REVISED NOTICE OF FUNDING OPPORTUNITY

Kentucky Community Crisis Co-Response (CCCR) Grant Program

Item	Description
Awarding Agency	Cabinet for Health and Family Services (CHFS), Kentucky Department for Medicaid Services (DMS)
Deadline to Apply	Tuesday, October 31, 2023 at 3:00 pm Eastern Time (ET) *Note: all times are in the Eastern Time Zone unless otherwise noted*
Informational Webinars	**Webinar 1:** General Program and NOFO overview Thursday, 9/28/2023 2:00-3:00 pm **Webinar 2:** General Program and NOFO overview Thursday, 10/12/2023 2:00-3:00 pm **For both webinars, use the following link:** Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/2269634060?pwd=VUFYL2Z6L3I5d1p4dzYwSVFkZnRZdz09 Password: 606335 Or Telephone: Dial: USA 713 353 0212 USA 8888227517 (US Toll Free) Conference code: 186903 Find local AT&T Numbers: https://www.teleconference.att.com/servlet/glbAccess?process=1&accessNumber=8888227517&accessCode=186903
Deadline for Questions	10/2/2023 at 5:00 pm
Responses to Questions Posted by DMS	10/6/2023 by 5:00 pm
Submit Questions, and Final Application to	kymobilecrisis@ky.gov

REVISED NOTICE OF FUNDING OPPORTUNITY

Kentucky Community Crisis Co-Response (CCCR) Grant Program

A. Announcement and Purpose

The Cabinet for Health and Family Services (CHFS), Kentucky Department for Medicaid Services (DMS) is making available grant funding to support the implementation of a Community Crisis Co-Response (CCCR) Program across the Commonwealth. The CCCR Model embeds behavioral health professionals or paraprofessionals as co-responders within the municipality [i.e., law enforcement, emergency medical technicians (EMTs), paramedics, and fire fighters].

The goals of the implementing the CCCR Model are to:

- **Goal 1:** Reduce inappropriate emergency department (ED) utilization and incarceration rates for individuals in behavioral health crisis.
- **Goal 2:** Increase utilization of appropriate levels of care for individuals in behavioral health crisis.
- **Goal 3:** Increase capacity for first responders to provide mobile crisis intervention services and referral to individuals in behavioral health crisis.
- **Goal 4:** Reduce costs due to increased access to appropriate mental healthcare services and decreased repeat encounters with the criminal justice system and emergency departments.

The purpose of this Notice of Funding Opportunity (NOFO) is to solicit applications that support the planning, development, and creation of new co-response programs or enhancement of existing programs across the Commonwealth. The goals of the CCCR Grant Program are to:

- Provide support to municipalities across the state to implement and evaluate the co-response model.
- Develop and implement infrastructure to support Co-Response Units (CRUs), including policy development, training, hiring behavioral health resources, and data collection/reporting.
- Enable long-term sustainable, municipal-led CCCR programs that are fully funded and operational for five years or more from date of grant award.

This NOFO was developed with input from cross-sector stakeholders and representatives from across the Commonwealth, including first responders, providers, state agencies, and relevant associations. The aim is to offer a grant opportunity that allows municipalities – at various levels of mobile crisis response infrastructure – to plan for, develop, and/or enhance existing co-response programs in a more cohesive way to support outcomes measurement, sustainability, while still allowing flexibility for municipalities to advance health equity in their community and maximize local resources.

B. Background

Kentucky CHFS is committed to provide high-quality behavioral health care through a comprehensive delivery system that is inclusive and promotes the use of evidence-based practices with the goal of improving outcomes for its residents suffering from a behavioral health crisis. This includes ensuring that appropriate programs, services, and providers are available and well-coordinated to meet the crisis response needs of persons in communities where they reside. CHFS houses both the State Medicaid Agency (DMS) and the State Behavioral Health Authority, Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), behavioral health is a primary focus and vision of CHFS as adopted by its Behavioral Health Planning Council, *"All children, adolescents, and adults in the Commonwealth have the right to excellent, recovery-oriented behavioral health services that are affordable, consumer driven, value their individuality, assist them to achieve their fullest potential, and enable them to live and thrive in their community."*

In 2014, Kentucky expanded Medicaid and has since broadened overall access to behavioral health services. In state fiscal year (SFY) 2020, approximately 272,263 Kentucky Medicaid beneficiaries received behavioral health services.[1] This number represents 80% of those estimated to have behavioral health needs based on commonly accepted prevalence estimates. However, Kentucky has higher rates of serious mental illness (SMI) and major depressive disorder, as compared to overall US rates.

CHFS acknowledges that the responsibility for mobile crisis response has historically relied on first responders who may have limited training and reduced capacity to effectively meet the needs of individuals experiencing a behavioral health crisis in the community. More than 240 million calls are made to 911 each year and law enforcement officers (LEOs) have become the default first responders to address a range of social issues, including mental health challenges, substance use, and homelessness. As a result, individuals with behavioral health disorders increasingly encounter law enforcement, potentially exposing them to increased trauma, hospitalization, arrests, and incarceration. Individuals with behavioral health conditions, for example, often experience longer jail time than individuals without behavioral health conditions facing similar charges.[2] According to a study released by the Treatment Advocacy Center, the risk of being killed while being approached or stopped by law enforcement in the community is 16 times higher for individuals with untreated SMI than for other civilians. Conservative estimates suggest that at least 1 in 4 fatal law enforcement encounters involve an individual with SMI.

To create a robust mobile crisis intervention (MCI) service delivery infrastructure across Kentucky, in 2021, DMS applied for and was awarded $796,894 from the Centers for Medicare

[1] "Kentucky Mobile Crisis Unit Project Narrative." Kentucky Cabinet for Health and Family Services, n.d.
[2] Vera Institute of Justice: Behavioral Health Crisis Alternatives https://www.vera.org/behavioral-health-crisis-alternatives

& Medicaid Services (CMS) for the Mobile Crisis Intervention Services Planning Grant. This one-year planning grant directed Kentucky DMS and 19 other state awardees to reduce first responder involvement in community-based behavioral health crisis responses.

As part of the CMS grant planning activities, DMS and its partners conducted extensive stakeholder engagement; comparative research of other states' MCI models including co-responder models; policy and documentation review; and data analysis of current MCI service delivery outcomes, crisis call lines, and post-crisis services. DMS used the six step Government Alliance on Race and Equity (GARE) Toolkit[3] to evaluate and integrate racial and health equity considerations into the Kentucky MCI infrastructure (Click here for a detailed presentation and application of the GARE Tool). Output of DMS' work in conjunction with its sister agencies resulted in the publication of the 2022 Kentucky Mobile Crisis Intervention Services Needs Assessment.

DMS redefined and enhanced the mobile crisis continuum to shift the responsibility for MCI service provision more heavily to mobile crisis response services provided by well-trained, two-person qualified multi-disciplinary teams to intervene on-site in communities where the incident occurs. Kentucky named this response, the ***Commonwealth MCI Services Model***.

While the Commonwealth MCI Service Model intended to address gaps in care and ensure timely response of MCI services to all Kentuckians, CHFS, DMS, and its partners recognized the need for a ***Community Crisis Co-response (CCCR) Model*** as well. This type of model is especially necessary in rural areas where small towns do not have resources like urban metropolitan centers may have – such as greater numbers of providers available in the community with the expertise to treat specialized populations. This model is a complementary model to the Commonwealth MCI Services Model.

Co-response models are a promising approach to mobile crisis intervention services and providing more equitable response to individuals in behavioral health crisis, however, there is much variability in how these models are designed and implemented. DMS conducted additional stakeholder engagement as well as convened a CCCR Model Advisory Workgroup to inform the vision and goals, establish requirements and flexibilities, and explore opportunities and challenges that might impact effective design and implementation of the community co-response capabilities across Kentucky, including input on capacity building, capabilities, development of policies and procedures that support efficient triage and dispatch, and building community awareness. Output of DMS' work resulted in the publication of the **2023 Kentucky Community Crisis Co-Response (CCCR) Model Stakeholder Engagement and Research Report** posted here https://www.chfs.ky.gov/agencies/os/oas/Pages/grants.aspx under Department for Medicaid Services.

[3] https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

C. Award Information

Four (4) periods of performance:

- Planning period to begin on or around December 1, 2023 and conclude on June 30, 2024.
- Year 1: July 1, 2024 through June 30, 2025
- Year 2: July 1, 2025 through June 30, 2026
- Year 3: July 1, 2026 through June 30, 2027

Grantees will be awarded $100,000 during the planning period. For the remaining three years, Grantees may be awarded funding as outlined in the table below. Applicants do not have to request the full amount, however, the requested funding amount cannot exceed the Grantee's proposed cost per year (as entered in the Budget Template and Narrative.)

Grant Year & Match %	CHFS Share	Total Grantee Share**	Total
Planning: 0% Match	$100,000	$0	$100,000
Year 1 (90/10)	$225,000	$25,000	$250,000
Year 2 (90/10)	$225,000	$25,000	$250,000
Year 3 (90/10)	$225,000	$25,000	$250,000
Total Maximum Amounts	**$775,000**	**$75,000**	**$850,000**

***** Up to 50% of the total grantee share can be in-kind contributions.***

The grantee share may include cash expenditures and in-kind contributions; however, the in-kind contribution may not exceed 50 percent of the total cash match requirement. In-kind contributions must be verifiable and justifiable, and the records must show how the value of the in-kind contribution was determined. In-kind contributions may include the value of personnel, goods, and services, including direct and indirect costs, and may come from third party contributions.

Examples of allowable in-kind contributions include:

- Participation in training (i.e. CIT, Mental Health First Aide) funded by the agency or municipality.
- 20% of relevant employee time (i.e. first responder)
- Office supplies and relevant technology
- Volunteer services (a reasonable hourly rate applied to a volunteer's time multiplied by the number of hours he/she works)
- Donated time of employees from other organizations (salaries or positions must not be supported by Federal funds)

- Unpaid interns or fellows
- Donated supplies and loaned equipment
- Donated utilities
- Donated or discounted space

Selected grantees will be notified via email by DMS regarding the intent to contract for the distribution of funds. The contract will outline the expectations and establish a payment schedule. Grantees shall not commence activities until the contract is executed.

Funding beyond the planning period is dependent upon availability of funds and grantee performance and evaluation findings (See Section H. General Program Requirements for additional information). The contract will be renewed annually upon successful evaluation of grantee performance and availability of funds.

D. Eligibility

Eligible applicants are city or county government agencies and representatives of municipal governments. Applicants may include City Councils, City Commissions, City Board of Commissioners, police departments, sheriff's office, emergency medical services, fire departments, or county or district public health departments. Behavioral health providers are not eligible to apply, however, the grantee is permitted to establish a contractual-based partnership with providers to create the CRU.

An applicant may submit a proposal for more than one catchment area, but must demonstrate their capacity to fund, oversee, implement, and evaluate the program in all included catchment areas. The catchment area may be defined by county lines, city limits, first responder areas or service, or Kentucky PSAP boundaries (https://kohs.maps.arcgis.com/apps/mapviewer/index.html?webmap=cbced40aca8c44c1b3071b62790fad24) – as examples.

DMS encourages applications that support regional based efforts. In which case, applicants from the same jurisdiction or applicants submitting for multiple catchment areas must work together to ensure their applications or projects will not overlap.

Projects that include catchment areas within one of Kentucky's 102 rural counties are encouraged and will receive additional points in the evaluation. See the list of rural designations from the Health Resources Services Administration here: https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf

E. Key Co-Response Program Design Elements

DMS intends to support co-response program infrastructure development or enhancement projects that create, develop, and/or enhance existing co-response programs. As each local community has different needs and resources, this grant will allow for flexibility in requirements and composition of their specific co-response program.

To learn more about co-response programs and successful design and implementation of co-response programs, review the Essential Elements of a Specialized Law Enforcement Based Program from the Bureau of Justice Assistance (https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/LE_Essential_Elements.pdf).

1. **Co-Response Unit or CRU requirements**
   a. CRU must include a first responder (i.e. law enforcement officer, EMT, advanced emergency medical technician (AEMT), or paramedic) and a behavioral health resource (i.e. licensed professional or paraprofessional) contracted and/or embedded within the municipal entity.
      i. Behavioral health resources may be employed directly by the municipal entity or sourced through a contractual agreement with local behavioral health provider(s).
      ii. Examples of behavioral health resource provider types ***may*** include licensed professionals or paraprofessionals including peer supports, comprehensive community support workers, community health workers, community mental health workers, and case managers.
   b. The CRU may respond to the crisis through the following approaches:
      i. A first responder may be accompanied by the behavioral health resource in the same vehicle for an entire shift; or
      ii. The behavioral health resource is called to scene in conjunction with a first responder and the service is handled together. The resources may arrive separately.
   c. CRU must have completed behavioral health response training as outlined below.
   All training programs designed for members of the CRU should be trauma-informed, strengths-based, person-centered, culturally competent, and outcomes-oriented. Refer to the Police Mental Health Collaboration (PHMC) Training Toolkit for details on training and references (https://bja.ojp.gov/program/pmhc/training). See the Kentucky Department of Criminal Justice Training https://www.docjt.ky.gov/ for current availability and schedule for relevant training resources.
   Note: Meeting the training requirement is not a prerequisite to apply.
      i. Crisis Intervention Team (CIT) – this training is required for first responders serving in co-response.

ii. Mental Health First Aid for Public Safety required for first responders and behavioral health resource.

2. Components of Co-Response Programs

a. Governed by oversight structures/processes that are/will be in place to ensure a broad range of representation is in place to inform program design, implementation, and evaluation.
b. CRU availability determined by data (e.g. call volume) and/or availability of behavioral health resource. For example, CRU availability may be based on times/days of the week during which crisis related calls are at their highest.
c. Provides in-person co-response services delivered to all adults, children/youth, regardless of insurance status, ability to pay, immigration status, or level of income.
d. Establish and follow protocols that best ensure safety of the individual in crisis, the CRU, and any other responders on scene. Examples may include protocols around "dress-down" policies; concealed carry; use of restraints, lights, sirens; and which CRU member is lead during the encounter.
e. Examine and update triage and dispatch processes and procedures with 911, and if available, explore ways to complement 988 if appropriate, and other local crisis line procedures to determine service needs of the individual, and whether a CRU should be dispatched.
f. Call takers and dispatchers must be trained in protocols and procedures for triage, dispatch, and information gathering.
g. Conduct an appropriate screening and assessment of behavioral health needs in accordance with scope of practice and training.
h. Provide support through the encounter and intervene to de-escalate the crisis and avoid escalation.
i. Determine the need for further intervention and coordinate with medical and behavioral health services as deemed necessary, and provide transportation as needed; or resolve on scene.
j. Generate a referral for after-event services. The planning at the end of the encounter depends on a number of factors, and outcomes can range from leaving the individual with necessary resources, transporting the individual to a hospital or walk-in clinic, and providing support and resources for family members and others on-scene.
k. Programs may also follow up with individuals after they leave the initial encounter. For example, programs may follow up as a team, while others send dedicated case management services. Programs often work with other community resources to provide coordination with various systems of care.
l. Maintain privacy and confidentiality of patient information in accordance with federal and state requirements.
m. Conduct regular program evaluations to evaluate effectiveness and impact.

F. Supported Activities

DMS understands that municipalities vary in their ability and capacity to plan for and implement an infrastructure to support embedded behavioral health providers within current law enforcement and/or emergency medical response systems. Therefore, this grant opportunity is structured to support variability across municipalities. Funds may be used to plan for, develop, create new, and/or enhance existing co-response programs.

Municipalities may request grant funds for a variety of activities across planning, coordination, implementation, and evaluation domains. Activities must align with the goals, definitions, and requirements of the CCCR Model described in this NOFO.

Examples of allowable activities may include the following:

- Hire and/or train behavioral health professional(s) and/or paraprofessionals;
- Develop policy, protocol and procedures to support changes to 911/PSAPs, CRU triage and dispatch, crisis intervention services on scene with LEOs/EMS, and crisis stabilization;
- Build and strengthen partnerships with relevant state and local partners (e.g., Single State Agencies for substance abuse and mental health, local PSAPs/crisis call centers, academic institutions and universities, community based organizations, local hospitals, correctional facilities);
- Create linkages and develop collaborations of community-based mobile crisis intervention services with National Suicide Prevention Lifeline crisis call centers and first responders;
- Expand availability of existing CRU and/or added shift coverage;
- Data collection, reporting, and evaluation;
- Develop response practices that assist crises relating to social determinants of health (SDOH) and health disparities (e.g. stock vehicle with food, water, clothes, baby supplies such as formula and diapers);
- Develop project implementation plans and agreements;
- Provide required and supplemental training;
- Use of technology to support CRUs, dispatch, and reporting;
- Improve transportation availability and approaches;
- Community engagement efforts, such as addressing stigma and providing education and driving awareness;
- Third party consulting assistance.

G. Unallowable Activities and Expenses

Funds may not be used for any of the following:

- Hiring new first responder resources, such as law enforcement officers or EMS personnel
- Construction projects
- Unrelated technologies and technology services
- Furniture
- Travel (not related to participating in required training or grantee meetings)
- Food/refreshments/alcohol

H. General Program Requirements and Reporting

DMS, or one of its agents, will manage grantee reporting, performance monitoring, and technical assistance and general support. The extent of data that is needed for program monitoring, progress reports, and outcomes measurement and monitoring cannot be entirely identified at this time and will be determined upon contract execution. DMS reserves the right to conduct follow up meetings or request additional information directly from grantees as needed.

1. Requirements for the Grantee

The grantee agency will hold responsibility for overall project administration and reporting, however, they may select another agency or department to serve in a project management or coordination role. Each grantee must identify a catchment area, which may be based on county lines, city limits, law enforcement or EMS service areas, or local PSAP boundaries but must be defined by specific geographic indicators. Municipalities are encouraged to coordinate at the local level to create a countywide plan to create, develop, and/or enhance co-response programs and avoid duplication.

2. Grantee Meetings and Technical Assistance

DMS understands that design, development, implementation, and evaluation of a co-response model is a major undertaking, and unforeseen challenges may occur. DMS, or one of its agents, will be available to provide planning, implementation, and go-live support to municipalities through ongoing grantee meetings and technical support. These meetings may also be used to connect grantees with special guests from co-response programs outside of Kentucky and facilitate discussion of lessons learned and best practices. DMS, or one of its agents, may also hold quarterly grantee meetings or learning collaboratives to discuss program achievements, barriers, and lessons learned. Meeting attendance is required.

3. **Program Monitoring and Progress Reports**
   DMS will conduct quarterly monitoring of grantee projects to assess progress towards short and mid-term implementation goals and long term operational goals, and provide technical assistance as needed regarding programmatic requirements. All awardees will be required to provide quarterly progress reports including relevant program information and data no more than 30 days after the end of the grant quarter. A required reporting template will be provided upon contract execution. Progress reports will be used to track planning, design, and implementation of the grantee's co-response program, and will track milestones that *may include, but not be limited to*:

   Note: The following milestone due dates are based upon the grant contract execution date.
   - **Milestone #1:** Within the first 90 days of contract execution – identify specific need for and pursuit of behavioral health resources.
     - **Deliverable:** Job description/posting.
   - **Milestone #2:** Within the first six (6) months of contract execution – Hire behavioral health resource to be part of a CRU.
     - **Deliverable:** Number of existing/new hire Behavioral Health resources.
   - **Milestone #3:** Within the first nine (9) months of contract execution – Complete required training for first responders and behavioral health resources.
     - **Deliverable:** Completed and in-progress trainings.
   - **Milestone #4:** Within the first nine (9) months of contract execution – Establish municipality/PSAP triage and CRU dispatch protocols and procedures.
     - **Deliverable:** PSAP/Municipality Written Protocol/Procedures.
   - **Milestone #5:** Within the first 12 months of contract execution – Dispatch a CRU.
     - **Deliverable:** Monthly Operational Reports.

4. **Outcome Measurements and Monitoring**
   All grantees will be required to submit monthly reports once the CRU is operational to DMS. Data submission requirements and reporting template will be provided upon contract execution.

5. **Racial and Health Equity**
   All grantees will use a racial equity toolkit approved by the Cabinet to assess development of strategies and actions that reduce racial inequities and improve success for all groups associated with their co-response program.

I. Questions

Final questions must be submitted by 5:00 pm ET on October 2, 2023 to kymobilecrisis@ky.gov. DMS will post answers to all questions by October 6, 2023 at 5:00 pm. Answers to questions will

be posted here https://www.chfs.ky.gov/agencies/os/oas/Pages/grants.aspx under Department for Medicaid Services.

J. Informational Webinars

DMS will conduct two informational webinars to provide an overview of the CCCR program and the NOFO material:

Webinar 1: General Program and NOFO overview
Thursday, September 28, 2023 2:00-3:00 pm ET

Webinar 2: General Program and NOFO overview
Thursday, October 12, 2023 2:00-3:00 pm ET

See Page 1 of this NOFO for link to webinars.

The webinars will available after each session at https://www.chfs.ky.gov/agencies/os/oas/Pages/grants.aspx under the Department of Medicaid Services.

K. Updates

For all updates to this NOFO, please visit https://www.chfs.ky.gov/agencies/os/oas/Pages/grants.aspx under Department for Medicaid Services.

L. Grant Application and Submission Requirements

DMS is aware that eligible applicants may not have resources available with expertise in grant writing, and have limited time to draft their response. DMS will consider these factors in the evaluation. Eligible applicants are encouraged to submit an application to the best of their capabilities and current capacity.

1. **Formatting and Specifications**
   a. All documents should be double-spaced using Arial, Calibri, or Time New Roman 12-point font, or use required templates if noted.
   b. Each component should be clearly labeled and numbered accordingly.
   c. Failure to include any of the components below may deem your application non-responsive.
   d. Submit your response to kymobilecrisis@ky.gov

e. Applications must be received no later than **Tuesday, October 31, 2023 at 3:00 pm ET.**

2. Project Abstract (1 page maximum)

Project Abstract on organization letterhead, to include the following:

a. Name of the organization
b. Physical Address
c. Telephone number
d. Email address
e. Name of contact person
f. A one-page abstract serves as a succinct description of the proposed project and includes the goals of the project, the total budget, and a description of how the funds will be utilized. The abstract is often distributed to provide information to the public and state leadership, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application.
g. Signed by organizational representative who is authorized to enter into a contract with DMS, or its agent.

3. Project Narrative (12 pages maximum)

Include the following components within the Project Narrative:

a. Organizational Structure and Partnerships
   i. Include the full name and address of the agency and, if applicable, the branch or other units or divisions that will take part in the work.
   ii. Include an organizational chart that illustrates the staffing that will support the program.
   iii. Describe any existing partnerships or collaborative structures in place to support the design, implementation, and evaluation process.
   iv. Describe the applicant's capacity to design, implement, and evaluate the program, including experience and qualifications.

b. Service Area and Community Need
   i. Include a statement indicating whether the grant application is to plan for and develop a new co-response program or to enhance an existing program within the municipality.
   ii. Describe the catchment area to be served by the CRU including the proposed population(s) of focus and any specific needs of the community that may contribute to behavioral health crises using available data.
      - Describe the geographical location (Ex. Rural, suburban, urban).
        - Which Kentucky State Hospital/Psychiatric district is the catchment area located? https://dbhdid.ky.gov/cmhc/documents/RegionsMap.pdf

- Which county(ies), city(ies), or town(s) are within the catchment area located?

iii. Describe the current behavioral health crisis response infrastructure within the catchment area, if known.

iv. If known, provide the ***average*** number of behavioral health related calls for service (CFS) or computer-aided dispatch (CAD) in calendar year 2022. (Not required).

c. Anticipated New or Enhanced of Existing Program Description

i. Provide a description of the overall vision and program design, implementation, and evaluation approaches for your co-response program as aligned to Section E above.

ii. Describe the program's path to sustainability beyond the grant period (i.e. how will the municipality calculate the potential return on investment; how will the municipality continue to fund the program after grant funds are no longer available)

iii. Describe any foreseen challenges your municipality may face in implementing the program, and how these may be addressed.

4. Budget Template and Narrative (no page limit)

Complete the attached Budget Template and Narrative

a. Funding amounts requested can vary by year.

b. Funds can be used to supplement existing funds dedicated to the project but may not replace (supplant) funds that have been appropriated for the same purpose.

c. Proposals must include a detailed budget reflecting the funds requested to provide the required services. The budget must be submitted on the Excel Budget Template and Narrative and include only those budget categories that are needed to provide the services.

d. If applicable, the budget may include all funding from other sources that will be provided by the grantee for each applicable item. A budget narrative explaining each of the items must be included.

5. Attachments (no page limit)

a. **Schedule of Activities**

Provide a schedule of planning, implementation and evaluation activities, milestones, begin and end dates, and responsible parties for the grant period.

b. **Letter(s) of Commitment**

i. Required: Include at least one (1) Letter of Commitment from the first responder agency that will participate in the project.

ii. Required: Include at least one (1) Letter of Commitment from local 911/PSAP with which the grantee will be coordinating on the project.

iii. Optional: Additional Letters of Commitment from other partners within your region.

M. Evaluation of Application and Award

DMS will evaluate grantee applications and make final selection decisions. Proposals will be screened to ensure minimum eligibility requirements have been met, applications are complete, signed, and on time. Incomplete applications will not be considered. Proposals will be funded on a competitive basis.

DMS has sole discretion to select awardees, and solicit additional applicants, if deemed necessary. DMS reserves the right to seek clarification or request additional information from applicants, if deemed necessary.

Projects that include catchment areas within one of Kentucky's 102 rural counties are encouraged and will receive additional points in the evaluation. See the list of rural designations from the Health Resources Services Administration here: https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf (see page 15).