



Request for Applications- GBHI 2023

Lee County Human and Veterans Services
2440 Thompson St. Fort Myers, FL 33901

February 8, 2023

ADDENDUM NUMBER ONE (1)

Request for Applications for Behavioral Health Providers to support Lee County's 2023 Application for Grants for the Benefit of Homeless Individuals

The following represents clarification, additions, deletions, and/or modifications to the above referenced Request for Applications. This addendum shall hereafter be regarded as part of the RFA. Items not referenced herein remain unchanged, including funding window dates. Words, phrases or sentences with a strikethrough represent deletions to the original RFA. Underlined words and bolded phrases or sentences represent additions to the original RFA.

Addendum 1 Explanation:

The Local Program Model originally stated that the application to SAMHSA would propose to carry out a Street Outreach and Treatment Program. While applicants will be required to provide "outreach and engagement strategies" as required by SAMHSA's NOFO, the program does not necessarily need to take the form of a "Street Outreach and Treatment" program as long as the proposed program completes the required activities on page 2 of the RFA.

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Lee County Human and Veteran Services will be submitting an application to the Substance Abuse and Mental Health Services Administration (SAMHSA) to carry out a ~~Street Outreach and Treatment~~ program **that accomplishes the required activities detailed in this RFA** for the next 5 years.

HVS is requesting applications from qualified behavioral health providers to assist in the implementation of the ~~Street Outreach and Treatment~~ program.

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The RFA correctly states that nothing in the document commits HVS to award funding to any applicant. To provide additional clarity, a minimum threshold score is being established.

Applications will be reviewed by HVS staff to ensure the submission does NOT contain any fatal flaws, as listed below. If HVS determines the threshold requirements are not met, the project will be rejected and the applicant agency notified in writing. If the applicant and application are

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determined eligible, then the application will proceed to the Application Review, Scoring and Conditional Selection Process. **HVS further reserves the right to refuse funding to any project which scores under 70 points on the application process.**

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The original RFA required applicants to complete SAMHSA Detailed Budget and Narrative Justification form. While budget submissions should closely resemble the form, HVS will not require the submission to take the exact form of the PDF produced by SAMHSA in order to lessen the burden on applicants. A non-fillable copy of the budget form is attached to this addendum. It is highly recommended that applicants use the budget as a template, and use of the original file is still acceptable.

Applicants are required to complete **a budget narrative and justification substantially similar to** the SAMHSA Detailed Budget and Narrative Justification form, available online at [Application Forms and Resources | SAMHSA](#) under the heading “SAMHSA Budget Template” section. **To use the form**, you must download the budget template PDF to your computer first before opening it directly in Adobe Acrobat or Acrobat Reader (not your internet browser). **Budget narratives and justifications should address the following:**

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Appendix 3: Sample Budget Narrative and Justification

Applicant/Recipient	Application/Award Number
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Project Title:

Budget Period:	Start Date	End Date	Budget Year

For Multi-Year Funded (MYF) awards only
(not applicable to new applications for funding)

Check the box to select the Incremental Period

COST SHARING AND MATCHING

Matching Required: YES NO

A. Personnel

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation					Personnel Cost	FEDERAL REQUEST
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)		
1			<input type="checkbox"/>	<input type="checkbox"/>			1			\$0	\$0
TOTAL										\$0	\$0

Line Item #	Personnel Narrative:							
1				Salary		# of Staff 1	LOE	Personnel Cost \$0

Show In-Kind Personnel Table

B. Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
Total Fringe Rate	

Fringe Benefits Cost

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost	
1			\$0			\$0	\$0
TOTAL						\$0	\$0

Fringe Benefits Narrative:

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C. Travel

Trip #	Purpose	Destination	Calculation					FEDERAL REQUEST
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	
1							\$0	\$0
TOTAL							\$0	\$0

Trip #	Travel Narrative:	Travel Cost
1		\$0

D. Equipment

Line Item #	Item	Check if Item is a Vehicle	Calculation			Equipment Cost	FEDERAL REQUEST
			Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project		
1		<input type="checkbox"/>				\$0	\$0
TOTAL						\$0	\$0

Line Item #	Equipment Narrative:	Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost
1					\$0

E. Supplies

Line Item #	Item	Calculation				Supplies Cost	FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration		
1						\$0	\$0
TOTAL						\$0	\$0

Line Item #	Supplies Narrative:	Unit Cost	Basis	Quantity	Duration	Supplies Cost
1						\$0

F. Contractual

Summary of Contractual Costs

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST
1			\$0	\$0
TOTAL			\$0	\$0

Contractual Details for

Agreement #	Services and Deliverables Provided
1	

- | | | | |
|--|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Travel | <input type="checkbox"/> Supplies | <input type="checkbox"/> Indirect Charges |
| <input type="checkbox"/> Fringe Benefits | <input type="checkbox"/> Equipment | <input type="checkbox"/> Other | |

Contractual Total Direct Charges for

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	\$0

Contractual Total Cost for

TOTAL COST	TOTAL FEDERAL REQUEST
\$0	\$0

G. Construction: Not Applicable

H. Other

Line Item #	Item	Check if Minor A&R	Calculation				FEDERAL REQUEST	
			Unit Cost / Rate	Basis	Quantity	Duration		Other Cost
1		<input type="checkbox"/>					\$0	\$0
TOTAL							\$0	\$0

Line Item #	Other Narrative:
1	Unit Cost/Rate Basis Quantity Duration Other Cost \$0

I. Total Direct Charges

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST
	\$0

J. Indirect Charges

Type of IDC Rate / Cost Allocation Plan

REVIEW OF COST SHARING AND MATCHING

Cost sharing or matching is not required for this grant.

BUDGET SUMMARY: YEAR

BUDGET CATEGORY	FEDERAL REQUEST
A. Personnel	\$0
B. Fringe Benefits	\$0
C. Travel	\$0
D. Equipment	\$0
E. Supplies	\$0
F. Contractual	\$0
G. Construction (N/A)	\$0
H. Other	\$0
I. Total Direct Charges (sum of A to H)	\$0
J. Indirect Charges	\$0
Total Projects Costs (sum of I and J)	\$0

BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

Go to page 1 and select the Budget Year for this budget submission in order to show the Year in the table below.

	Year	Year	Year	Year
Budget Category	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST
A. Personnel				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				

F. Contractual				
G. Construction	\$0	\$0	\$0	\$0
H. Other				
I. Total Direct Charges (sum A to H)	\$0	\$0	\$0	\$0
J. Indirect Charges				
Total Project Costs (sum of I and J)	\$0	\$0	\$0	\$0

Budget Summary Narrative:

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FUNDING LIMITATIONS / RESTRICTIONS

Go to page 1 and select the Budget Year for this budget submission in order to show the Year in the table below.

Funding Limitation/Restriction

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	Year	Year	Year	Year	Year	Total for Budget Category
A. Personnel						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Contractual						
H. Other						
I. Total Direct Charges (sum A to H)						
J. Indirect Charges						
TOTAL for the Budget Year						
Percentage of the Budget						

Funding Limitation/Restriction Narrative:

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BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.				\$0	\$0	\$0
2.						
3.						
4.						
5. Totals				\$0	\$0	\$0

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel		\$0			\$0
b. Fringe Benefits		\$0			\$0
c. Travel		\$0			\$0
d. Equipment		\$0			\$0
e. Supplies		\$0			\$0
f. Contractual		\$0			\$0
g. Construction		\$0		\$0	\$0
h. Other		\$0			\$0
i. Total Direct Charges (sum of 6a-6h)		\$0			\$0
j. Indirect Charges		\$0			\$0
k. TOTALS (sum of 6i and 6j)		\$0			\$0
7. Program Income					

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)				

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$0	\$0	\$0	\$0
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$0	\$0	\$0	\$0

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

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ALL OTHER TERMS AND CONDITIONS OF THE RFA ARE AND SHALL REMAIN THE SAME.