



NOTICE OF FUNDING OPPORTUNITY (NOFO)

SFY 2028

Department for Behavioral Health, Developmental and Intellectual Disabilities

- Program: Kentucky Problem Gambling Assistance Program
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Key Dates and Administrative Timeline

- Issue Date: October 14, 2026
- Application Deadline: November 25, 2026, at 5:00 PM Eastern Time (ET)
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PURPOSE

The Department for Behavioral Health Developmental and Intellectual Disabilities (DBHDID) is offering funding through the Problem Gambling Assistance Program with the primary goal of developing a statewide continuum of prevention, treatment and recovery supports with the goal of reducing problem-gambling related harm for individuals, families, and communities across Kentucky.

What We Fund

Grants awarded under this opportunity focus on:

1. Training the behavioral health treatment and prevention workforce to identify and treat problem gambling
2. Running public awareness campaigns for youth and adults about responsible gambling, warning signs and risk factors, and where to get help.
3. Creating a reliable supportive network across Kentucky by bringing mental health and addiction treatment centers, schools and universities, and everyday community organizations together to share problem gambling resources.

BACKGROUND

Gambling has become more visible and accessible in Kentucky in recent years, especially with the growth of mobile and online sports betting. For most Kentuckians, gambling remains a form of entertainment. However, for some, problematic gambling behavior can lead to consequences in several areas of life, including finances, personal relationships, and employment or education.

Recent state and national data highlight key behaviors reported by individuals struggling with gambling:¹

- 21% report that they have felt the need to gamble more often or with more money to feel the same excitement
- 12% report that they have hidden gambling
- 15% report they have felt irritable or restless if they stop gambling

Problem gambling rarely occurs in isolation. It is strongly linked with other mental health and addiction challenges:²

- 96% of individuals with gambling disorders have been diagnosed with at least one other mental health condition.
- 76% have been diagnosed with substance use disorders.
- 60% have been diagnosed with anxiety disorders, including panic disorder, generalized anxiety disorder, phobia, and PTSD.
- 55% have been diagnosed with mood disorders, including depression and bipolar disorder.

Individuals experiencing problem gambling face a significantly elevated risk of suicide.³

- 31% of those with gambling disorder report suicidal ideation in their lifetime,
- 17% report having a plan for suicide in their lifetime
- 16% report a suicide attempt in their lifetime.

These impacts underscore the urgent need for a coordinated, statewide public health response that trains professionals, expands community outreach, reduces stigma, and connects Kentuckians to immediate support and treatment.

PROGRAM OVERVIEW

- **Statutory and Regulatory Authority:** This Notice of Funding Opportunity (NOFO) is issued by the Cabinet for Health and Family Services (CHFS), Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), under the authority of [Kentucky Revised Statutes \(KRS\) 230.826](#) and Kentucky Administrative Regulations (KAR) [908 KAR 2:300](#).
- **Eligible Applicants:**
 - **Primary Applicant Status:** The primary applicant is the organization that submits the grant application, receives the funding, and manages the day-to-day project operations.
 - **Non-Profit Organizations:** Organizations registered as 501(c)(3) non-profit in good standing with the state of Kentucky are eligible to apply.
 - **Higher Education Institutions:** Public or private colleges and universities may apply through their official non-profit foundations (e.g., University Research Foundations).
(Note: In these instances, the foundation acts as the legal applicant on behalf of the campus department or faculty team leading the project.)
 - **Public Health Partners:** Local and regional public health departments can apply directly as primary applicants.
 - **Other Governmental and Quasi-Governmental Entities:** All other government agencies and quasi-governmental groups can only apply directly if they have their own 501(c)(3) non-profit status.
 - **Co-Applicants and Sub-Recipients:** Other organizations without independent 501(c)(3) status may join a project as co-applicants or sub-recipients, provided a registered 501(c)(3) non-profit serves as the primary applicant and manages day-to-day operations.
 - Individuals are not eligible to apply.
 - **Required Experience:** Applicants must demonstrate at least two (2) years of documented experience delivering behavioral health prevention, public health education, training, or technical assistance.
 - **Preferred Experience and Technical Assistance:** Specialized experience in problem gambling prevention, treatment, or related public health training is preferred, but not required. Applicants without problem gambling-specific experience must include technical assistance or expert consultation in their project narrative and budget.
- **Eligible Projects:** Applicants may submit proposals under one or more of the three distinct funding tracks outlined in the [Scope of Work](#) section.
 - Applicants may submit separate proposals for different funding tracks (e.g., an applicant may submit one proposal under Track 1 and a separate proposal under Track 3).
 - Each proposal must be standalone, have an independent scope of work and budget (capped at \$100,000 per proposal), and ensure no overlap or double-counting of staff time or project expenses.

- **Administrative Requirements**

- Award recipients must have an active [Vendor Code with the Kentucky Finance Cabinet](#) (or apply for one upon award notification) and be [registered with the Kentucky Secretary of State](#) (or be prepared to register upon award notification).
- Award recipients must actively manage their projects and submit regular progress reports to DBHDID. Standard post-award requirements include:
 - **Monthly Invoicing:** All awards operate on a cost-reimbursement basis. Submit monthly payment requests using state-approved invoice templates with required supporting documentation.
 - *Credentialing & Supervision Proof:* For activities involving credentialing or supervision (such as Track 1, Level 4), reimbursement requests for exam fees, application fees, or clinical supervision must include official proof of completion (e.g., board verification of certification or signed supervisor logs).
 - **Quarterly Progress Reports:** Submit brief quarterly updates tracking progress toward project goals, participant counts, completed deliverables, and technical assistance needs.
 - **Final Deliverables and File Handover:** At project completion, all grantees must submit a final performance summary. All final deliverables that will become part of DBHDID's statewide prevention library must include editable source files (e.g., Canva links, packaged design files) and accessible formats (e.g., tagged PDFs, transcripts) to support statewide sharing and web accessibility standards.
 - **Periodic Check-Ins:** Join brief check-in calls with DBHDID as needed to discuss project progress and get support.

FUNDING PARAMETERS AND AWARD LIMITS

- **Total Available Funding:** Approximately \$1,000,000 is anticipated to be available for award under this NOFO for FY 2028, subject to state fund availability and final budget approval.
- **Anticipated Award Distribution:** DBHDID expects to fund a balanced mix of small community initiatives and larger regional projects. Depending on the volume and quality of applications received across all funding tracks, DBHDID anticipates awarding approximately 10 to 25 individual grants ranging from \$15,000 up to \$100,000 per project proposal.
- **State Discretion:** DBHDID reserves the right to adjust final award amounts, request project or budget revisions, issue partial funding, or award fewer total grants based on application scores, alignment with state priorities, and available funds.
- **Minimum Award:** \$15,000 per project proposal.
- **Maximum Award:** \$100,000 per project proposal.
- **Budget Justification:** Applications must reflect actual, reasonable, and fully justified project costs tied directly to proposed activities.
 - Smaller, highly focused applications are encouraged and will be evaluated based on their proposed impact.

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- Budget requests approaching or requesting the full \$100,000 cap must demonstrate a broad statewide reach, an extensive multi-county training footprint, or significant direct program expenses that clearly justify funding at the maximum ceiling.

Unallowable Expenses & Use Restrictions

Grant funds must support allowable project activities under [908 KAR 2:300](#). Grant funds **cannot** be used for:

- Replacing current funding (supplanting) for existing programs or services. *However, funds may be used to expand, enhance, or add new components to existing programs.*
- Construction, or renovation of any building or structure to house any part of the awardee's contracted work.
- Any gambling activities (including lottery tickets and raffles) or giving out direct cash, gift cards, or financial incentives solely for training attendance or participation.
Note: Stipends and honorariums are allowable exclusively individuals contributing lived experience to program design, training development, and coalition efforts as long as they do not duplicate compensation for hours already paid by an employer.
- Catering, meals, snacks, entertainment, or promotional novelty items (like t-shirts or trinkets), unless DBHDID approves them in writing for specific training events. To request approval, you must clearly show in your budget narrative why these items are necessary to achieve your project goals and how they directly support participant learning or community engagement.
- Paying for direct clinical treatment or medical services of any kind. *(Grant funds are strictly for workforce development, capacity building, public awareness, and campus initiatives—not direct patient care.)*
- Political lobbying, legislative advocacy, attorney fees, court costs, or administrative fines.
- Traveling outside Kentucky, unless it is specifically detailed and approved in your funded project budget. You must clearly explain in your budget narrative why out-of-state travel is essential to your project (such as attending a specialized national problem gambling training or conference) and how it directly benefits your local program.
- Administrative overhead costs that exceed the 10% cap on indirect project costs (not 10% of the total grant amount). All administrative overhead and direct expenses must fit within your total requested grant award (up to \$100,000).

SPECIAL PROVISIONS AND DIGITAL ACCESSIBILITY

1. **DBHDID Review and Approval:** All project materials, training slide decks, toolkits, media campaigns, and public-facing documents created under this award must be submitted to the state for formal review and approval prior to public release or distribution.
 - a. **Standard Review (10 Business Days):** Single-page flyers, social media graphics, news releases, and short public announcements.
 - b. **Extended Review (15 Business Days):** Multi-page toolkits, complete training slide decks, media campaign packages, and curriculum guides.
2. **Branding and Logo Usage Guidelines:** Including state or program logos on grant deliverables is optional. However, if a recipient chooses to use Team Kentucky, DBHDID, or related program

branding, all visual layouts and design assets must be submitted to the state for formal approval before publication or distribution.

- Plan for **6 to 7 weeks total review time** if using Team Kentucky branding, as the state review process adds **an additional 4 weeks** to DBHDID's 10 to 15 business day review window.
- Materials bearing Team Kentucky branding may not be printed, posted, or publicly distributed until final written clearance is issued.

3. **Digital Accessibility Standards:** In compliance with federal regulations under [Americans with Disabilities Act \(ADA\) Title II](#) and [Section 504 of the Rehabilitation Act](#) all electronic assets (PDFs, Word documents, PowerPoint presentations, videos with captions, web content, and social media graphics) must fully meet [Web Content Accessibility Guidelines \(WCAG\) 2.1 Level AA standards](#) before distribution.

- Documents and Slide Decks: Recipients are responsible for checking and fixing all tag trees, heading structures, color contrast ratios, alternative text, and document properties.
- Video and Audio Media: All video recordings, webinars, and online modules must be delivered web- and Learning Management System (LMS)-ready. This includes synchronized closed captions (embedded or .srt/.vtt files), a complete plain-text transcript, and standard file formats (such as MP4/H.264 or SCORM packages).

4. **Open-Access Source Files and Deliverable Handover (Including Multimedia and Training Recordings):** All original materials created with grant funds—including outreach guides, slide decks, talk scripts, graphics, translated assets, training recordings, webinars, and online learning modules—become part of DBHDID's statewide prevention library.

- Upon project completion (or as deliverables are finalized), award recipients must submit final, open-access, and editable source files to DBHDID.
- This handover includes original editable design files, fully accessible Portable Document Format/Universal Accessibility (PDF/UA) documents, slide decks, raw video files, caption files (.srt/.vtt), transcripts, and LMS-compatible course files so materials can be cataloged, hosted on state websites/LMS platforms, and shared across Kentucky communities.

5. **Integration of Crisis Helplines and Local Resource Referrals:** All public-facing educational materials, outreach guides, toolkits, campaign assets, websites, and training resources created under this award must prominently feature relevant state and national support resources.

- **Required Crisis and Support Lines:** Where applicable to the project scope, materials must include standard crisis line numbers and contact methods, including the 988 Suicide and Crisis Lifeline (Call/Text 988) and the [1-800-MY-RESET \(1-800- 697-3738\) problem gambling helpline](#) (or equivalent state-designated support line).
- **Format and Placement:** Helpline details, web links, and referral text must be clearly legible, visually distinct, and placed in a prominent position across all printed, digital, and media deliverables.
- **Accessibility:** Text for phone numbers, text lines, and website links must adhere to the digital accessibility contrast and alternative text standards outlined in Section 2.

6. **Participant No-Cost Requirement:** All trainings, workshops, webinars, and educational events funded under this grant must be provided at no cost to participants. Award recipients cannot charge registration fees, attendance fees, or material costs to individuals or agencies attending grant-funded events.

SCOPE OF WORK

Applicants may submit proposals under one or more of the three distinct funding tracks outlined below. Each funding track includes implementation pathways designed to guide applicants in developing a proposal that aligns with their organization's capacity and community needs.

How to Select a Funding Track

Think of the funding tracks and implementation pathways as a menu of approved activities. **Applicants do not need to check every box or address every sub-bullet.** Successful applications often focus on just one or two key activities done exceptionally well. Choose only the strategies that match your agency's capacity and local needs.

Multi-Track Submission Guidelines

Applicants may submit separate, distinct proposals for more than one funding track (e.g., one proposal under Track 1 and a separate proposal under Track 3).

Each proposal must be standalone, have an independent scope of work and budget (capped at \$100,000 per proposal), and ensure no overlap or double-counting of staff time or project expenses.

Note: Proposals under **Track 2** must select strictly **ONE** implementation pathway (Option 1, 2, or 3). Track 1 and Track 3 allow applicants to select multiple levels or focus areas within a single proposal.

Quick Track Navigation

- [Track 1: Workforce Development and Capacity Building](#)
 - **Who it's for:** Organizations training behavioral health staff or building internal/coalition capacity (e.g., strategic planning, membership expansion, board development, Electronic Health Record [EHR] screening updates, or staff credentialing).
 - **Selection rule:** You may select **one or multiple levels** (Levels 1–4) in a single proposal.
- [Track 2: Public Awareness, Prevention, and Community Outreach](#)
 - **Who it's for:** Organizations launching public awareness campaigns, youth/school prevention programs, or community-driven outreach.
 - **Selection rule:** you must select **strictly ONE** option (Option 1, 2, or 3).
- [Track 3: Collegiate and Campus Wellness Initiatives:](#)
 - **Who it's for:** Higher education institutions and campus foundations building problem gambling prevention, clinical screening, or student health policy frameworks.
 - **Selection rule:** You may select **one or more** focus areas (Focus Areas 1–3) in a single proposal.

TRACK 1: WORKFORCE DEVELOPMENT AND CAPACITY BUILDING

A. Track 1 Overview

Applicants under Track 1 must deliver training, technical assistance, capacity building, or workforce support targeting **at least one** of four primary audience subgroups: (1) behavioral health clinicians; (2) peer support specialists, recovery centers, and mutual aid networks; (3) mental health, addiction recovery, healthcare, and non-profit leadership; or (4) prevention specialists, health educators, case managers, community outreach workers, and local/statewide prevention coalitions or advocacy groups.

B. Track 1 Implementation Pathways

*Proposals may address **one or more** workforce development levels (Levels 1–4) based on your organization's expertise and community needs.*

Level 1: General Awareness and Foundational Knowledge

Develop and deliver individual training events or series for behavioral health professionals (e.g., clinicians, peer support specialists, case managers, community health workers, prevention specialists, and non-clinical frontline staff). Training at this level should focus on introductory concepts, recognizing risk factors, basic screening, and broad topic awareness. **Training topics may include:**

- **Problem Gambling Screening and Assessment:** Introduce brief, validated screening tools to help frontline staff quickly recognize warning signs during routine client intakes, distinguish between recreational gambling and a potential disorder, and identify next steps for follow-up.
- **Identifying High-Risk Gambling and Engaging in Treatment:** Focus on recognizing warning signs of problem gambling and applying basic motivational strategies to encourage individuals to seek professional help.
- **Evidence-Based Approaches to Treating Problem Gambling:** Provide an introductory overview of proven therapeutic modalities and how they address gambling behaviors.
- **Relapse Prevention and Recovery Support:** Cover foundational concepts for helping individuals identify personal stressors and vulnerabilities, build healthy coping mechanisms, and connect with peer-led support networks or mutual aid groups.
- **Financial Impact Awareness:** Understand the signs of household financial distress, gambling-related debt, and basic referral pathways for financial counseling.
- **Recognizing High-Risk and At-Risk Populations:** Explore how to recognize problem gambling risk factors and how those risk factors may appear across different populations.
- **Co-occurring Disorders (Addiction, Mental Health, Suicide):** Highlight the frequent overlap between gambling disorder, addictions, mood disorders, and elevated suicide risk, emphasizing the need for comprehensive screening across behavioral health settings.
- **Social Determinants of Health:** Explore how broader environmental and socioeconomic factors—such as income inequality, housing instability, geographic access to venues, and community stress—influence gambling vulnerability and access to care.

- **Impacts of Sports Betting, Online Wagering, and Esports/Gaming Convergence:** Provide baseline knowledge on modern gambling landscapes, including 24/7 mobile app access, sports betting expansion, and blurred boundaries between video gaming mechanics (e.g., loot boxes) and gambling.
- **Other Proposed Topics:** Additional relevant topics proposed by the applicant, subject to DBHDID review and approval.

Level 2: Screening and Warm-Handoff Referral Protocols

- **Incorporate Standardized Screenings into Routine Intake:** Include validated screening tools in regular intake procedures across mental health centers, primary care clinics, addiction treatment facilities, and community service agencies.
- **Improving EHR and Clinical Workflow:** Cover costs to update electronic health records, intake forms, and clinical workflows to reliably track gambling screening results, risk levels, and patient outcomes.
- **Expand Resource Databases and Referral Networks:** Add up-to-date problem gambling services to local and statewide treatment locators, resource databases, and referral systems so providers and the public can easily connect to care.

Level 3: Practice Integration and Organizational Infrastructure

1. Advanced Skills Training

Develop and deliver advanced training for behavioral health professionals, including clinicians, Peer Recovery Support Specialists, case managers, community health workers, prevention specialists, and non-clinical frontline staff. Training topics may include:

- **Clinical Practice and Treatment:** Integrate problem gambling assessment and evidence-based interventions into existing mental health, outpatient, and SUD treatment workflows.
- **Peer Support and Lived Experience:** Address co-occurring addiction and gambling recovery, establish peer-led recovery groups, and maintain professional boundaries.
- **Care Coordination, Case Management, and Community Health Navigation:** Build warm-handoff referral networks, address social determinants of health (such as household financial distress), and connect individuals and families to cross-agency resources, legal support, and local services.
- **Prevention and Public Health Strategies:** Equip prevention specialists, health educators, and local coalitions to apply evidence-based frameworks (such as the Strategic Prevention Framework) through targeted actions, including:
 - **Youth and School-Based Education:** Deliver age-appropriate, evidence-informed curricula and media literacy on sports betting apps, digital gaming risks (e.g., loot boxes, microtransactions), and financial literacy in schools and youth groups.
 - **Vendor and Host Outreach:** Partner with local retailers, sports venues, bars, and charitable gaming hosts to post helpline numbers, enforce age limits, display responsible gambling signage, and train staff to recognize patrons in distress.

- **Environmental Strategies:** Implement policies that reduce local gambling harm, such as setting advertising guidelines near schools, creating voluntary "gambling-free" facility policies, restricting wagering apps on organizational Wi-Fi, and placing helpline info on gaming machines.
 - **Co-Occurring Disorders and High-Risk Dynamics:** Manage complex cases involving addiction, depression, suicide risk, chronic pain, or limited mobility, and address risks related to 24/7 mobile sports betting, online wagering, and video game mechanics.
 - **Specialized and At-Risk Populations:** Adapt treatment and recovery support for youth, older adults, military veterans, and other identified at-risk populations within the local community or communities. **Leadership and Organizational Readiness:** Offer executive briefings and technical assistance to agency leadership to secure administrative buy-in, update policies, and set up clinical supervision structures.
 - **Other Proposed Topics:** Additional relevant topics or specialized training proposed by the applicant, subject to DBHDID review and approval.
2. **Leadership and Organizational Readiness Technical Assistance:** Deliver technical assistance to partner agencies — or secure expert technical assistance for your own organization — to assess readiness, update administrative policies, integrate EHR screening tools, and establish clinical supervision workflows.
 3. **Organizational Development and Coalition Capacity Building:** Strengthen organizational operations, leadership, and long-term sustainability to expand problem gambling prevention, education, or support services. Organizations and coalitions may use funds to hire consultants for strategic planning, build recruitment campaigns to expand membership across diverse sectors, and improve board governance or organizational readiness.

Level 4: Professional Certification, Supervision, and Workforce Sustainability

Support behavioral health and prevention professionals (e.g., clinicians, peer recovery support specialists, case managers, community health workers, prevention specialists, and collegiate counselors) to earn official problem gambling credentials, access required supervision, and build a sustainable, long-term network of trained providers. Funding may cover:

1. **Professional Credential Pathways**
Coursework, test preparation, and application support for staff pursuing specialized problem gambling certifications across all disciplines, including:
 - **Clinical Certifications:** Master's-level and licensed clinical practitioner pathways.
 - **Peer Support Certifications:** Specialized peer recovery designations for peer recovery support specialists.
 - **Prevention Certifications:** Primary prevention and public health specialty credentials for prevention specialists and community organizers.
2. **Supervision, Mentorship and Consultation across Disciplines:** Hiring or retaining qualified clinical supervisors, peer supervisors/mentors, and prevention leads to provide the required supervision, peer mentorship, case consultation, and work-experience tracking across clinical, peer support, and prevention certification tracks.

3. **Financial Support for Fees and Continuing Education:** Organization-led payment or reimbursement to staff and supported community partners for exam registration, credential application and renewal fees, and required Continuing Education Units (CEUs).
4. **Statewide Community of Practice:** Funding to establish and maintain peer consultation cohorts, case presentation roundtables, and expert-led learning communities to support active clinicians and sustain best practices.

C. Track 1 Eligible Project Expenses

Across all levels (Levels 1–4) in this track, funds must directly support workforce training, technical assistance, and professional development activities.

Direct Costs

- **Subject Matter Experts and Personnel:** Retaining expert speakers, trainers, subject matter experts, organizational development consultants, and qualified clinical/peer supervisors to deliver training, conduct readiness assessments, provide technical assistance, facilitate strategic planning, and supply required supervision, mentorship, and case consultation.
- **Organizational & Strategic Consultants:** Retain specialized non-profit consultants, neutral facilitators, or strategic planning experts to guide organizational restructuring, membership expansion, board development, and long-term funding sustainability models focused on expanding problem gambling infrastructure.
- **Credentialing and Professional Development:** Direct payment or reimbursement for coursework, test preparation, exam registrations, application/renewal fees, and Continuing Education Units (CEUs) for staff pursuing specialized clinical, peer support, or prevention credentials.
- **Information Technology (IT) Systems and EHR Integration:** IT support, software modification, and vendor fees to integrate standardized screening tools and outcome tracking into Electronic Health Records (EHR) and workflow systems, or to map local problem gambling resources into regional/statewide locator databases.
- **Event and Platform Expenses:** Venue rental, audio/visual services, meeting supplies, and virtual event platform licensing to host training events, webinars, coalition strategic planning sessions, or statewide Community of Practice cohorts and roundtables **at no cost to participants.**
- **Participant Support:** Registration fees, stipends, and travel/lodging scholarships for event attendees, training participants, coalition members, or community partners.
- **Coalition & Membership Development:** Design, production, and distribution of coalition outreach packages, member orientation toolkits, digital membership recruitment campaigns, and stakeholder engagement events.
- **On-Demand and Digital Systems:** Developing, hosting, or maintaining online learning management systems (LMS), mobile tools, or digital platforms for on-demand training access.
- **Materials, Production, and Prevention Supplies:** Production, printing, design, and translation of educational materials, screening toolkits, public health awareness assets, responsible gambling signage, and merchant/venue outreach packages.

Indirect Costs

All indirect and administrative overhead costs must follow the 10% indirect cost cap outlined in the General Funding Parameters.

D. Track 1 Evaluation Criteria

Applications will be independently reviewed and scored by a review committee using a 100-point scale based on the criteria outlined below.

1. Target Audience and Community Need – Maximum 20 Points

- Clearly identifies at least one of the four required Track 1 target audience subgroups.
- Clearly defines the project's intended geographic service area (e.g., local community, county, Area Development District [ADD] region, or statewide) and demonstrates specific needs within that area.
- Demonstrates clear community need, service gaps, or workforce readiness needs related to problem gambling and co-occurring conditions.
- Outlines a clear, realistic strategy for recruiting participants, engaging target professionals, expanding coalition membership, or securing agency buy-in.

2. Scope of Work and Implementation Plan – Maximum 35 Points

- Defines specific, achievable goals for the selected track level(s) that directly address the identified workforce or community need.
- Details a clear, step-by-step plan to execute proposed activities.
- Provides a realistic 12-month work plan showing when key activities will start and finish, along with tangible deliverables for each phase.

3. Organizational Capacity and Expertise – Maximum 20 Points

- Highlights the organization's experience successfully managing similar grants, budgets, and project deliverables.
- Identifies the key staff, trainers, consultants/facilitators, or clinical/peer supervisors who will lead the project, including their relevant qualifications, credentials, and roles. **If staff lack direct problem gambling expertise, the application must include a clear plan and budget line item for technical assistance or expert consultation.**
- Demonstrates agency leadership support such as an executive leadership approval letter if training internal staff, or external community readiness such as Memoranda of Understanding (MOU) or verified recruitment metrics such as past attendance reports if delivering training to external or community organizations.
- Shows that the main applicant will directly manage day-to-day operations.

4. Budget Narrative and Financial Alignment – Maximum 15 Points

- Provides a reasonable, itemized budget proposal and narrative that directly aligns with activities in the project's Scope of Work.
- Ensures all proposed expenses fall within the [Track 1 Eligible Project Expenses](#) guidelines.
- Correctly applies the mandatory state cap of 10% on indirect costs.

5. Performance Tracking and Sustainability – Maximum 10 Points

- Sets clear, realistic numeric goals for the project (such as number of people trained, credentials earned, completed strategic plans, or membership growth targets).

- Explains the simple, practical method that will be used to track participant attendance, completion rates, screening numbers, or progress toward organizational milestones
- Explains how the knowledge gained, credentials earned, system updates (like EHR templates or screening and referral processes), or structural/governance improvements will remain in active use after the grant ends.

TRACK 2: PUBLIC AWARENESS, PREVENTION, AND COMMUNITY OUTREACH

A. Track 2 Overview

Applicants under Track 2 must implement public awareness, prevention, or community outreach activities targeting at least one of three primary audience subgroups: (1) general adult public and sports or gaming fans; (2) youth, student-athletes, families, and school communities; or (3) priority, underserved, or high risk populations within in the communities served.

B. Track 2 Implementation Pathways

*Applicants under Track 2 must **select one** of the following three implementation pathways for their project. **Applicants cannot combine multiple options into a single proposal.***

Option 1: Bet On Yourself Campaign

Designed for organizations that want to deploy ready-to-use, state-approved campaign materials locally.

Target Audience Context: *Bet On Yourself* materials focus primarily on young adult men (ages 18–25), a high-risk demographic for sports betting and digital gaming. While core messaging works across broader adult populations, keep this target demographic in mind when planning local distribution channels or proposed adaptations.

Applicants choosing Option 1 will use the pre-approved digital and print assets hosted on the [Bet On Yourself campaign website](#).

Ready-Made Campaign Materials

- **Toolkit Guide:** Use the official *Bet On Yourself Toolkit Guide* to structure outreach, guide messaging, and maintain a non-judgmental tone.
- **Digital Materials:** Share pre-approved social media graphics and digital wallpapers.
- **Print Materials:** Print and distribute standard campaign materials (e.g., rack cards, posters, trifold brochures) in high-foot-traffic community locations.

Local Adaptations and Custom Materials (*requires DBHDID approval*)

- **Allowed Adaptations:** Applicants may adapt core messaging for local media channels (e.g., newsletter inserts, broadcast spots, podcast scripts, event signage, or tailored community presentations). *Bet On Yourself* materials are designed strictly for adult audiences (18+) and may not be distributed to middle or high school students.
- **Prior Review:** Submit any proposed adaptation, layout change, or media translation to DBHDID for formal review and approval before production or public release.

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- **Campaign Library Addition:** Approved local adaptations will be added to the state's shared *Bet On Yourself* asset library for use statewide. Final, editable source files must be submitted upon completion.

Option 2: Youth, School, and Sports Outreach

Designed for organizations partnering with local school districts, athletic departments, youth sports leagues, or community youth networks. This pathway delivers targeted primary prevention education, awareness, and supportive environments. The primary audiences for Option 2 include youth (middle and high school ages), student-athletes, parents and family caregivers, coaches, athletic directors, school counselors, and youth club leaders.

Bet On Yourself materials are designed strictly for adult audiences (18+) and may not be distributed to middle or high school students. Option 2 applicants must use age-appropriate youth prevention messaging—such as other state-approved, evidence-informed youth curricula, customized athletic toolkits, or original school-aligned materials—provided all messaging is non-judgmental and pre-approved by DBHDID prior to release.

Core Program Deliverables:

- **Scholastic and Athletic Outreach:** Partner with local schools, school boards, or athletic associations to deliver age-appropriate problem gambling prevention messaging and education.
- **Adult and Mentor Briefings:** Host practical, non-stigmatizing educational sessions or briefings for coaches, athletic trainers, school counselors, and youth leaders on recognizing early warning signs of youth gambling, peer pressure, and digital/gaming risk factors.
- **Family and Community Toolkits:** Distribute clear, accessible resources to parents and caregivers detailing household protective factors, gaming risk features (e.g., loot boxes, paid upgrades, item betting), and helpline resources.
- **Peer-Led or Student-Athlete Initiatives:** Support student-led awareness activities, team discussions, or outreach during school wellness weeks or sports seasons.

Key Requirements:

- **Non-Stigmatizing Messaging:** All materials and presentations must maintain an empowering, non-judgmental tone focused on health promotion, decision-making skills, and open conversation.
- **Resource Sharing:** Every youth- or family-facing activity must prominently feature state-approved problem gambling helpline resources (e.g., 1-800-MY-RESET), local prevention links, and crisis supports such as the 988 Suicide & Crisis Lifeline.
- **Educational Alignment:** Activities should complement existing school wellness, health education, or athletic department guidelines wherever possible.
- **Campaign Library Addition:** Approved custom materials, presentation decks, translated guides, and athletic toolkits will be added to DBHDID's shared statewide prevention library for future school and community partners. Final, editable source files must be submitted upon deliverable completion.

Option 3: Novel, Community-Driven Pilot Programs

Designed for organizations proposing new, creative, or community-led outreach ideas. This pathway supports original project concepts, partnerships with local venues, custom materials created by your agency, or unique community settings that bring problem gambling awareness into everyday places where people live, work, receive care, and gather.

Priority focus areas include local health, mental health, and recovery sites (such as Community Mental Health Center [CMHC] clinic lobbies, Recovery Community Center [RCC] drop-in centers, and peer support hubs), local businesses, workplace wellness programs, community centers, service clubs, and specific rural or regional populations across Kentucky.

Instead of using existing *Bet On Yourself* assets, Option 3 applicants may create original messaging frameworks, specialized agency guides, or tailored custom materials. All original assets, dialogue scripts, informational tools, and custom designs must maintain a non-judgmental, non-stigmatizing tone and receive formal DBHDID approval prior to public deployment. The *Bet On Yourself* toolkit guide may be used to guide development of key messaging.

Core Program Deliverables:

- **Local Business and Community Partnerships:** Partner with local businesses, health and recovery centers, or community venues to display educational signage, distribute printed materials, and host information tables where people naturally gather.
- **Tailored Community Outreach:** Deliver targeted awareness activities, pop-up information displays, workplace health fairs, or local cultural events tailored to how your community best receives information.
- **Local Media and Conversation Tools:** Create practical communication tools (e.g., community discussion scripts, podcast segments, local newsletter features, conversation guides) that encourage safe, open discussions about gambling risks.
- **Project Progress and Feedback:** Track event attendance, distribution counts, community feedback, and survey results to measure project impact and evaluate statewide scalability.

Key Requirements:

- **Non-Stigmatizing Messaging:** All materials and presentations must maintain an empowering, non-judgmental tone focused on health promotion, decision-making skills, and open conversation.
- **Resource Sharing:** Every public-facing activity must prominently feature state-approved problem gambling helpline resources (e.g., 1-800-MY-RESET), local prevention links, and crisis supports such as the 988 Suicide & Crisis Lifeline.
- **Campaign Library Addition:** Approved custom materials, presentation decks, translated guides, and athletic toolkits will be added to DBHDID's shared statewide prevention library for future school and community partners. Final, editable source files must be submitted upon deliverable completion.

C. Track 2 Eligible Project Expenses

Across all implementation pathways (Options 1–3), funds must directly support public outreach, youth prevention, and community awareness activities.

Direct Costs

- **Personnel and Staff Time:** Direct staff salaries, wages, and fringe benefits for time spent planning, coordinating, and delivering grant activities (e.g., project managers, outreach coordinators, community educators).
- **Printing, Production, and Material Costs:** Printing campaign materials (e.g., rack cards, posters, flyers, family toolkits, educational guides) and hiring professional design services to adapt assets, translate materials, or format documents for PDF/UA digital accessibility.
- **Digital Outreach and Local Media Placement:** Purchasing local ad space or promotional placements (e.g., newsletter features, localized digital ads, community radio spots, podcast sponsorships).
- **Event Space, Host Site Fees and Outreach Logistics**
 - Renting community event spaces, meeting rooms, or health fair booth space.
 - Meeting supplies, display banners, and presentation tools for community briefings.
 - Small, documented host site fees or facility rentals for partner venues hosting events or distributing materials.
 - All hosted events, briefings, and community presentations must be provided **at no cost to participants**.
- **Local Travel:** Mileage and travel expenses for staff conducting outreach, delivering materials, or presenting at partner sites across the service area (reimbursed at standard state travel rates).

Indirect Costs

All indirect and administrative overhead costs must follow the 10% indirect cost cap outlined in the General Funding Parameters.

D. Track 2 Evaluation Criteria

Applications will be independently reviewed and scored by a review committee using a 100-point scale based on the criteria outlined below.

1. Target Audience and Community Need – Maximum 20 Points

- Clearly identifies target audiences and settings aligned with the selected option (e.g., young adult sports bettors under Option 1; youth/schools under Option 2; or local venues/priority populations under Option 3).
- Clearly defines the project's intended geographic service area (e.g., local community, county, ADD region, or statewide) and demonstrates specific needs within that area.
- Demonstrates clear community need, awareness gaps, or lack of local problem gambling outreach resources in the proposed service area.
- Outlines a clear, realistic strategy for reaching target audiences, distributing materials, or engaging local community partners (such as schools, businesses, or venue hosts).

2. Scope of Work and Implementation Plan – Maximum 35 Points

- Defines specific, achievable goals for the selected pathway (Option 1, 2, or 3) that directly address identified outreach or community awareness needs.
- Details a clear, step-by-step plan to execute proposed outreach activities, event appearances, or material distributions.
- Provides a realistic 12-month work plan showing when key activities will start and finish, including timeline steps for DBHDID material review and deliverable completion.

3. Organizational Capacity and Expertise – Maximum 20 Points

- Highlights the organization's experience successfully managing similar outreach campaigns, community events, grants, and project deliverables.
- Identifies the key staff or outreach coordinators who will lead the project, including their relevant qualifications, credentials, and roles. **If staff lack direct problem gambling expertise, the application must include a clear plan and budget line item for technical assistance or expert consultation.**
- Demonstrates established community partnerships, host site agreements, or local network connections (e.g., school districts, athletic leagues, local businesses, or community venues) needed to carry out outreach.
- Shows that the main applicant will directly manage day-to-day operations.

4. Budget Narrative and Financial Alignment – Maximum 15 Points

- Provides a reasonable, itemized budget proposal that directly aligns with activities in the Scope of Work.
- Ensures all proposed expenses fall within the [Track 2 Eligible Project Expenses](#) guidelines.
- Correctly applies the mandatory state cap of 10% on indirect costs.

5. Performance Tracking and Sustainability – Maximum 10 Points

- Sets clear, realistic numeric goals for the project (such as estimated reach, number of materials distributed, events hosted, or individuals engaged).
- Explains the simple, practical method that will be used to track distribution counts, event attendance, community feedback, or campaign engagement.
- Outlines how outreach partnerships, community materials, and open-access source files submitted to the statewide library will provide ongoing value after the grant ends.

TRACK 3: COLLEGIATE AND CAMPUS WELLNESS INITIATIVES

A. Track 3 Overview

Applicants under Track 3 must deliver higher education campus initiatives to build sustainable infrastructure addressing problem gambling, digital wagering risks, and responsible gaming by targeting **at least one** of three primary focus areas: (1) workforce capacity and staff readiness; (2) campus-wide awareness and environmental prevention; or (3) screening, referral, and institutional policy integration.

B. Track 3 Implementation Pathways

*Proposals may target **one or more** focus areas based on institutional capacity and campus community need.*

Focus Area 1: Workforce Capacity and Staff Readiness

Development, acquisition, and delivery of professional development and clinical training for campus staff and student leaders.

- **Clinical and Student Support Staff Training:** Provide specialized training for counseling center staff, student health workers, resident advisors (RAs), care managers, and academic advisors. Training topics may include:
 - Using short, proven screening tools to spot problem gambling in campus settings.
 - Delivering short, evidence-based support programs (such as adapted Motivational Interviewing or Brief Alcohol Screening and Intervention for College Students [BASICS]).
 - Managing related challenges, including mental health conditions, substance use, suicide risk, and severe financial or academic stress.
 - Connecting counselors to problem gambling training and professional certification or credentialing programs in problem gambling.
 - **Other Proposed Topics:** Additional relevant topics or specialized training proposed by the applicant, subject to DBHDID review and approval.
- **Athletics, Club Sports and Student Leadership Workshops:** Host targeted workshops for athletic staff, coaches, trainers, club sport leaders, Student-Athlete Advisory Committees (SAAC), and esports coaches. Workshop topics may include:
 - Spotting early warning signs of gambling stress in student-athletes and gamers (such as sudden drops in performance, isolation, unexplained debt, or sudden mood changes).
 - Understanding National Collegiate Athletic Association (NCAA) and college sports wagering rules, integrity monitoring, and how to protect athletes from online harassment or betting pressure.
 - Setting up clear campus steps to respond to student distress and make confidential, direct care referrals.
 - **Other Proposed Topics:** Additional relevant topics or specialized training proposed by the applicant, subject to DBHDID review and approval.

Focus Area 2: Campus-Wide Awareness and Prevention

Implementing campus health campaigns, peer education programs, and student awareness events. Awareness and prevention initiatives should focus on:

- **Targeted Event and Seasonal Messaging:** Design and run multi-channel campaigns during major campus events and sports seasons when betting activity typically increases (such as fall football kickoff, March basketball tournaments, welcome weeks, or finals weeks). Applicants may adapt state-developed campaign assets (such as *Bet On Yourself*) or create customized campus content.
- **Peer and Campus Integration:** Add problem gambling and digital risk education directly into existing campus programs. Examples include:
 - Adding dedicated training modules for Student Peer Health Educators and similar outreach programs.

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- Including responsible gaming lessons in Greek life wellness events, first-year orientation seminars, and athletic onboarding programs.
 - **Other Proposed Approaches:** Additional integration strategies proposed by the applicant, subject to DBHDID review and approval.
- **Targeted Risk Focus:** Tailor messaging and education to address specific digital and environmental risks on campus. Topics may include:
 - 24/7 mobile sports betting apps, predatory promotions, and "bonus bet" mechanics.
 - Gambling features hidden inside video games (such as loot boxes, paid upgrades, and item betting).
 - Financial literacy, student credit risks, debt management, and emergency financial assistance.
 - How gambling connects with alcohol misuse, substance use, and social betting in campus housing and student organizations.
 - **Other Proposed Topics:** Additional relevant risk topics proposed by the applicant, subject to DBHDID review and approval.

Important Material and Approval Requirements:

- **DBHDID Review:** All new custom materials, adapted graphics, audio/video scripts, and translations must be approved by DBHDID before final production or release.
- **State Asset Ownership:** All materials created or adapted with grant funds become part of the state's shared resource library.
- **Final File Submission:** Grantees must submit final, editable source files (such as packaged design files, fully tagged accessibility-compliant PDFs, or raw text scripts) to DBHDID so other campuses can use them statewide.

Focus Area 3: Screening, Treatment, Referral and Campus Policies

Add problem gambling screenings to student health clinics, build clear referral steps to care, and update campus policies.

- **Implement Student Health Screenings:** Add brief, validated screening tools into routine intake processes at campus health centers, counseling centers, and student wellness clinics.
- **Update Health Records and Computer Systems:** Cover costs and technical help needed to update Electronic Health Record (EHR) systems, intake forms, and clinical software to track screening rates, risk scores, and referral results.
- **Build Direct Support and Referral Pathways:** Create clear referral steps connecting students at risk to a clinician with training in treating addictive behaviors including problem gambling, state helpline resources, digital recovery tools, and financial counseling services.
- **Institutional Policy and Digital Environment Review:** Review and update university policies, network guidelines, and campus facility rules. Focus areas include:

- **Network and Campus Technology:** Updating acceptable Wi-Fi use agreements, blocking sports betting ads on campus Wi-Fi login pages, and placing digital health links and helpline resources on student portals.
- **Esports, Recreation and Physical Facilities:** Setting clear rules for campus esports (such as banning betting sponsors or cash-entry tournaments on campus) and posting responsible gaming signs, helpline numbers, and Quick Response (QR) codes in esports lounges, student centers, and sports venues.
- **Sponsorship and Marketing Restrictions:** Enforcing policies that restrict gambling companies from advertising, sponsoring campus events, or marketing to students on university property.
- **Other Proposed Policy Initiatives:** Additional policy or system changes proposed by the applicant, subject to DBHDID review and approval.

C. Track 3 Eligible Project Expenses

Across all focus areas (Focus Areas 1–3), funds must directly support campus wellness initiatives, staff training, student campaigns, and clinical software updates.

Direct Costs

- **Personnel and Staff Time:** Salaries, wages, fringe benefits, and stipends for campus project coordinators, clinical leads, health educators, IT staff, and Student Peer Health Educators working on the grant.
- **Training and Workforce Logistics:** Honorariums, travel, and consulting fees for expert trainers; registration and test fees for staff earning problem gambling credentials; and Continuing Education Unit (CEU) processing fees for hosted workshops.
- **Awareness and Campaign Production:** Design, printing, production, and placement costs for campus campaign materials, digital signage, lounge QR code displays, orientation inserts, and digital ads on campus platforms during seasonal and key event periods.
- **IT and Systems Integration:** Vendor, licensing, or technical service fees to update Electronic Health Record (EHR) systems, intake software, and screening fields across campus health and counseling centers.
- **Meeting and Outreach Logistics:** Space rental, educational supplies, and event costs to host campus tabling, peer-led workshops, orientation wellness fairs, and policy review roundtables **at no cost to students, faculty, or staff.**
- **Travel and Professional Development:** Travel, lodging, and mileage reimbursement for project staff to attend required state grant meetings, statewide Communities of Practice, or regional campus wellness conferences.

Indirect Costs

All indirect and administrative overhead costs must follow the 10% indirect cost cap outlined in the General Funding Parameters.

D. Track 3 Evaluation Criteria

Applications will be independently reviewed and scored by a review committee using a 100-point scale based on the criteria outlined below.

1. Target Audience and Campus Need – Maximum 20 Points

- Clearly identifies the campus settings and target student populations aligned with the selected focus area(s) (e.g., student-athletes, Greek life, incoming first-year students, campus clinicians, or resident advisors).
- Demonstrates clear campus need, awareness gaps, or lack of existing problem gambling resources and screening protocols within the institution.
- Outlines a clear, realistic strategy for engaging students, faculty, staff and campus leaders across departments.

2. Scope of Work and Implementation Plan – Maximum 35 Points

- Defines specific, achievable goals for the selected Focus Area(s) (1, 2, or 3) that directly address identified campus wellness needs.
- Details a clear, step-by-step plan to execute proposed initiatives, such as hosting staff workshops, launching campus campaigns, updating EHR systems, or revising campus policies.
- Provides a realistic 12-month work plan showing when key activities will start and finish, including timeline steps for DBHDID material review and deliverable completion.

3. Institutional Capacity and Expertise – Maximum 20 Points

- Highlights the institution's experience managing student wellness initiatives, campus campaigns, clinical updates, or state grant deliverables.
- Identifies the project coordinator, clinical leads, or health educators leading the grant, including their relevant qualifications, credentials, and roles. **If staff lack direct problem gambling expertise, the application must include a clear plan and budget line item for technical assistance or expert consultation.**
- Demonstrates established internal and external partnerships needed to carry out the project (such as athletic departments, counseling centers, esports programs, residence life, or local recovery services).
- Shows that the main applicant will directly manage day-to-day operations.
(Note: University research foundations submitting on behalf of their campus departments, centers, or faculty qualify as direct applicants, provided the campus department, center, or faculty team actively leads and oversees the project activities.)

4. Budget Narrative and Financial Alignment – Maximum 15 Points

- Provides a reasonable, itemized budget proposal that directly aligns with activities in the Scope of Work.
- Ensures all proposed expenses fall within the [Track 3 Eligible Project Expenses](#) guidelines.
- Correctly applies the mandatory state cap of 10% on indirect costs.

5. Performance Tracking and Sustainability – Maximum 10 Points

- Sets clear, realistic numeric goals for the project (such as staff trained, students screened, students referred to treatment, materials distributed, campaign reach, or policies updated).
- Explains the practical methods used to track key data (such as screening rates, training completion counts, event attendance, or campaign analytics).

- Outlines how updated campus policies, institutional screening workflows, and open-access materials submitted to the statewide library will provide ongoing value after the grant ends.

APPLICATION INSTRUCTIONS AND SUBMISSION GUIDELINES

GENERAL APPLICATION INSTRUCTIONS AND FORMATTING

All application packages must be submitted electronically via email to the designated program submission inbox no later than the deadline established below. **Incomplete applications, improper file formats, or late submissions will not be reviewed.**

Submission Deadline & Contact Information

- **Final Submission Deadline:** November 25, 2026, at 5:00 PM Eastern Time (ET)
- **Designated Submission Inbox:** kyproblemgamblingassistance@ky.gov
(Note: This inbox is designated strictly for receiving final application files.)
- **Email Subject Line Format:** FY28 NOFO Application - [Applicant Organization Name]
- **Program Inquiries & Technical Assistance:** Direct all questions regarding NOFO requirements, budget templates, or programmatic guidelines to Program Administrator Emily Flath at emily.flath@ky.gov.

Required Documents and Naming Conventions

- Every submission must contain exactly **two (2) email attachments**: one merged PDF application package and one editable Excel budget file.
 - **Attachment 1:** The complete application form and supplemental materials must be merged into a single PDF file titled PGAP_FY28_date-of-submission_Agency-Name_Track-Number_Proposal.
For example, PGAP_FY28_10-01-26_Agency-ABC_Track1_Proposal.
 - **Attachment 2:** The completed budget template including itemized figures and complete narrative sections saved as an Excel (.xlsx) file titled PGAP_FY28_date-of-submission_Agency-Name_Track-Number_Budget.
For example, PGAP_FY28_10-01-26_Agency-ABC_Track1_Budget.

Kentucky Gambling Assistance Application Form

The application is a fillable PDF document containing fields for applicant information, selection boxes to indicate project type, and narrative prompts for project details.

Fill out the contact details and check boxes directly on this form.

Submit all narrative responses as an attached document (1-inch margins, single spacing, 12-pt font minimum). The following page limits apply to attached narrative responses:

- **Organizational Capacity:** Maximum 2 pages

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- **Project Narrative:** Maximum 5 pages (*page limit does not include work plan/timeline attachment*)
- **Performance Plan:** Maximum 3 pages

Step-by-step instructions:

Page 1: Applicant Information

- 1) **Applicant Type:** Check “Organization/Agency.” Individuals are not eligible to submit applications to this Notice of Funding Opportunity (NOFO).
- 2) **Applicant Information:** Provide full legal entity name and primary project director contact information.
- 3) **“Provide details of past performance...” Prompt:** Attach a narrative describing the agency's experience managing grant contracts, financial systems, administrative capacity, and the qualifications of key project staff, subject matter experts, clinical leads, or community coordinators.
(*Evaluated under Scoring Criteria: Organizational Capacity & Expertise – Maximum 20 Points*)

Page 2: Project Overview

- 1) **Activity Checkboxes:** Select all focus areas that align with the proposed scope of work.
- 2) **"Provide an overview of the proposal..." Prompt:** Attach a narrative describing:
 - **Target Audience & Community Prompt:** Identify the specific priority populations, geographic regions, health systems, or demographic subgroups served and present relevant local data or service gaps.
 - **Scope of Work Alignment:** Detail proposed activities aligned with the selected Track requirements
 - **Funding Overview:** State total funding requested and outline major cost categories (personnel, travel, equipment, supplies, training, consultants, contracts, other costs).
 - **12-Month Work Plan / Project Timeline Options:** Submit a 12-month work plan mapping activities to quarterly milestones and tangible deliverables as a separate attachment (narrative breakdown, table, visual timeline graphic, or Gantt chart).
Note: *The work plan/project timeline will not count toward the 5-page limit for the Project Narrative.*(*Evaluated under Scoring Criteria: Target Audience & Need – Maximum 20 Points, and Scope of Work & Implementation Plan – Maximum 35 Points*)
- 3) **"Those applying for certification should include..." Prompt:**
 - Only projects involving professional certifications through organizations such as the International Problem Gambling Certification Board (IGCCB) need to complete this section.)
 - **If certification is part of the proposed project:** Because grant awards are issued to organizations rather than pre-selected individuals, applicants do **not** need to name specific candidates or submit signed clinical supervision contracts. Instead, explain the proposed certification plan in the space provided, including:

- **Target Credentials:** State which credentials will be supported (e.g., ICGC-I/II, peer designations, prevention credentials) and why that credential was selected.
- **Training & Supervision:** Describe how required coursework will be provided and a plan to connect candidates to qualified clinical supervisors.
- **Recruitment & Enrollment:** Explain how participants will be recruited and enrolled into training and certification cohorts.
- **Compliance and Invoicing Acknowledgement:** Copy and paste the following statement verbatim into the box:

"This project establishes an agency-administered workforce certification pathway under Track 1, Level 4. [Agency Name] acknowledges that grant funds for candidate credentialing, exam fees, and certification renewals are paid strictly on a reimbursement basis after official proof of earned certification is submitted with project invoices. [Agency Name] will maintain all candidate intake files, supervisor endorsements, and clinical supervision contracts in agency compliance files for audit purposes."

Page 3: Performance Measurement Plan

- 1) **"Describe how key anticipated outcomes will be measured..." Prompt:** Outline your program evaluation plan, including:
 - **Numeric Benchmarks:** Define quantifiable targets (e.g., number of professionals trained, individuals screened, clinical referrals completed, individuals engaged in treatment, community events hosted, or public awareness campaign impressions achieved).
 - **Data Collection Methods:** Detail tracking mechanisms (e.g., LMS completion logs, EHR screening queries, attendance rosters, pre/post-training knowledge surveys, or media analytics reports).
 - **Benchmark Timeline:** Establish quarterly review intervals for monitoring progress against scope of work targets.
 - **System Sustainability:** Explain how clinical screening workflows, trained provider capacity, referral networks, or community prevention structures will remain active after grant funds expire.

(Evaluated under Scoring Criteria: Performance Tracking & Sustainability – Maximum 10 Points)

Supplemental Materials:

- **Internal Revenue Service (IRS) 501(c)(3) Determination Letter:** A copy of the official IRS letter confirming the primary applicant's status as a 501(c)(3) tax-exempt organization in good standing must be submitted with the application package.

Budget Template

The DBHDID budget template must be included with the application materials. Key guidelines for completing the template:

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- **Fill in white spaces only:** Formulas automatically calculate total costs, so do not type over built-in formula cells.
- **Use decimals for percentages:** Enter rates as decimals rather than whole numbers (e.g., enter 0.50 for 50% or 0.0765 for 7.65%).
- **Include narratives:** Briefly explain how each cost directly supports the project in the narrative sections.
- **Leave unused tabs blank:** If a budget category does not apply to your project, you may leave that tab blank.

SUBMISSION PACKAGE CHECKLIST

- ☐ Completed Kentucky Gambling Assistance Application Form
- ☐ Organizational Capacity Narrative (Maximum 2 pages)
- ☐ Project Narrative (Maximum 5 pages)
- ☐ 12-Month Work Plan/Timeline attachment
- ☐ Performance Plan Narrative (Maximum 3 pages)
- ☐ IRS 501(c)(3) Determination Letter
- ☐ Application form, narrative responses, work plane/timeline, and IRS 501(c)(3) Determination Letter combined in a single PDF file titled
PGAP_FY28_date-of-submission_Agency-Name_Track-Number_Proposal
- ☐ DBHDID Budget Template completed and saved as an Excel file (.xlsx) titled
PGAP_FY28_date-of-submission_Agency-Name_Track-Number_Budget.

REFERENCES

1. National Council on Problem Gambling (NCPG). (2024). *NGAGE Trends Dashboard*.
<https://www.ncpgambling.org/training/ngage-survey/ngage-dashboard/>
2. Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38(9), 1351-60.
<https://doi.org/10.1017/S0033291708002900>
3. Armoon, B., Griffiths, M. D., Mohammadi, R., & Ahounbar, E. (2023). Suicidal behaviors and associated factors among individuals with gambling disorders: a meta-analysis. *Journal of gambling studies*, 1-27.