structures that support the processes necessary to address underage drinking and prescription drug abuse?**

**(20 points)**

- Current (or proposed) structure of the coalition’s board, committees, and/or task forces
- Current processes for decision-making related to the coalition’s/community’s efforts to reduce youth substance use
- Current processes for financial decision-making by the coalition, to include input from grantee/legal applicant (if different from coalition)
- Coordination with existing agencies, organizations, services and community leaders
- Efforts to ensure volunteer leadership and execution of coalition strategies

Complete the Sector Member Table below for those who will be providing an involvement agreement letter:

	<b>Sector</b>	<b>Member Name</b>	<b>Organization &amp; Role</b>
<b>1</b>	Youth		
<b>2</b>	Parent		
<b>3</b>	Business		
<b>4</b>	Media		
<b>5</b>	School		
<b>6</b>	Youth-Serving Organization		
<b>7</b>	Law Enforcement		
<b>8</b>	Religious / Fraternal Organization		
<b>9</b>	Civic or Volunteer Group		
<b>10</b>	Healthcare Professional		
<b>11</b>	State, Local, or Tribal Governmental Agency with Expertise in the Field of Substance Abuse		

<b>12</b>	Other Organization Involved in Reducing Substance Abuse		
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- Explain for each member of the 12 sectors listed in the Sector Table why he/she is the best representative to ensure successful implementation of the PFS II initiatives through the coalition
- Explain the recruitment and current engagement of other coalition members that also represent the 12 sectors and/or outside of the 12 sectors

**3. What resources are available in the community to address youth substance use and how will being awarded this grant leverage available resources and fill in where there are gaps? (10 points)**

- Human, social, fiscal and other types of capital (i.e., volunteers, community organizations/agencies, existing prevention programs/efforts, match dollars, in-kind donations)
- How will you use PFS II funding and resources to increase community involvement in solving problems related to underage drinking and prescription drug abuse?
- Other community systems and structures that are impacted by or have an impact on youth substance use

**B. Coalition Functions**

**1. How will the coalition ensure cultural competence in its youth substance use prevention efforts? (10 points)**

*The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH), ensure all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.*

**CLAS Standards should be considered when answering this question:**  
 Go to: <http://nmdohcc.org/files/DR-CLAS%20instrument%20final%208-18-09.pdf>

- Describe the community's diversity, including race, ethnicity, age, gender, socioeconomic status, sexual orientation, etc.
- Coalition's efforts to recruit members that represent special populations within the community
- Degree to which coalition membership reflects the diversity of the community
- Training for coalition members on cultural/diversity issues
- Messages and materials for various community populations and implementation methods for reaching all populations

### **C. Project Management**

**1. How will you structure your coalition / partnership so that key staff (paid/unpaid) and volunteer leadership ensure the implementation of the activities in the PFS II project through shared work efforts? (15 points)**

- Role of coalition members, key staff, and grantee/legal applicant (if applicable) in monitoring the grant activities
- Identification of known barriers and challenges and the process to address them
- Plan for keeping the community, including community leaders and other stakeholders, informed of progress toward implementation, adjustments and actions related to the PFS II.

**2. Discuss the capability and experience of the applicant organization and other participating organizations, including experience in providing culturally appropriate/competent services. (10 points)**

- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, explaining the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are familiar with culture(s) and language(s) of populations in the communities that may be funded.

**3. Evaluation at the state and local levels will be provided to you specifically for the PFS II project. Evaluation is recognized as key to monitoring the successes and gaps of the project. (10 points)**

- Since much of the data needed to evaluate this project will be from youth, please describe to what extent you have the ability to form strong working relationships with the schools. What have been the challenges to developing those relationships?
- How important has evaluation been in your prevention work?
- Have you ever evaluated whether your prevention efforts have been effective? If yes, can you describe how you approached the evaluation process? Describe any previous work you have done with someone who was specifically trained in evaluation. (If you have no experience with evaluation of prevention describe what other experience you have with evaluation of other kinds of programming)

### **D. Coalition Sustainability**

**1. This funding seeks to sustain outcomes. How will your community be different in three years as a result of activities led by the coalition? (20 points)**

- How will your group/coalition create positive community change?
- How will coalition efforts and successful outcomes be sustained over time?

Think about your coalition/partnership and please provide at least 1 example for each question in the table to the best of your ability:

<b>Organizational Capacity</b>		
<b>What administrative structures and formal linkages will be developed to build capacity?</b>		
<b>Action to be taken</b>	<b>Intended Outcome</b>	<b>Resources Required</b>
<i>EXAMPLE: Review coalition mission statement and agency mission for alignment</i>	<i>Increased alignment between actions taken by agency on behalf of coalition Increased buy-in on goals</i>	<i>Staff time, review of mission statements of all parties, ID commonalities,</i>
<b>What supportive policies and procedures could be adopted to build capacity?</b>		
<i>EXAMPLE: Develop MOU with police department and agency regarding data sharing</i>	<i>Increase access to data for decision-making and planning</i>	<i>Staff time, computer tech skills, plan for information transfer, etc.</i>
<b>What additional resources could be secured to build capacity?</b>		
<i>EXAMPLE: Review current computer system and technology capacities with regard to data collection, management and analysis</i>	<i>Increase ability to access and use data for assessment, planning, quality improvement and evaluation</i>	<i>Computer skills, staff time, evaluation knowledge</i>
<b>What additional expertise could be acquired to build capacity?</b>		
<i>EXAMPLE: Secure training and technical assistance on development of logic models</i>	<i>Improve theoretical base for planned strategies and increase likelihood of achieving outcomes</i>	<i>Expert trainer, staff time, meeting space, knowledge of desired outcomes,</i>

<b>Community Support</b>		
<b>How will you develop and nurture positive relationships to build community support?</b>		
<b>Action to be taken</b>	<b>Intended Outcome</b>	<b>Resources Required</b>
<i>EXAMPLE: Conduct gaps analysis of strategies currently implemented by coalition around UAD and Rx abuse</i>	<i>Assess cohesions and provide information for future planning to ensure a cohesive and comprehensive approach</i>	<i>Coalition leader's time, knowledge of current community efforts and resources, outcome evaluation</i>
<b>How will you turn stakeholders into system leaders and champions?</b>		

<i>EXAMPLE: Develop list of key stakeholders and assess their current involvement in UAD and RX abuse</i>	<i>Assess current stakeholder knowledge of key stakeholders and their involvement in the coalition's work</i>	<i>Coalition time, access to key stakeholders, knowledge of involvement</i>
<b>How will you encourage ownership of the prevention system in your community?</b>		
<i>EXAMPLE: Assess match between outcomes achieved by strategies and needs of key/influential stakeholders</i>	<i>Provide communication messages to key stakeholders about outcomes / alignment</i>	<i>Coalition membership evaluation results, method to survey/assess key stakeholder needs, evaluator time</i>

**E. Budget & Justification (5 points)**

**This budget should reflect expenses for February 15, 2013-June 30, 2013 – Totaling \$48,300**

Coalition Name	
----------------	--

**A. Personnel:** An employee of the applying agency whose work is tied to the application. Proposed salaries must be reasonable. Compensation paid for employees must be reasonable and consistent with that paid for similar work within the applicant's organization and similar positions in the industry.

<b>Position</b>	<b>Name</b>	<b>Annual Salary/Rate</b>	<b>Level of Effort</b>	<b>Cost</b>
			TOTAL	

**NARRATIVE JUSTIFICATION:** Enter a description of the personnel funds requested and how their use will support the purpose and goals of this proposal. Describe the role, responsibilities, and unique qualifications of each position.

**In Kind:**

Briefly describe expected in-kind that you will receive for this project.

**B. Fringe Benefits:** Fringe benefits may include contributions for items such as social security, employee insurance, and pension plans. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. List all components of the fringe benefits rate.

Component	Rate	Wage	Cost
FICA			
Workers Compensation			
Insurance			
		TOTAL	

**NARRATIVE JUSTIFICATION:** Enter a description of the fringe matching funds provided and how the rate was determined.

**C. Travel:** The lowest available commercial fares for coach or equivalent accommodations must be used. Note that Grantees will be expected to follow Federal travel policies found at <http://www.gsa.gov>.

Purpose of Travel	Location	Item	Rate	Cost

**NARRATIVE JUSTIFICATION:** Explain the purpose for all travel (other than that required by this application) and how costs were determined.

The grant requires that teams of 3-5 members attend the New Grantee Meeting in Albuquerque in February, as well as a Strategic Prevention Framework training, and Assessment training and a Capacity Training (locations TBD). Out of state travel may be allowed if the conference/training is directly related to the PFS II goals. Local travel rate should be based on agency's personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.

**D. Supplies:** Materials costing less than \$5,000 per unit and often having one-time use.

Item(s)	Rate	Cost

Item(s)	Rate	Cost

**NARRATIVE JUSTIFICATION:** Enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal.

**E. Contracts:** A contractual arrangement cost to carry out a portion of the programmatic effort by a third-party contractor or for the acquisition of goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. The Grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide to the maximum extent practical, open and free competition. The Grantee will be required to be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

Name	Service or Products	Cost
	TOTAL	

**NARRATIVE JUSTIFICATION:** Explain the need for each agreement and how it will support the purpose and goals of this proposal.

**F. Other:** Expenses not covered in any of the previous budget categories. If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm's length<sup>1</sup> arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.

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<sup>1</sup> "less-than-arms-length" lease is one under which one party to the lease agreement is able to control or substantially influence the actions of the other. Such leases include, but are not limited to those between a division of a non-profit organization, non-profit organization and a director, trustee, officer, or key employee of the non-profit organization or his immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest)



Item	Rate	Cost
	TOTAL	

**NARRATIVE JUSTIFICATION:** Explain the need for each item and how it will support the purpose and goals of this proposal. Break down costs into cost/unit (e.g., cost/square foot).

<b>TOTAL DIRECT COSTS</b>		
<b>TOTAL INDIRECT COSTS<sup>2</sup></b>		
<b>TOTAL COSTS</b>		

**BUDGET SUMMARY:**

Category	NM PFS II Request	*Other/In-kind Funds	Total
Personnel			
Fringe			
Travel			
Equipment			
Supplies			
Contractual			
Other			
<b>Total Direct Costs</b>			
Indirect Costs			
<b>Total Project Costs</b>			

\*Not required

<sup>2</sup> Indirect costs can be claimed only if the applicant has a negotiated indirect cost rate agreement. It is applied only to direct costs as allowed in the agreement. If claiming indirect costs, include a copy of the fully executed, negotiated, indirect cost agreement. For information on applying for an indirect cost rate, see "Indirect Costs" under Sample Budget definitions.

**Appendix A**

**OPTUMHEALTH NEW MEXICO**

**INTENT TO SUBMIT APPLICATION**

NAME OF OFFEROR:	
ADDRESS OF OFFEROR:	
CONTACT PERSON:	
	_____
	Please Print Telephone #
	_____
	Fax # E-mail address
	_____
	Signature/Title Date
Please Email, hand carry or fax this intent to submit form by December 20, 2012.	
<p><b>OptumHealth New Mexico</b> <b>2904 Rodeo Park East, Suite 300A</b> <b>Santa Fe, New Mexico 87505</b> <b>Fax: (505) 428-6604</b> <b>brenda.v.martinez@optum.com</b></p>	
Attention: Brenda V. Martinez, Interim Director of BHSD and Block Grant Services	

**Appendix B  
Cover Sheet**

**OPTUMHEALTH NEW MEXICO  
2904 RODEO PARK EAST, SUITE 300A  
SANTA FE, NEW MEXICO 87505**

Offeror (Agency) – <b>PRINT</b>	
Offeror's Address:	
<b>Project Director:</b>	<b>Financial Officer:</b>
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____
Contact person for application, if different than Project Director:	
TOTAL OHNM Funding Request for Fiscal Year 2013 (07/01/12-06/30/13):	
The offeror certifies, to the best of his/her knowledge and belief, the data in this application is true and correct.	
PRINT: _____ Name of Authorized Official (Board Chairperson or Designee)	_____ Signature of Authorized Official  _____ Date
	_____ Telephone



## Appendix D: Letter of Endorsement Template

### Letter of Endorsement

**Local Entity:** *[i.e. DWI Council, County Health Council, City Council, etc.]*

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**Representative  
Name:**

---

**Contact  
Information:**

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This letter acknowledges that ***[Coalition Name]*** is capable and willing to lead the efforts required to meet New Mexico's Partnerships for Success II goals and to address underage drinking and prescription drug abuse prevention in our county.

***[LOCAL ENTITY]*** believes ***[Coalition Name]*** is the right group to take on this project, and to bring the necessary stakeholders to the table. We will support them and will communicate with them on progress and challenges on a quarterly basis throughout the three-year grant cycle.

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Official Representative's Name

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Official Representative's Signature

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Title

Date

## Appendix E

OFFEROR:

### APPLICATION CHECKLIST AND CONTENTS

**NOTE: This form should be used as the table of contents for the application**

√	SECTION Organize the application in the following order:	WEIGHT	PAGE # OF THE APPLICATION
	Table of Contents	No Points	
	<b>Section I: Forms</b>	<b>No points</b>	
	Intent to Submit Application (Appendix A)	Optional	
	Cover Sheet (Appendix B)	Required	
	Application Checklist and Contents (Appendix E)	Required	
	<b>Section II: Weighted Evaluation Factors</b>	<b>100 points</b>	
	A. Coalition History and Current Community Status	(30 pts)	
	B. Coalition Functions	(10 pts)	
	C. Project Management	(35 pts)	
	D. Coalition Sustainability	(20 pts)	
	E. Budget & Justification	(5 pts)	
	<b>Section III: Attachments</b>		
	LOAs from each of the 12 Sectors (Appendix C)	Required	
	Letter of Endorsement from Local Entity (Appendix D)	Required	
	Job Description for PFS II Coordinator	Required	