

Request for Proposals

Evaluation Team for Illinois Children's Healthcare Foundation's CHILDREN'S MENTAL HEALTH INITIATIVE 2.0 *Building Systems of Care: Community by Community*

INTRODUCTION

The Illinois Children's Healthcare Foundation (ILCHF) is a statewide private foundation that is focused on serving all children in the State of Illinois. ILCHF concentrates its funding primarily in the areas of children's oral health and mental health. The vision of the foundation is that every child in Illinois grows up healthy.

ILCHF is seeking applications for an accomplished evaluation team to work on a 7.5-year project evaluating the impact of its Children's Mental Health Initiative 2.0. (CMHI 2.0). CMHI 2.0 is an effort by ILCHF to develop systems of care for children's mental health in four communities across Illinois. The evaluation will address multiple system levels and is expected to capture both process and outcomes findings, utilizing a mixed methods approach.

Overview of ILCHF's Children's Mental Health Initiative 2.0

The mental health of children is essential and not separable from physical health as a determinant of the child's overall well-being. Research clearly demonstrates that children's healthy social and emotional development is a critical foundation for learning, school success, healthy relationships, and general well-being and that these foundations are built prior to school entry. Knowledge of effective interventions for children's mental health has strengthened and expanded significantly in the past 10 years through innovative approaches to system development as well as early intervention and treatment. However, many Illinois communities have not yet been able to develop coordinated service systems necessary to implement these new evidence informed practices for their local children and families. Supporting efforts to bring together a comprehensive, coordinated, and integrated community-based children's mental health system will ensure more children receive the effective support they need as early as possible.

ILCHF is committed to providing support for local communities that are dedicated to trying to solve systems challenges that directly impact children's mental health. ILCHF recognizes the importance of both following the guidance of the evidence base and also allowing for the development of service systems that meet the unique needs of individual communities. The

Foundation believes that different solutions are needed, depending on the characteristics of the health system serving a community. Based on its experience with CMHI 1.0 between 2010 and 2018, ILCHF has learned that the most effective means of impacting children and family's lives is to support the systems of care at the community level. The initial CMHI project produced impressive outcomes related to success integrating child serving systems within the local community. CMHI 1.0 reduced the burden of emotional distress and mental illness and has largely sustained the services that were developed through the initial grant investment.

ILCHF is committed to continuing its investment in the Illinois children's mental health system through the support of a second round of system of care development grants (CMHI 2.0) in four communities across Illinois. Applications for communities to receive CMHI 2.0 grants were received on 2/1/2018 and awards will be announced on or about 7/1/2018. Each selected community will have one year to develop a formal implementation strategy, coordinated governance and a sustainable financial model. ILCHF will then award Implementation Grants to the communities that it determines have successfully developed sustainable plans to enable implementation of their community-based system of care over the course of a subsequent six year period. ILCHF anticipates that within a period of seven years, these newly selected communities will serve as model communities to mentor other communities preparing to develop and/or enhance their own children's mental health systems of care.

How Does ILCHF Define Systems of Care (SOC)?

"A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life." (Stroul, Blau & Friedman; 2010, Updating the System of Care concept and philosophy)

Children and youth with or at risk for mental health disorders, and their families, need the supports and services from many different child- and family-serving agencies and organizations. Often, all of these agencies and organizations are helping parents and caregivers address the mental health of their children and youth in a fragmented fashion. By creating partnerships and integration among these groups, systems of care are able to coordinate services and supports that meet the ever-changing needs. Coordinated services and supports lead to improved outcomes for children, youth, and families.

SOC Core Values - Systems of care are:

- 1) Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
- 2) Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

- 3) Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

SOC Guiding Principles - Systems of care are designed to:

- 1) Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
- 2) Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
- 3) Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
- 4) Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
- 5) Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and that family voice is represented in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
- 6) Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
- 7) Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
- 8) Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
- 9) Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
- 10) Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
- 11) Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.

- 12) Protect the rights of children and families and promote effective advocacy efforts.
- 13) Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Specifically, ILCHF will invest its funds and support in community-based and community-developed plans for model systems that must be:

- Consistent with CASSP System of Care Principles
- Developed by strong, multi-agency collaborations
- Inclusive of a local organization committed to financially supporting the project director role after ILCHF funding ends (e.g. 708 Board, School Board, Hospital System, Community Foundation, United Way, etc.)
- Led by a local collaborative governance structure that includes at minimum 25% mental health consumer, (i.e. parents/caregivers/youth)
- Built upon the existing service systems in a community and include a plan for strengthening the mental health workforce
- Reflective of the clinical child mental health evidence base, including parenting interventions
- Capable of preventing, identifying and treating children's mental health problems
- Inclusive of both primary care and public school partners
- Capable of utilizing the Datstat web outcomes system, Practice Wise (www.practicewise.com) resource available to Illinois Community Mental Health providers, or another evidence informed clinical practice guidance resource
- Subject to evaluation and include a local staff member who will be responsible for family engagement in the evaluation, data collection and data submission to the external *CMHI 2.0* project evaluator
- Financially and operationally, sustainable.

Brief CMHI 2.0 Timeline

*Phase 1 (Planning Year; \$200,000 per site) – Systems of Care Planning
October 1, 2018 – October 31, 2019*

ILCHF will select four communities across the State of Illinois and provide them with the resources needed to plan to build and/or enhance their community's children's mental health system of care (SOC). Each community that is funded in the *CMHI 2.0* will undertake a 1 year Planning & Development Phase to build the local infrastructure necessary to fully implement their *CMHI 2.0* plan. This will include the development of a formal strategic plan, organizational structure, financial model and plan for sustainability. The plan must include an analysis of the community's strengths (assets) and weaknesses (gaps in services), as well as an analysis of the

current system of care in the community. During the planning year, the communities will participate in the baseline data collection stage of the program evaluation, and have the guidance of an accomplished evaluator in developing and complying with a protocol for the cross-project evaluation. In addition, the community must complete a baseline Georgetown SOC development assessment with its planning committee. The ILCHF Board of Directors is committed to assisting the four selected planning grant communities to succeed in the planning phase and moving on to the implementation program funding. However, there is no guarantee that any one community will receive an implementation grant at the end of the planning year. Additional funding will be solely dependent on ILCHF's determination of the success of the community's planning process.

*Phase 2 (Years 1-6; up to \$2.1 million per site) – Implementation of Systems of Care Plans
November 1, 2019 – December 31, 2025*

The ILCHF Board of Directors will invest in each of the communities that are successful in the Planning Phase by giving them the support over the subsequent 6-year period to implement their strategic plans and work toward long-term financial sustainability. The ILCHF Board will award implementation grants to those communities based upon their demonstration of an ability to build and/or enhance an effective and sustainable children's mental health system of care. ILCHF expects that these plans will be unique to each community. Each community may develop a small set of local outcomes data to track, and will be expected to fully engage with the overall project evaluation. Additionally, each *CMHI 2.0* community will be required to develop a manual that documents their planning steps; their organizing strategies; and the structure and processes involved in implementing their community model that transforms the way that they provide care to meet the mental health needs of children and their families.

Ongoing Evaluation (Planning –Year 6)

ILCHF will contract with an external Evaluation Team to design a comprehensive evaluation plan, collect baseline data, and provide technical assistance and consultation to the sites during the Planning Phase. This team will then conduct a multisite evaluation during the Implementation Phase of systems of care in each of the *CMHI 2.0* communities. The *CMHI 2.0* communities will be expected to work with the Evaluation Team to plan and adopt goals and methods for assessing overall *CMHI 2.0* defined outcome goals as well as additional unique metrics that the local community may be interested in using to measure the progress/success of its program. To the extent possible, the evaluation will be designed to maximize utilization of existing instruments that are already in use in community practice. *CMHI 2.0* grantees will be expected to have or obtain an information system that is capable of organizing datasets in an Excel or other online format, to be determined by the Evaluation Team, and to report clinical service utilization for children served through the project. The *CMHI 2.0* communities selected will be required to use a portion of the grant for the cost of a local staff person to coordinate the evaluation efforts. The primary costs for overall project evaluation will be funded separately by ILCHF.

Evaluation Expectations in CMHI 2.0 RFP

In the CMHI 2.0 RFP, applicants were informed that ILCHF will contract with an evaluation team to provide technical assistance and consultation during a development/planning phase, and conduct a multisite evaluation of the implementation and achievements of systems of care in each of the CMHI communities over a 7 year period. The CMHI communities will be expected to work with the evaluation team to plan and adopt goals and methods for assessing common and community-specific outcomes. Some of the measures used will be consistent across CMHI 2.0 sites, and some will be unique to and dependent upon each specific community.

Basic evaluation components in CMHI 2.0 RFP:

- Employ a local staff person responsible for engaging families in the evaluation, data collection, data quality and submission
- Enrollment of >70% of mental health service recipients in the client level CMHI 2.0 outcomes evaluation
- Client level data collection at baseline, 3, 6, 12, 18 & 24 months from intake.
- Measurement of ongoing systems integration and system of care fidelity
- Mental health screening statistics and tracking of children who screen positive for mental health concerns and linkage of these children with services referrals.
- Ongoing qualitative process journal detailing the development of the system.
- Service and system costs as part of a cost/benefit analysis.

**For more information on the foundational principles of systems of care work as well as the goals, guidelines, and timelines for the CMHI 2.0 initiative see the RFP for the Planning Year grant on the ILCHF website (ILCHF.org).

CMHI 2.0 EVALUATION

The CMHI 2.0 evaluation will target specific measurable outcome goals that address the development of effective service systems as well as the impact of the system on the lives of children and families. These goals include:

- 1) Positive impact on the integration of service providers in the community.
- 2) Improvement in multiple life-domain functioning for children with and at-risk for serious emotional disturbance; including school participation and academic success variables.
- 3) Strengthened parenting practices and caregiver-child relationships.
- 4) Early identification of children and youth for whom there is concern about possible mental health disorders.
- 5) Reduction in unmet basic needs of families participating in the mental health service system.
- 6) Reduction in caregiver related stress for parents/primary caregivers of children with mental health disorders; reduction in parental depression.
- 7) Increased capacity in the service system to provide families with evidence-based clinical interventions.

- 8) Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.
- 9) Effective local use of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
- 10) An analyses of the costs and benefits of the CMHI 2.0 project.
- 11) Development of a well-prepared mental health workforce.

All measurement instruments will be selected by the evaluation team in partnership with the sites and ILCHF. For example, we will review the functional assessment instruments currently being used by the selected sites before developing a strategy for evaluation of that outcome.

One long-term outcome that is expected from the CMHI is that the community SOC will be sustainable. As the CMHI 2.0 funding is reduced at the end of the grant period, the evaluation team will assess the extent to which the community is sustaining the services that have been developed.

No part of this evaluation project shall consist of carrying on propaganda, or otherwise attempting to influence legislation, or participating in, or intervening in (including the publishing or distributing of statements) or any political campaign on behalf of or in opposition to any candidate for public office. Additionally, evaluation project funds may not be used for general operating funds, organizational capacity building, or fundraising.

There will be opportunity to use the evaluation data in collaboration with ILCHF staff for presentation at conferences or dissemination in other appropriate outlets. ILCHF will disseminate updates on the CMHI 2.0 project, which will include evaluation data, regularly throughout the project, not only after a final report is completed.

Time Frames

CMHI 2.0 Community grants

Grantees announced	7/1/2018
Planning year grant begins	10/1/2018
Implementation year RFP issued	6/1/2019
Implementation applications due	8/15/2019
Implementation awards announced	10/25/2019
Planning grants end	10/31/2019
Implementation year 1 begins	11/1/2019
Implementation year 2	1/1/2021
Implementation years 3-6	1/1/2022 – 12/31/2025

CMHI 2.0 Evaluation

Evaluation Team announced	9/1/2018
Evaluation begins	10/1/2018
Active evaluation ends	12/31/2025

Draft summative report due	4/15/2026
Evaluation ends	6/30/2026

Evaluation Budget

The total budget for this evaluation is not to exceed \$920,000. Payment schedules will be determined in the contracting process and will be based upon the acceptance of semi-annual progress reports and the agreed-upon deliverables in the contract. The payment amounts will be proposed by the evaluation applicant based on the scope of work they anticipate during each phase on the evaluation.

Final payment will be made upon successful completion of a final report that is acceptable to ILCHF, and able to be disseminated to audiences that will be identified during the course of the CMHI 2.0 project.

ILCHF funds may be used for, but not limited to, salaries and benefits, consultant fees, data collection & analysis, meetings, supplies, project-related travel, education and training, marketing and communication materials. Eligible expenses in the Initiative may include a limited amount of capital expenditures that are deemed essential to accomplish the outcomes of the Initiative. Any proposed capital expenditures must be justified in the Budget Narrative. Funds may be used for indirect costs, however, the indirect costs must be itemized in the budget with a preference that itemized indirect costs not exceed 10% of total expenditures.

ILCHF funding cannot be used for:

- Partisan, political or denominational programs
- Endowments
- Attempts to influence legislation, as prohibited by section 4945 of the Internal Revenue Code for private foundations.

The CMHI 2.0 services grant funding structure is titrated up and down in order to support the development of sustainability of the system.

<u>Year</u>	<u>Grant Amount</u>
Planning	\$200,000
1	\$350,000
2	\$400,000
3	\$450,000
4	\$400,000
5	\$300,000
6	\$200,000

General Nature of Evaluation Functions and Scope

Planning Year Phase

Estimated dates: October 1, 2018 – October 31, 2019

During the Planning Year Phase, the evaluation team will:

1. Work with selected communities and ILCHF staff to build overall and local evaluation plans based on 1) outcome goals listed in RFP and local goals (primarily quantitative) and 2) implementation and process evaluation (primarily qualitative) .
2. Conduct monthly phone calls with ILCHF related to progress status on the evaluation.
3. Attendance and presentation at an ILCHF Board Meeting as requested.

Anticipated deliverables for the Planning Year phase:

1. Submit reports every 6 months on the progress of each community and the evaluation overall.
2. Final evaluation plan that includes logic models for each site.
3. Baseline data collected for applicable measures.

Implementation Phase

Estimated dates: November 1, 2019 – December 31, 2025

During the Implementation Phase, the evaluation team will:

1. Lead the project data collection and analyses. This process will include regular meetings with ILCHF and the selected communities. There will be monthly meetings/calls between the evaluation team, ILCHF staff, and the local sites (schedule to be determined) as well as annual collaborative evaluation sessions with all three groups together.
2. Provide targeted technical assistance and continuous quality improvement of the program at the community grantee level; Provide assistance to communities in looking at their program data and outcomes to determine whether there is a need to make program revisions around their program metrics; Provide technical assistance and consultation, and coordinate the provision of additional specialized expertise, as it is needed, to the community.
3. Assist in the planning of and participation in CMHI 2.0 meetings held by ILCHF (anticipate 1 meeting/year).
4. Attendance and presentation at one ILCHF Board Meeting annually.

Anticipated deliverables for the Implementation and Evaluation phase:

1. Submit reports every 6 months on the progress of the evaluation – summarizing quantitative and qualitative data provided to the evaluation team from the sites and reflecting on the evaluation process overall and work with sites.
2. As needed, provide summaries of progress reports and/or other analyses/reports to be used for dissemination of evaluation updates.

Post-Funding Assessment and Write-Up

Estimated dates: January 1st, 2026 – June 30th, 2026

During the Post Funding Assessment and Write-up Phase, the evaluation team will:

1. Provide assessment of the sustainability of individual projects and the CMHI 2.0 as a whole.
2. Finalize the collection and analysis of evaluation data and submit final report.
3. Present qualitative and quantitative final report to ILCHF and to CMHI 2.0 -funded communities.
4. Present final report findings and outcomes of CMHI 2.0 at stakeholder meetings.

Criteria for Selection of Evaluation Team

The following criteria will be considered in selection of Evaluation Team:

- Knowledge of community-based mental health services for children and youth, and in system of care strategies.
- Knowledge of the public health and mental health systems in Illinois.
- Professional writing and editing skills for producing final reports, accessible to both lay and technical audiences, which are easy to read, well-organized and professionally presented.
- Cultural competency and sensitivity to community needs.
- Experience working with diverse individuals, organizations (community-based organizations, large institutions) and communities (rural, urban).
- Expertise in both quantitative and qualitative data collection and analysis methods.
- Ability to work productively with community stakeholders to develop evaluation plans, including evaluation design, methodology and expected outcomes.
- Ability to quickly and effectively develop trusting, positive, working relationships with community teams.
- Ability to commit to participate in the evaluation of the CMHI 2.0 over the course of its 7-year timeframe
- Ability to identify appropriate opportunities and develop papers with ILCHF staff for peer-reviewed publication or conference presentation.

General Expectations of Evaluation Team

ILCHF has the following general expectations for the Evaluation Team:

- There will be an evaluation team leader who will manage the evaluation team and serve as the liaison between the evaluation team and ILCHF staff.
- The team will meet regularly with ILCHF and grantees throughout the terms of the contract for the evaluation.
- All evaluation plans and instruments will be developed with input from ILCHF with ILCHF having final approval on all plans and instruments before their implementation.
- The evaluation team will complete the evaluation within the timeframe and budget.

- The evaluation team will collaborate with ILCHF staff to disseminate both process and outcomes findings from the evaluation to a variety of audiences.

CMHI 2.0 RFP for Evaluators Application Process

In order to be considered for this evaluation contract, each applicant Evaluation Team must complete an application providing the information requested below:

Team Leader Contact Information and Background

- Provide a summary of the lead organization (~500 words)
- Provide a summary of the team leader's background and professional evaluation experience as relevant for this project (~1000 words). Please clearly indicate the name, telephone number and email address of the contact for this proposal.

Team Personnel – Experience and Roles (~1500 words)

- Provide the names, experience and potential roles of all of the evaluation team members, including individuals who will be working as consultants with the team.
- Provide a description of any prior experience the evaluation team has working together on similar projects. If applicable, provide a description of experience members of the team have in working on system of care projects or partnering with a philanthropic organization.
- Please include as additional documents:
 - CVs or resumes of primary evaluation team members including lead (2-4 individuals)
 - At least one example final report or comparable document from a previous project on which the team leader is a primary author.
 - Contact information for at least two professional references for the team leader in their role at the lead organization

Project Description (~2000 words)

- Provide an overview of the approach the evaluation team would anticipate employing to conduct the outcomes and implementation aspects of the evaluation.
- Describe how you would evaluate the outcome goals identified in the services RFP, with sensitivity to the realities of community practice including an initial plan for what will be measured, how, and when data will be collected and analyzed.
- Describe strategies for developing a systematic, qualitative component to the evaluation for addressing implementation/process questions.

Organizational Capacity (~1000 words)

- Describe the resources available to the team through the organization that will be put toward the evaluation.

Budget Narrative (~1000 words)

- Identify a preliminary plan for how up to \$920,000 would be paid out over the period 10/1/2018 – 3/31/2026 as the evaluation progresses. For further instruction about the Budget Template and Narrative see Appendix A and B

Additional Documents

- A. Lead Evaluation Organization information
 - i. Agency mission statement
 - ii. Agency Board of Directors
 - iii. Organizational chart identifying where the services and functions proposed in the CMHI 2.0 evaluation will be located in their chart
 - iv. IRS Letter of Exemption (if applicable)
 - v. Most recent Form 990 and AG-IL 990 (if applicable)
 - vi. Most recent audited financial statements
- B. Team CVs or resumes
- C. Example Final Report
- D. Reference Contact Information List
- E. Budget Template (see ILCHF.org for template)
- F. Officers Certification (see ILCHF.org for template)

Responses to this RFP are due no later than 5pm, June 1st 2018. All application responses and additional documents should be emailed as one PDF to matthullen@ilchf.org

All applicants will be informed of their status in late June. Interviews with finalists will be conducted in mid- to late-July. A final decision will be made by September 1, 2018.

QUESTIONS

Questions concerning this RFP should be directed to:

Matt Thullen, PhD
Program Officer for Evaluation
matthullen@ilchf.org
Phone: 630.571.2555

APPENDIX A – CMHI 2.0 Budget Template Instructions

Budget Template Instructions

- The budget template has four numbered functional categories (i.e. Program Staff) If there are insufficient lines under Program Staff, use “Other Project Staff – Type 5” as a catch all and detail its components in the Budget Narrative.
- If there are insufficient lines under Other Direct Costs, use “Other Expenses” as a catch all and detail its components in the Budget Narrative.
- If there are insufficient lines under Purchased Services, use “Other” as a catch all and detail its components in the Budget Narrative.
- If there are insufficient lines under Overhead Costs (not otherwise accounted for), first unhide additional lines between line 45 and line 53. If additional lines are needed after that use line 52 as “Other” as the catch all and detail its components in the Budget Narrative.
- ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, ILCHF will consider covering specifically delineated overhead or indirect costs not otherwise accounted for.

APPENDIX B – Budget Narrative Information

The purpose of the Budget Narrative section of the RFP is to help ILCHF better understand the scope and nature of your proposed project and to provide details that do not fit within the Project Budget Template. The Budget Narrative should concisely explain how you arrive at the numbers in your Project Budget, specifically you should:

- Provide an explanation of both the Total Budget Year and the funding requested from ILCHF.
- The Project Budget has four functional categories: Program Staff, Other Direct Costs, Purchased Services and Overhead/Indirect Costs (not otherwise accounted for). If a particular category has no content mark it N/A in the electronic application.

1. PROGRAM STAFF

The roles, credentials, time commitment and identity (to the extent known) of staff to be engaged in the project should be detailed in the Budget Narrative Section of the RFP.

- a. Organization Leader: details delineated
- b. Project Director: details delineated
- c. Other Project Staff – Type 1-5: to the extent staff can be grouped by type, provide the total salary and fringe benefit cost in the Project Budget. Next provide an explanation of the type of staff and their role in the Budget Narrative. If there are more than 5 types of Other Project Staff, delineate the first 4 types and then use Type 5 as a catch all for all remaining positions. Next detail the types of positions in the Budget Narrative.

If proposed project staff, other than the Agency Leader, are current employees of the applicant, please provide the following information for each person in the Budget Narrative: Name, Current Title, Hours Worked/Week and Current Duties.

Example

c. Other Project Staff – Type 1: LCSWs

The line-item is to employ 2 LCSW's totaling 1.5 FTE's and the salary and fringe benefits detailed in the Project Budget is \$100,000. 90% of these funds, \$50,000, are requested from ILCHF. The remainder will be covered by an in-kind contribution by the applicant agency.

2. OTHER DIRECT COSTS

For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does not fit within a listed category should be described in "Other Expenses".

- a. Communications/Marketing
- b. Travel Expenses
- c. Meeting Expenses

- d. Survey/Data Collection
- e. Equipment
- f. Construction/Remodeling
- g. Project Space
- h. Other Expenses

Example

g. Project Space: funds are requested to pay for the rental of the space for \$100/month @ 24 months = \$2,400. These funds are requested from ILCHF.

3. **PURCHASED SERVICES**

For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does not fit within a listed category should be described in "Other".

- a. Consultants
- b. Contracted Professionals
- c. Other

Example

b. Contracted Professionals: Funding in the amount of \$_____ is requested for a subcontract with (institution or company) for (brief statement of work). These funds are requested from ILCHF.

4. **OVERHEAD/INDIRECT COSTS** (not otherwise accounted for)

Funds may be used for indirect costs, however, the indirect costs must be itemized in the budget with a preference that itemized indirect costs not exceed 10% of total expenditures.

Please list the elements of this category in the same manner as above starting with the letter "a" and providing the calculation/explanation for each expense in this category.

If there are insufficient lines under Overhead Costs (not otherwise accounted for), first unhide additional lines between line 45 and line 53. If additional lines are needed after that, use line 52 as "Other" as the catch all and detail its components in the Budget Narrative.