

# Application

# Alternative Response Team Grant Program

SFY2024

**Submission deadline:** Friday, April 12, 2024

**Funding period:** July 1, 2024, to June 30, 2024

**Contact:** Jacob Ewing, grants@awcnet.org

## Instructions

Applications for the Alternative Response Team Grant Program must be submitted using this Word document. Please complete each section following the instructions included under the section header.

Application sections include:

* Program overview
* Organizational overview and key personnel
* Facility-based crisis triage and stabilization services
* Program narrative
* Funding request
* Program sustainability
* Letters of support

Completed applications must be submitted by email to grants@awcnet.org by Friday, April 12, 2024.

Any questions or concerns should be directed to Jacob Ewing at grants@awcnet.org.

## Program overview

*Provide an abstract of your program. Include a summary of your program goals, need for funds, and expected outcomes. Limit your abstract to about 500 words.*

## Organizational overview and key personnel

*Provide a list of key staff involved with your program. Include names, program role, qualifications, relevant experience, and other characteristics that make them suited for their role.*

*Provide the roles and responsibilities of each organization involved in the program. Clearly explain the lines of authority between organizations.*

## Facility-based crisis triage and stabilization services

*Provide the name, address, and bed counts for any facility-based crisis triage and stabilization services located within your program boundaries.*

*If you do not have services located directly within your program boundary, please list services located in your county or neighboring county.*

|  |  |  |
| --- | --- | --- |
| *Facility name* | *Facility location* | *Number of beds* |
|  |  |  |
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## Program narrative

1. *Provide an overview of your program goals, objectives, and outcomes. Please specifically address how your program will:*
	1. *Reduce arrests, time spent in custody, and/or recidivism for individuals served by your program.*
	2. *Increase access and utilization of non-emergency behavioral health services.*
	3. *Reduce use of emergency services*
	4. *Increase resiliency, stability, and well-being of individuals served*
2. *Provide an overview of local challenges and needs. Include a description of who your program will primarily serve.*
3. *Describe any foreseen challenges your jurisdiction may face during the performance period. Explain how you plan to address these challenges.*
4. *Describe the evidence-based practices that will be used in your program.*
5. *Provide an overview of how your program will be staffed.*
6. *Provide the current state of your program. If your program will not be operational by July 1, 2024, please provide a timeline of when your program will be operational and providing services.*

## Funding request

*In the chart below, provide your funding request for the following categories. The chart should only include expenses to be funded by ART grant funds.*

* ***Staff:*** *Costs include staff directly compensated by the Grantee. If Grantee is partnering or contracting with an outside group, those staffing costs should be included in Professional Services.*
* ***Supplies & Equipment:*** *Durable and/or consumable items needed to carry out the program. Costs may include fuel costs. Grant does not supply funding for vehicles.*
* ***Professional Services:*** *All costs associated with working with an outside organization. Costs may include staffing, supplies and equipment, travel, or other costs.*
* *vehicles.*
* ***Other:*** *All other costs that do not align with the above categories.*

|  |  |
| --- | --- |
| Category | Funding request amount |
| Staff |  |
| Supplies & equipment |  |
| Professional services |  |
| Other |  |
| **Total funding request** |  |

*Provide an overview of your requested funding amount. Provide details of requested funding for contracts, and staffing. Details should include a description of roles and duties of specific staffing positions and contracts.*

*Provide an overview of other non-ART Grant funds that will be used to support this program. This can include city general funds, other private or public grants, other funding sources, or in-kind items.*

## Program sustainability

*Explain how your jurisdiction will continue to fund this program after grant funds are no longer available. Include what steps your jurisdiction will take to ensure this program will be self-funded in the near future.*

## Letters of support

*Letters may be included below or as additional attachments. Letters of support should be included for listed partners, the authorized agent of the city, and any other relevant organizations. Letters of support should explain how the organization will support or directly aid the proposed program.*