



## ILCHF PLANNING GRANT RFP: ENHANCING CHILDREN'S MENTAL HEALTH THROUGH FAMILY-RUN ORGANIZATIONS IN ILLINOIS

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Request for Proposals Released: May 21, 2024  
Proposals Due: July 31, 2024

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**Illinois Children’s Healthcare Foundation  
2024 Request for Proposals**

**ILCHF Planning Grant RFP: Enhancing Children’s Mental Health Through  
Family-Run Organizations in Illinois**

*Table of Contents*

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- I. About Illinois Children’s Healthcare Foundation
- II. Illinois’ Blueprint for Transformation-A Vision for Improved Behavioral Healthcare for Illinois Children
- III. Family-Run Organizations - A Brief History and Characteristics
- IV. ILCHF’s Planning Grant RFP: Enhancing Children’s Mental Health Through Family-Run Organizations in Illinois
- V. Eligibility Criteria - Who is Eligible to Apply for Funding
- VI. ILCHF Potential Funding Commitments per Planning Grant
- VII. Application Process
  - a. STAGE 1: Proposal Submission
    - i. Organization Information
    - ii. Project Details, Narrative, Budget, and Attachments
  - b. STAGE 2: Site Visits for Selected Community Teams
- VIII. Technical Assistance/Questions

Appendices

- Appendix A IDPH Health Regions Map
- Appendix B FRO Planning Grant Budget Template
- Appendix C Budget Narrative Information
- Appendix D Activities Typically Associated with Family-Run Organizations (SAMSHA List)

**Proposals are due by 5:00 pm CST July 31, 2024 and must be submitted online.**

## ABOUT ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION

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Illinois Children's Healthcare Foundation (ILCHF) is a statewide, private foundation committed to improving the health and well-being of Illinois' children and families. With a focus on systems change and fully integrated care, ILCHF's primary funding areas are children's mental health and children's oral health.

### **The Foundation's Vision**

Every child in Illinois grows up healthy.

### **History**

ILCHF was created in December 2002 through an action of the State of Illinois Attorney General's Office. This activity established Illinois' only private foundation focused solely on the health needs of children across the State with an investment of approximately \$125 million from a settlement with an Illinois insurance carrier.

From the Foundation's inception through 2023, a total of more than \$134 million has been invested in over 800 grants.

## ILLINOIS' BLUEPRINT FOR TRANSFORMATION – A VISION FOR IMPROVED BEHAVIORAL HEALTHCARE FOR ILLINOIS CHILDREN

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Illinois, like many other states, is experiencing a children's mental health crisis. More clearly exposed and exacerbated by the COVID-19 pandemic, families and providers are trying to manage the dual issues of dramatically increased need for behavioral health services and significant children's mental health workforce shortages. In response to this crisis, Governor Pritzker launched the Children's Behavioral Health Transformation Initiative in March 2022. In February 2023 the [\*Blueprint for Transformation – A Vision for Improved Behavioral Healthcare for Illinois Children\*](#) ("the Blueprint") was published. This work, led by Dana A. Weiner, PhD, Chief Officer of the Children's Behavioral Health Transformation Initiative and Senior Policy Fellow, Chapin Hall at the University of Chicago, delineated twelve strategies that will transform the child and adolescent behavioral health system in Illinois.

In January 2024 the [\*Illinois Children's Behavioral Health Transformation Initiative Progress Report\*](#) was published. With the continued leadership of Dr. Weiner, this report details both the progress on and future implementation of the twelve strategies/recommendations delineated in the Blueprint.

**Recommendation 12 is to Fortify community networks by investing in local communities and parent leadership.** In outlining the strategy related to this recommendation the Progress Report states as follows:

Many of the strategies laid out in the Blueprint depend upon building capacity at the community level to fortify informal and formal networks of providers, stakeholders, and residents. These plans have evolved with the recognition of the many community network activities currently underway across the State. Given this, the Illinois

Department of Public Health, along with the Department of Healthcare and Family Services and the Transformation team, will work to fortify existing networks and ***ensure that each includes a funded family-run organization (FROs). Family-run organizations enable families to support other families raising children, youth, and young adults with behavioral health needs. They are the ideal home for family peer supporters and parent leaders who have the supervision and coaching expertise needed to adequately support this workforce.*** (emphasis added).

IDPH currently uses a map which divides the State into seven regions for operational purposes. The Blueprint envisions an FRO in each one of those seven regions. **Understanding the vital role FROs will play in the successful transformation of the children’s behavioral health system in Illinois, ILCHF is issuing this RFP to invite community groups to apply for 19-month grants of up to \$150,000 each to plan for the creation of, or strengthening of, one Children’s Mental Health Family-Run Organization (FRO) in each of the seven IDPH regions.**

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## FAMILY-RUN ORGANIZATIONS – A BRIEF HISTORY AND CHARACTERISTICS

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The timeline for the Family Movement in children’s behavioral health dates back more than 40 years, to the 1982 publication of Jane Knitzer’s report, *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*. Knitzer’s report documented policy and program gaps that were preventing children and youth with behavioral health needs from getting necessary services. Years of family and youth advocacy resulted in advances in children’s behavioral health and in 2013 the creation of [FREDLA](#) – the Family-Run Executive Director Leadership Association. Established by the Executive Directors of sixteen family-run organizations, FREDLA is dedicated to building the leadership and organizational capacity of family-run organizations.

Family-run organizations have been defined as follows:

Family-led, 501 (c)(3) non-profit organizations dedicated to supporting families who are caring for children, youth, and young adults with social, emotional, substance use or multi-systems challenges – and the agencies that serve them. They are governed and guided by the lived experience of families.

Family-run organizations encompass the collective lived experience of families in their states and communities. They are specialty providers, each as unique as the families they serve.<sup>1</sup>

FREDLA delineates the four essential elements of a **family-run** organization as follows:

- **Mission:** It is dedicated to supporting families caring for a child or youth with social, emotional, substance use, or multi-system challenges.

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<sup>1</sup> FREDLA @ [www.fredla.org/areas-of-focus/family-run-organizations](http://www.fredla.org/areas-of-focus/family-run-organizations)

- **Governance:** The board of the organization is comprised of at least 50% family members with “lived experience”<sup>2</sup>
- **Personnel:** The Executive Director/CEO and the majority of staff members providing support are family members with lived experience.
- **Family voice:** The organization promotes and advances family voice at all levels of the organization and within systems that serve children, youth, and families.<sup>3</sup>

The role of an FRO has been summarized as follows:

*FROs provide a variety of services and supports to help families navigate complex service systems, access necessary resources, and develop the knowledge and skills they need to improve their lives and the lives of their children. To ensure that services and supports meet the needs of youth and families, family-run organizations play a wide range of pivotal roles in preparing and supporting families to participate in the service, agency, and policy arenas. Examples include providing peer support and navigation for families and youth, delivering training and workforce development for professionals across child-serving systems, participating in continuous quality improvement processes, serving as members of care coordination teams, and informing public policy decisions.<sup>4</sup>*

For additional information regarding the history and characteristics of children’s mental health family-run organizations, please visit [www.fredla.org](http://www.fredla.org). For additional information detailing the various models of family-run organizations, please [click here](#).

### ILCHF’s PLANNING GRANT RFP: ENHANCING CHILDREN’S MENTAL HEALTH THROUGH FAMILY RUN ORGANIZATIONS IN ILLINOIS

<b>Application Posting Date</b>	May 21, 2024
<b>Information/Technical Assistance Webinar</b>	June 4, 2024 at 1 pm CST
<b>Application Closing Date</b>	July 31, 2024 at 5:00 pm CST
<b>Grant Award Date (Anticipated)</b>	November 1, 2024
<b>Grant Period</b>	January 1, 2025 – July 31, 2026
<b>Anticipated Number of Awards</b>	7
<b>Award Range</b>	Up to \$150,000
<b>Estimated ILCHF Funding Total</b>	\$1,050,000 in Grants and \$300,000 in Technical Assistance
<b>Foundation Contact</b>	Christine Brambila, Senior Program Officer: Mental Health <a href="mailto:christinebrambila@ilchf.org">christinebrambila@ilchf.org</a>

<sup>2</sup> Lived experience is defined as primary daily responsibility for raising a child or youth with social, emotional, substance use, or navigating multi-system challenges. <https://www.fredla.org/wp-content/uploads/2018/09/SEC-1-FREDLA-MODELS-OF-FAMILY-ORGS.pdf>

<sup>3</sup> Ibid

<sup>4</sup> Ibid.

ILCHF has been committed to advancing the mental health and well-being of Illinois children and families for more than two decades. Acknowledging the expertise of parents and caregivers related to the health and well-being of their children, Recommendation 12 of the Blueprint focuses on advancing parent and caregiver leadership. In support of Recommendation 12 and acknowledging the importance of children’s mental health family-run organizations to the health and well-being of children, families, and communities across Illinois, ILCHF is releasing the *Planning Grant RFP: Enhancing Children’s Mental Health Through Family-Run Organizations in Illinois* (“FRO Planning Grant”).

As previously mentioned, IDPH currently uses a map which divides the State into seven regions for operational purposes. (See Appendix A.) The Blueprint envisions an FRO in each one of those seven regions. The purpose of these grants is to support the creation and operationalization of one family-run organization led by families and caregivers in each of the seven IDPH regions. **The primary deliverable will be the creation of an FRO Implementation Plan, a business plan delineating how the grantee will operationalize a children’s mental health family-run organization. The FRO Implementation Plans created by the grantees should be youth and family centered, equity-based<sup>5</sup>, and trauma-informed<sup>6</sup>.**

**With the goal of improving the mental health and well-being of Illinois children and families**, this RFP seeks to enable grantees to create an FRO Implementation Plan which details how the grantees will create or operationalize family-run organizations which do the following:

- Enhance family/caregiver participation, voice, leadership, and empowerment locally and statewide to effect systems change and improve the quality of mental health services;
- Facilitate access to evidence-based and promising family/caregiver peer-delivered practices;
- Enhance knowledge, skills, and abilities related to mental health services for family/caregiver peer support providers across the state;
- Emphasize and build family/caregiver leadership within family/caregiver-led organizations and in communities across the state, and through partnerships and collaboration with allied stakeholders;
- Build the capacity and multiple paths to sustainability of regionwide family/caregiver networks; and
- Increase family-to-family connectedness and reduce family feelings of isolation.

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<sup>5</sup> Behavioral health equity is the right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location, to access high-quality and affordable healthcare services and support. See <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sfn-nofo.pdf> at page 12.

<sup>6</sup> A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization.

The proposed family-run organization that will be created/operationalized must meet the definition of an FRO cited above, including that the leader, the majority of the staff and at least 50% of the Board of Directors must be individuals with “lived experience.” Lived experience is defined as primary daily responsibility for raising a child or youth with social, emotional, substance use, or navigating multi-system challenges.<sup>7</sup>

The FRO Implementation Plan will be required to address the following topics:

- Governance
- Fiscal Management & Sustainability
- Operations
- Human Resources
- Program Development – Engagement & Advocacy
- Accountability – Measurement & Evaluation
- Partnerships (MOUs)

For additional information regarding possible components of a Family-Run Organization please see Appendix D.

ILCHF seeks to create a learning community among the seven grantees and to provide substantial technical assistance to enable grantees to create and prepare a fully articulated Implementation Plan for the establishment of a Family-Run Organization in anticipation of state funded support. ILCHF is planning to engage a panel of content experts to work with grantees to support the creation of their FRO Implementation Plans. ILCHF anticipates investing up to \$300,000 to support this technical assistance.

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### ELIGIBILITY CRITERIA – WHO IS ELIGIBLE TO APPLY FOR FUNDING

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Each Applicant must (1) be a 501(c)(3) organization that has been determined by the IRS to be (a) a public charity described in Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code or (b) a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Internal Revenue Code, and (2) be advised by an FRO Planning Grant Team that consists of representatives from the communities to be served by the FRO. The Applicant may be a Fiscal Sponsor.

***NOTE: The Applicant need not be a healthcare organization. ILCHF recognizes that all organizations and/or agencies, together with parents and families, may have influence in the development and health of a child.***

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<sup>7</sup> [Fredla.org](http://Fredla.org)

## ILCHF POTENTIAL FUNDING COMMITMENTS PER PLANNING GRANT

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### **Phase 1            Planning Phase – January 1, 2025 – July 31, 2026**

Each selected ILCHF grantee will be awarded up to \$150,000 to plan for the creation or operationalization of an FRO. A detailed planning budget and narrative for the development of the FRO must be submitted as part of the response to this RFP.

### **Phase 2            Implementation Phase – starting July 1, 2026**

Per the provisions of the Blueprint, the Department of Healthcare and Family Services and the Transformation team are working to ***ensure that each IDPH region includes a funded family-run organization***. It is anticipated that implementation funding for qualifying grantees will be incorporated into the budgets of the appropriate department or office of the State of Illinois prior to the start of implementation funding on July 1, 2026. Qualifying grantees will be those that are successful in the Planning Phase, including the ability to create and present an actionable FRO Implementation Plan to create and operationalize or to strengthen an existing children’s mental health family-run organization.

### **Project elements eligible for funding**

ILCHF grant funds may be used for, but not limited to, salaries and benefits, stipends, consultant fees, data collection & analysis, meetings, supplies, project-related travel, education and training, interpretation, marketing, and communication materials. Eligible expenses for which ILCHF grant funds may be used 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.

Grant funds may be used for indirect costs; however, the indirect costs must be itemized in the Budget with a preference that itemized indirect costs do not exceed 10% of total expenditures.

**NOTE:** ILCHF funding cannot be used for:

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



## APPLICATION PROCESS

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The *FRO Planning Grant* initiative will involve a two-stage process.

Stage 1 – Applicants submit a full written proposal online by 5:00 pm CST July 31, 2024.

Stage 2 – Site Visits

The ILCHF *FRO Planning Grant* Review Committee will schedule site visits to occur between August 19<sup>th</sup> and September 5<sup>th</sup>, 2024, with applicants whose proposals were selected for further consideration. Following receipt and review of the proposals, a decision will be made whether site visits will be in-person or via Zoom meeting.

### Stage 1: Proposal Submission

Below, please find the questions that are contained in the online application.

### ORGANIZATION INFORMATION

#### I. Title Page

- a) Applicant name
- b) Project title
- c) Project abstract (250-word limit)
- d) Total project budget
- e) Requested amount
- f) Project start date
- g) Project end date
- h) RFP Category

#### II. Applicant Information – (If using a Fiscal Sponsor, the Fiscal Sponsor must be the Applicant)

- a) Prefix
- b) Executive Director/President/CEO first name
- c) Executive Director/President/CEO last name
- d) Executive Director/President/CEO title
- e) Executive Director/President/CEO email
- f) Tax ID
- g) Organizational background - "Please provide a brief description of your organization, including mission and population/communities served (100-150 words)"
- h) Annual budget
- i) Address
- j) City
- k) State
- l) Postal code
- m) County
- n) Phone

- o) Website

**III. Primary Contact Person** – Instruction: “This person will receive all communication related to the application.”

- a) Prefix
- b) Last name
- c) First name
- d) Title
- e) Email
- f) Office phone
- g) Extension
- h) Mobile phone

**IV. Project Director** – Instruction: “This person will be the individual leading and operationalizing the FRO Planning Grant.”

- a) Prefix
- b) Last name
- c) First name
- d) Title
- e) Email
- f) Office phone
- g) Extension
- h) Mobile phone

**PROJECT DETAILS, NARRATIVE, BUDGET, and ATTACHMENTS**

**V. Project Details** – Please select the most appropriate designations for the populations the FRO you will create/operationalize will plan to serve.

- a) Geographic area/Primary County
- b) All counties served by the project
- c) Focus area
  - Mental/Behavioral Health
- d) Program area
  - Workforce Development

**VI. Project Narrative**

**Page Limit:** *There is a 20-page limit on the information that is requested in Section VI below. The page limit does not apply to the information that you will provide in Attachments A-D.*

- a) **Community Definition.** Identify the community and population that will be served by this project. (2 Page Maximum)

- i. Provide a description of the geographic community boundaries for the service area for the proposed FRO and please list the zip codes covered in the area and the IDPH region or region's to be served. (See Appendix A - IDPH Region Map) Please indicate the anticipated location of the offices of the proposed FRO if known.
  - ii. Describe the demographics of the community to be served. Data provided could include but is not limited to socioeconomic status, number of students with IEPs, languages spoken, insurance coverage, unemployment, school district spending per pupil, population density, and age distribution. Discuss the behavioral health data if known for children and adults, substance use, average wait times for behavioral health services, etc.
- b) **FRO Planning Team Composition & Leadership.** Additional members may be added during the course of the *FRO Planning Grant* period. (3 Page Maximum)
- i. Names of all confirmed FRO Planning Grant Team member organizations and their representative(s), parents, youth, and other community members comprising the FRO Planning Grant Team working on the *FRO Planning Grant* including the sector(s) that they represent (e.g., educational, juvenile justice, medical, mental health, parents).
  - ii. Describe leadership for the *FRO Planning Grant* and a proposed governance body for the to-be-formed FRO inclusive of self-identified parents/caregivers/youth with lived experience.
  - iii. List the names and titles of potential partners, including existing community collaborations.
  - iv. Please describe any previous collaborative efforts within the community and/or among the members of the FRO Planning Grant Team and if organizing for the *FRO Planning Grant* is a new or expanded collaboration. Please discuss why these members were selected.
- c) **Description of Community Needs.** (3 Page Maximum)
- i. How was the need for the FRO Planning Grant identified in your community?
  - ii. Please describe any community resources or collaborations that the FRO Planning Grant Team has identified and plan to access.
- d) **Proposed Planning Approach** (7 Page Maximum)
- i. Please describe the steps/actions/activities you will undertake to create an FRO Implementation Plan that can be operationalized into an impactful, accountable, Children's Mental Health Family-Run Organization in your IDPH region. Include in your response the ways in which your FRO Implementation Plan will support the building of an FRO which meets the definition and characteristics of an FRO as described above. Address the specific topics of Governance, Fiscal Management & Sustainability, Operations, Human Resources, Program Development – Engagement & Advocacy, and Accountability (Measurement & Evaluation).
  - ii. Please describe the steps you will take in the planning process to make sure your FRO Implementation Plan is inclusive of youth/caregiver/parent voice, equity-based, and trauma-informed.
  - iii. Describe how you will measure success related to the *FRO Planning Grant*.
  - iv. Describe challenges you anticipate or concerns that you have related to this initiative.

- v. With community partner input, ILCHF is planning to assemble a panel of content experts to provide technical assistance to grantees to support the creation of their FRO Implementation Plans. Content experts being considered include FREDLA, accountants, lawyers, human resource professionals, communications and marketing professionals. Please list the types or *if applicable* contacts you may have of content experts you will find most helpful in this process.

## **VII. Budget and Financial Information**

- a) Please complete the 19 – month budget template found on the “Open RFP” page of the ILCHF website and upload it as an attachment (<https://ilchf.org/open-rfps/>). Examples of eligible costs include:
  - Staff time to develop plans and programs
  - Stipends for youth, parents, caregivers, and other stakeholders
  - Travel
  - Meeting expenses
  - Communications expenses
  - Materials/supplies
  - Equipment
- b) Provide a budget narrative. Delineate details associated with the budget, clarify the calculations leading to the budget numbers, and provide details that do not fit within the budget template.

## **VIII. Attachments**

*The 20-page limit does not apply to the information that you will provide in Attachments A-E. Only the information that is identified in each of the sections below may be provided as attachments. None of the information required in Sections I – VI may be included or expanded upon separately as an attachment.*

### **a) FRO Planning Grant Budget**

Each proposal must be accompanied by summary expense and income budgets for the Planning Phase. The budget form is located on the “Open RFP” page of the ILCHF website at (

### **b) Timeline of Planned Activities**

Provide a timeline of planned activities with a brief description of the purpose and anticipated outcomes of those activities.

### **c) Other Documentation**

For the Applicant, please provide the following:

- i. Applicant’s Mission Statement
- ii. Applicant’s Board of Directors
- iii. Organizational chart identifying where the services and functions proposed in the FRO Planning Grant will be located in their chart
- iv. Applicant’s IRS Letter of Exemption
- v. Applicant’s most recent Form 990
- vi. Applicant’s most recent AG-IL 990
- vii. Applicant’s most recent audited financial statements
- viii. The name, telephone number, and email address of the contact for this proposal

ix. A completed Officer's Certification

## Stage 2: Site Visit for Selected Community Teams

All proposals submitted by the deadline will be reviewed. Those proposals continuing into the final round will receive an invitation for a site visit by the ILCHF FRO Planning Grant Review Committee.

The details about the site visits will be distributed upon notification. The *ILCHF Planning Grant Review Committee* will expect to meet with and discuss the application with representative members of the Applicant organization and its FRO Planning Grant Team and other relevant community members.

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### TECHNICAL ASSISTANCE/QUESTIONS

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ILCHF utilizes an online application system. The application link can be found by clicking [here](#) or visiting the “Open RFP” page at <https://ilchf.org/open-rfps/>. **A tax identification number is required to access the application system.**

ILCHF will host an Informational Webinar via Zoom on June 4, 2024 at 1 pm CST. **Please click [here](#) to register for the webinar.** The webinar will be recorded and available on ILCHF’s website for those who are unable to attend on June 4<sup>th</sup>.

Responses to ‘Frequently Asked Questions’ regarding the *FRO Planning Grant RFP* will be updated as needed on the “Open RFP” page on the ILCHF website <https://ilchf.org/open-rfps/>.

Prior to beginning the online application process:

- Be sure you have read the RFP thoroughly and are certain your organization and/or initiative qualify for the funding being offered.
- Make sure you have your organization’s Employer Identification Number (EIN) from either the most recent IRS Form 990 or IRS Determination Letter ready when you enter the system. You will need it to establish your application file.
- Ensure copies of your organization’s most recent key financial documents – IRS Form 990, Audited Financial Statement, IRS Letter of Determination – are all available to you in an electronic format to attach to your submission when you submit it. Instructions on how to submit these documents are in the form itself.
- It may be helpful to download the word document of the *FRO Planning Grant RFP* and type the narrative to save time in completing the online application.

**Proposals are due by 5:00 pm CST July 31, 2024 and must be submitted online.**

For questions related to Children’s Mental Health please contact Christine Brambila, Senior Program Officer for Children's Mental Health at [christinebrambila@ilchf.org](mailto:christinebrambila@ilchf.org).

For technical assistance related to this RFP please contact Nedrae Hunt, Senior Manager of Grants Management and Administration at [nedranaehunt@ilchf.org](mailto:nedranaehunt@ilchf.org).

APPENDIX A  
IDPH Health Regions

# IDPH Health Regions & Local Health Departments

## Health Regions and Local Health Departments

Click on a region on the map for a list of local health departments for a list of local health departments.

- [All Health Regions](#)
- [All Local Health Departments](#)

★ IDPH Regional Office

 [Bellwood](#)

 [West Chicago](#)


 [Champaign](#)


 [Marion](#)

 [Metro East](#)

 [Peoria](#)

 [Rockford](#)

 No Local Health Department

 Local Health Department Jurisdictional Boundaries



**APPENDIX B  
FRO Planning Grant Budget Template**

<b>Name of Project:</b>									
Family Run Organization Planning Grant Budget Template									
OPERATING BUDGET - Planning Grant 1/1/2025 - 7/31/2026 (19 months)									
				A	B	C	D		
				Total Project Budget	Total Project Budget	<b>Sources of Funding</b>		Total Project Budget	
				Year 1	Year 2	<b>ILCHF</b>	<b>Other (In-Kind)</b>	19 months	
Detailed Functional Category		FTE's	#						
<b>1. PROGRAM STAFF</b>									
Agency Leader									
Project Director									
Community Planning Team									
Other Project Staff - Type 2									
Other Project Staff - Type 3									
Other Project Staff - Type 4									
Other Project Staff - Type 5									
Administrative Staff									
Fringe Benefits									
Subtotal - Personnel				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. OTHER DIRECT COSTS</b>									
Communications/Marketing									
Travel Expenses									
Meeting Expenses									
Survey/Data Collection									
Equipment									
Construction/Remodeling									
Project Space -									
Other Expenses -									
Subtotal - Other Direct Costs				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>3. PURCHASED SERVICES</b>									
<b>Personnel/Purchased Services</b>									
Consultants									
Contracted Professionals									
Other									
Subtotal - Purchased Services				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>4. OVERHEAD/INDIRECT COSTS (not otherwise accounted for)</b>									
<i>Be specific as to costs</i>									
N/A				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Overhead Costs				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL COSTS - PLANNING GRANT-19 months</b>				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Planning Grant Budget Template Instructions**

- i. Do not add any new lines or columns to the Planning Budget Template. Doing so will cause the formulas to malfunction.
- ii. ILCHF seeks to understand all actual or potential sources of planning support. To the extent the applicant or a participant will be providing either in-kind or financial support other than ILCHF grant funds note that in Column C "Other" and then describe that support in the Budget Narrative section of the RFP. If the funding is "actual" leave the font color black. If the funding is "potential" change the font color to blue.
- iii. 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.

- iv. If there are insufficient lines under Other Direct Costs, use “Other Expenses” as a catch all and detail its components in the Budget Narrative.
- v. If there are insufficient lines under Purchased Services, use “Other” as a catch all and detail its components in the Budget Narrative.
- vi. 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 C**  
**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. Applicant 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 are current employees or contractors 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: Community Health Worker/Parent Liaison

The line item is to employ 2 Parent Liaisons totaling 1.5 FTEs and the salary and fringe benefits detailed in the Project Budget is \$80,000. 50% of these funds, \$40,000, are requested from ILCHF. The remainder will be covered by the Applicant.

**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 @ 19 months = \$1,900. 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)**

ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. Rather ILCHF seeks the listing of specifically delineated overhead or indirect costs not otherwise accounted for.

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.

## APPENDIX D

### Activities Typically Associated with Family-Run Organizations

In its 2022 Statewide Family Network Program application<sup>8</sup>, SAMSHA delineated a list of required activities for a Statewide Family Network. For illustrative purposes we are including this list in this Appendix:

- Providing individual family advocacy and support for families raising children, youth, and young adults with social, emotional, substance use, or navigating multi-systems challenges (e.g., attending and participating in meetings with family members in any system touching their child with social, emotional, substance use, or multi-systems challenges; Individualized Education Programs (IEPs) at schools; juvenile justice court hearings; service planning meetings with child welfare; completing applications for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI); wraparound service planning process meetings with mental health providers; appointments with medical providers such as psychiatrists, psychologists, or medical specialists; and vocational rehabilitation planning meetings for those transitioning into adult systems). Activities can include but are not limited to:
  - In partnership with local family/caregiver organizations, providing workshops addressing the needs of families/caregivers raising children, youth, and young adults with social, emotional, substance use or navigating multi-systems.
  - Supporting the development and implementation of respite care programs specifically designed to meet the needs of families with children with social, emotional, substance use, or navigating multi-systems challenges.
  - Providing information to the public about issues experienced by primary caregivers raising children, youth, and young adults with social, emotional, substance use, or multi-systems barriers via electronic newsletters and through relationships with local family organizations.
- Enhancing family voice, empowerment, and participation in behavioral health policy, planning, and implementation across your state. Activities can include:
  - Providing leadership development, training, outreach, and education for family/caregivers to facilitate and expand their participation in partnering with state and community agencies concerning behavioral health policy development and implementation to support needed family/caregiver voice, direction, empowerment, and participation in treatment and service systems improvements;
  - Increasing the number of families/caregivers in the state that are included in workgroups, advisory councils, and committees to effect systems change that is recovery-focused, trauma-informed, culturally relevant, holistic, and resilience-oriented;
  - Supporting the development and implementation of statewide processes addressing peer support for families/caregivers (e.g., introduction and/or adoption of evidence-based and promising peer support practices, training, supervision, and/or certification).
  - Attending and participating in local, state, and/or national meetings and conferences to provide information about mental health issues affecting children and youth with social,

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<sup>8</sup> <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sfn-nofo.pdf>

emotional, substance use, or navigating multi-systems challenges and input and feedback about service and system planning.

- Increasing family involvement and leadership in workforce and program development to enhance access to and availability of evidence-based and promising practices that are holistic, family/caregiver-driven, and trauma-informed. Areas of focus can include:
  - Models and best practices for trauma-informed peer support and related systems change<sup>9</sup>;
  - Family to family peer support models focused on specific issues which could include advocating for and working with families whose children need assistance in navigating the behavioral health, juvenile justice, child welfare, and education systems to ensure that they have access to services that meet the identified needs of their children and are inclusive of meaningful family involvement;
  - Wellness and/or whole health integrated care models and supports;
  - Crisis response services and supports across a continuum of need (e.g., warmlines, family/caregiver peer respites, mobile crisis services, family/caregiver peer navigators/supports); and/or
  - Family/caregiver peer workforce development in supported employment and supported education activities.

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<sup>9</sup> See the Guiding Principles of a Trauma-Informed Approach and the 10 Domains for Implementing a Trauma-Informed Approach in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)