

February 28, 2022

NOTICE OF FUNDING AVAILABILITY FOR COMMUNITY PROVIDERS

Dear Community Provider,

[Bergen's Promise](#) is the designated Care Management Organization for Bergen County by the New Jersey Children's System of Care (NJCSOC). We currently serve a diverse population of approximately 1,600 youth with serious emotional and behavioral health challenges, substance use issues and intellectual/developmental disabilities. Our mission is to keep at-risk children safe, stable, and in their communities, using the Wraparound Model of Care.

As part of our contract with the New Jersey Children's System of Care (NJCSOC), Bergen's Promise has access to limited funds designated for one time use by community organizations to promote and develop new, additional, and/or unique resources addressing an unmet or under-served need in Bergen County youth with emotional, developmental, and behavioral health needs.

This letter serves as a 'Request for Proposals' to develop and/or increase the availability of community resources to Bergen County youth experiencing emotional, behavioral and/or developmental/intellectual health needs and their families. A maximum total of \$68,678.46 is available to fund one or more projects that expand or create resources available to Bergen County youth experiencing emotional, behavioral and/or developmental/intellectual health needs and their families. The funding period covered will be no longer than 12 months: July 1, 2022 through June 30, 2023. Funding must be utilized in full by June 30, 2023 and will become unavailable to the awardee(s) after that date (see Section III: RFP Timelines on page 10 for more details).

All awards are contingent on the sufficiency and availability of NJCSOC funding. Final decisions regarding grant awards will be at the discretion of NJCSOC.

This funding solicitation reflects current needs of youth served by Bergen County's System of Care and the NJ Children's System of Care Community Resource Development funding guidelines. Collaborative applications that maximize the impact of these limited funds are encouraged as well as projects that include family

participation. Applicants must commit to working in partnership with Bergen’s Promise, other system partners, and community-based resources.

Bergen’s Promise used existing relevant and reputable resources to inform our Determination of Need that identifies and prioritizes local or regional community needs that can be supported by CRD funds. The following information and data sources reviewed included: county needs assessments, recent county, state and national data, internal agency data, peer-reviewed research, and collected anecdotal data from various county committee meeting minutes, discussions with committee leadership. A reference list of data sources used to support the identification of needs can be found at the end of section II: Background and Rationale section of this document.

Priority Needs for Funding - Target populations of at-risk youth/families and their most prominent needs

Below you will find the needed programs/services/supports for respective target populations for at-risk youth/families for which this Request for Funding Applications exists. **Potential applicants for this funding should tie the proposed programs, support services, programs, activities to the needs identified below and demonstrate the embodiment of the Wraparound principles of the New Jersey Children’s System of Care. Furthermore, they should assure equitable access of the services/supports to the identified populations below.**

Target population of at-risk youth and their families	Identified needs
Youth with emotional and behavioral health care challenges, and their families	<ul style="list-style-type: none"> ○ Culturally competent, evidence informed interventions in support of Latinx adolescents with eating disorders ○ Culturally competent group therapy intervention for the parents/caregivers of Latinx adolescents with eating disorders. ○ Intensive outpatient services for youth under 12 years of age ○ Comprehensive grief support/groups for youth

	<ul style="list-style-type: none"> ○ Youth ages 14-21, who in the transition to adulthood, require services to achieve economic self-sufficiency, independence, and healthy lifestyles ○ Transportation to services
Youth with intellectual and/or developmental disabilities, and their families	<ul style="list-style-type: none"> ○ Culturally competent, Medicaid services, supports for I/DD youth with co-occurring medical conditions ○ Intensive outpatient services for I/DD youth with Medicaid and private insurance ○ Youth with I/DD ages 14-21, who in the transition to adulthood, require DDD eligibility and services to achieve economic self-sufficiency, independence, and healthy lifestyles ○ Camps, afterschool and/or respite for I/DD youth with co-occurring medical conditions ○ Transportation to services

II. Background and Rationale, Fiscal Year 2022/2023

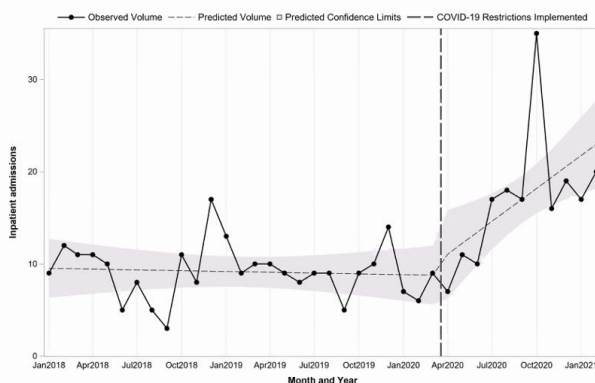
In December 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association declared a national emergency in children’s mental health, and the U.S. Surgeon General issued a public health advisory on youth mental health. Mental, emotional, developmental, or behavioral disorders were reported in about 20% of children ages 3-17 years, and many were not receiving adequate treatment, according to the Surgeon General’s Advisory.

According to the Acting NJ Commissioner of Education, Angelica Allen-McMillan, EdD in the February 2022 New Jersey Comprehensive School-Based Mental Health Resource Guide, the Centers for Disease Control (CDC) reported that mental health-related visits to hospital emergency departments increased 25-30% among children/adolescents ages 5 to 17 years, compared with the same period in 2019.

Among teen girls, weekly emergency department (ED) visits for eating disorders doubled, according to a new CDC study. “Eating disorders can be triggered by pandemic-related risk factors (e.g., lack of structure in daily

routine, emotional distress, and change in food availability) or exacerbated by reduced access to mental health care during the pandemic.”(Radhakrishnan, Carey, Hartnett, et al, 2022) In this recent study, the Centers for Disease Control assessed data from the National Syndromic Surveillance Program (NSSP) for three surveillance periods: March 15, 2020–January 2, 2021 (2020), January 3, 2021–January 1, 2022 (2021), and January 2, 2022–January 29, 2022 (January 2022), and compared them with corresponding weeks in 2019 from health care facilities consistently[†] reporting data during 2019– January 2022. Data were evaluated by total visits among children and adolescents aged 0–17 years, and by three age groups (0–4, 5–11, and 12–17 years), and visit diagnoses. Among adolescents aged 12–17 years, during 2020, 2021, and January 2022, the number and proportion of mean weekly emergency department visits for eating disorders among adolescent females increased during all 3 years compared with 2019. Authors said prolonged time at home during the pandemic could cause more stress for some, especially if their parent has increased mental health and substance use challenges or financial⁴ hardship and among those who have experienced the loss of parents and disruptions to school, routines and socialization.

The Impact of COVID-19 on ED Hospitalizations



Source: Lin, Jessica A., et al. "The impact of the COVID-19 pandemic on the number of adolescents/young adults seeking eating disorder-related care." *Journal of adolescent health* 69.4 (2021): 660-663.

Eating Disorders are among the behavioral health challenges addressed by Bergen’s Promise. The agency has observed an exponential increase in referrals of youth with eating disorders since the start of the COVID-19 pandemic (see Figure 2). The Covid 19 pandemic has been a grave public health threat promoting widespread anxiety, stress, and uncertainty.

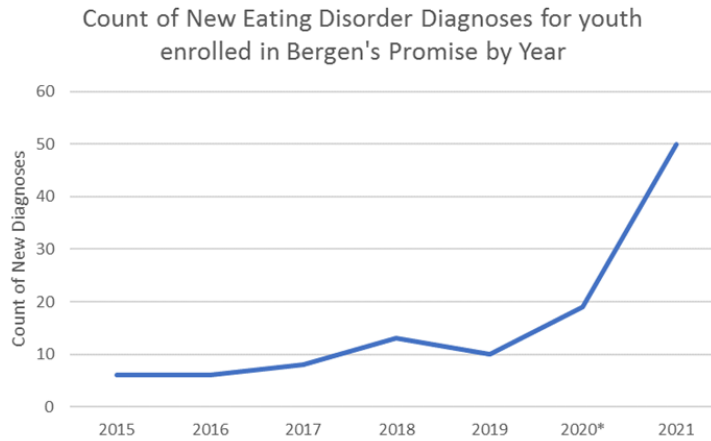


Figure 2: New Eating Disorder Diagnoses for youth enrolled in Bergen's Promise *Start of COVID-19 pandemic

While research suggests that eating disorders among Latinx teens are just as prevalent as among their Caucasian peers, mental health treatment is less frequently utilized by these teens. This disparity in mental healthcare utilization may partially arise from socio-cultural factors, stigma, shame, and cost of treatment, but research suggests that this also reflects the paucity of culturally competent mental health services and interventions available to meet the needs of these teens (Higgins Neyland & Bardone-Cone, 2019).

Within Bergen’s Promise enrolled youth, the Latinx population (most especially first generation) has been greatly impacted by the Covid 19 pandemic. Compounding this, is the increased usage of social media affecting adolescents throughout the Covid 19 pandemic. Additionally, traumatic events and posttraumatic stress disorders are strongly associated with eating disorders. Parents, whose primary language is Spanish, are experiencing confusion, stress, and desperation in these situations. Bergen’s Promise staff and other community providers have faced barriers in linking these youth and families to appropriate care, as a significant gap exists in eating disorder and other intensive behavioral health services/programs that accept Medicaid. There are even fewer providers available that are well-versed in the socio-cultural and familial influences that may impact a Latinx teen’s disordered eating.

The recently released New Jersey Comprehensive School-Based Mental Health Resource Guide also made a point that culture strongly impacts a family’s decision-making process and their openness to obtaining support. Particularly when working with immigrant and undocumented families, there may be an initial level of distrust and wariness over the services recommended. Furthermore, the report highly recommends that therapists

receive both ongoing and extensive training in working therapeutically with diverse populations. It is critical for clinicians to ask how a student and family's cultural, religious, and spiritual beliefs, values, and traditions impact their lives, and find a way to incorporate these beliefs, values, and traditions into their treatment recommendations.

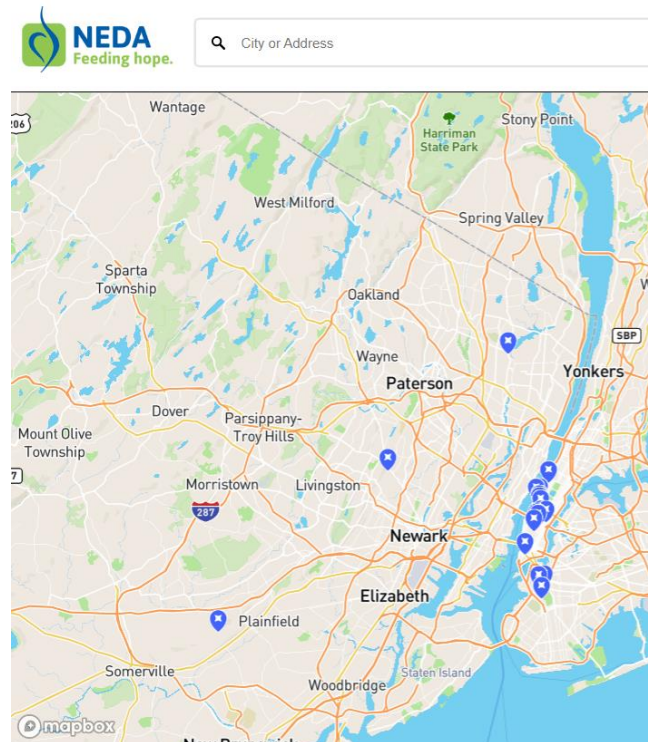
The demographic information regarding the population under age 18 by ethnicity alone in Bergen County states that 26.23% of the youth are Hispanic or Latino. This is confirmed by the January 2022 CIACC Dashboard Report for Bergen County which shows that 41.3% of the active children and youth are Hispanic or Latino. Currently, 38 percent of youth served by Bergen's Promise are Hispanic/Latino. Approximately 16 percent of the currently enrolled youth at Bergen's Promise have intellectual or developmental disabilities. As per the January CIACC Dashboard report, there were 1,161 youth currently DD eligible in Bergen County and over 400 families requesting forms or respite and weekend recreational opportunities for their children with developmental disabilities.

According to the 2020 Bergen County Community Health Needs Assessments (CHNAs), Bergen County has the third largest number of foreign-born residents in the state. Nearly one third (30.5%) of Bergen County residents were foreign-born, and 14.6% of residents have limited English proficiency. Furthermore, respondents to the Bergen County Random Household Survey, a data source for the CHNAs, identified lack of health insurance as the leading social factor or barrier that limited access to care or impacted the health of those living in the community. As indicated in several focus groups and supported by multiple key informant interviews, lack of affordable insurance is a primary concern. Participants with insurance expressed how they have struggled with large copays, limited options, large insurance costs, and being under insured for the services that they need. For example, participants with a disability, physical or mental, have a disproportionately difficult time finding specialized care that is affordable and supported by their insurance. Furthermore, the focus groups facilitated by CIACC and other county facilitators in December 2020 in support of the Human Services Advisory Council's Needs Assessment noted that there is a lack of providers and resources available for those that English is their second language as well as for families of youth with developmental and intellectual disabilities.

Other problems such as a lack of providers with credentialing, expertise, languages and willingness to accept Medicaid and/or private insurance in certain areas have also been linked with not enough youth receiving help for behavioral, emotional or developmental concerns. A lack of integrated behavioral health support in

pediatric primary care settings where many seek help for behavioral issues also remains problematic. The dilemma of integrated behavioral health care delivery is also potentially compounded by the overall rise in demand for behavioral health assistance since the onset of the pandemic.

Eligibility criteria was the main barrier discussed in the 2020 Bergen County Community Needs Assessment forums for Child Behavioral/Mental Health Services. Those in need often have no insurance or are underinsured, hindering his/her ability to receive this service. According to the New Jersey State Health Sheet, Mental Health in NJ (2021), New Jerseyans are over nine times more likely to be forced out of network for mental health care than for primary health care, making it more difficult to find care and less affordable due to higher out of pocket costs. Sanzari, Levin & Liu (2021), note that despite increasing prevalence rates of preadolescent eating disorders, their findings suggest that the majority of children with these disorders remain untreated. Devoting increased attention and resources to reaching families of youth with EDs with the least means for receiving care, and screening for eating disorders in youth with depression, may be important steps for reducing this unmet need. Northern New Jersey remains a resource desert for in person providers with eating disorder specialization as per the National Eating Disorder Association Provider finder tool.



Source: National Eating Disorder Association Provider finder tool.

According to the July 2020 National Survey of Children's Health data brief on Children with Special Health Care Needs, only 62.3% of all children with special health care needs were reported to be adequately and continuously insured throughout the year, including coverage for needed providers and services and reasonable costs. Less than half had a medical home. Furthermore, rates of emergency department use were nearly 2-3 times higher compared to the children without special health care needs.

According to multiple sources, the COVID-19 pandemic unquestionably exacerbated the need for increased social, emotional, psychological, and behavioral supports for youth. The 2021/2022 Youth Needs/Planning Survey of the Bergen County Children's Interagency Coordinating Council (CIACC) was distributed to CIACC membership in June 2021. The results summarized the top 5 needs to consider for planning as: suicide, eating disorders, navigating the system, anxiety and parenting engagement, respectively. Bergen County's Suicide Prevention Coordinator and Traumatic Loss Coalition are very active with awareness/programming throughout the County and in partnership with school districts. The Children's System of Care partners are very active throughout the county doing presentations with school staff and parent groups, as well as hosting the annual CIACC World of Resources training for Education Liaisons to raise awareness of the Children's System of Care and how to navigate the system.

The 2020 Bergen County Needs Assessment identified four (4) targeted needs: Behavioral/Mental Health Services for Children, Behavioral/Mental Health Services for Adults, Housing, and Healthcare. The barriers to services varied across the different needs/services identified, but mainly consisted of lack of awareness, transportation, and/or cultural barriers. Regarding the housing need, a centralized website was an idea discussed during a focus group as a means to provide resource and referral information, details for each housing provider/assistance program, hours of operation, and services available, and ultimately improve awareness of all housing resources. BergenResourceNet.org helps to meet this awareness need. Behavioral/Mental Health Services for Adults was deemed to be outside of Bergen's Promise primary sphere of influence.

Throughout the COVID pandemic, there have been numerous anecdotal reports from our community provider agencies, school districts and other county health and human service partners attending our county CIACC and other youth-serving meetings of the increased need for the specific, culturally competent, Medicaid services/programs/supports for youth with mental, behavioral health needs and those with intellectual and developmental disabilities and co-occurring conditions.

Data Sources for the Identification of Needs, Background and Rationale:

- 2021/2022 Needs/Meeting Planning Survey of Bergen County CIACC Membership. June 2021.
- Bergen County Needs Assessment 2020. Bergen County Human Services Advisory Council. January 15, 2021. <https://www.nj.gov/dcf/about/divisions/opma/docs/BergenCountyNeedsAssessment2020.pdf>
- Children's InterAgency Coordinating Council (CIACC) Summary of Activity BERGEN County - January 2022 <https://www.nj.gov/dcf/childdata/continuous/Bergen.pdf>
- Bergen County Community Health Needs Assessment 2019. Community Health Improvement Partnership (CHIP) of Bergen County, the Bergen County Department of Health Services (BCDHS), and all seven of Bergen's acute care hospitals <https://www.healthybergen.org/community-health-assessment>
- Children with Special Health Care Needs. NSCH Data Brief. July 2020. Health Resources and Services Administration Maternal and Child Health Bureau. Accessed 2/24/2022 <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/nsch-cshcn-data-brief.pdf>
- Higgins Neyland, M.K., & Bardone-Cone, A.M. (2019). Treatment experiences of Latinas with current or past binge eating disorder and/or bulimia nervosa. *Eating Disorders* 27(2), 253-265. <https://doi.org/10.1080/10640266.2019.1591827>
- Lin, Jessica A., et al. The impact of the COVID-19 pandemic on the number of adolescents/young adults seeking eating disorder-related care. *Journal of Adolescent Health* 69.4 (2021): 660-663.
- National Eating Disorder Association Provider finder tool. <https://map.nationaleatingdisorders.org/> (searched 2/15/2022)
- New Jersey Comprehensive School-Based Mental Health Resource Guide. February 2022. New Jersey Department of Education. https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE_Mental_Health_Guide_Feb2022.pdf
- NJ State Health Sheet, Mental Health in New Jersey. Posted by National Alliance on Mental Illness. This fact sheet was compiled based on data available in February 2021. Accessed 2/16/2022 <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/NewJerseyStateFactSheet.pdf>
- Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. 2021 <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- Radhakrishnan L, Carey K, Hartnett KP, et al. Pediatric Emergency Department Visits Before and During the COVID-19 Pandemic — United States, January 2019–January 2022. *MMWR Morb Mortal Wkly Rep.* ePub: 18 February 2022. DOI: <http://dx.doi.org/10.15585/mmwr.mm7108e1>
- Sanzari, C., Levin, R., & Liu, R. (2021). Prevalence, predictors, and treatment of eating disorders in children: A national study. *Psychological Medicine*, 1-8. doi:10.1017/S0033291721004992\.
- U.S. Census Bureau. *American Community Survey 2015-2019*. Source geography tract. <https://www.census.gov/programs-surveys/acs/data.html>

III. RFP Timelines

****NOTE:** RFP Timelines are subject to change

<p>Bidders Virtual Meeting: Thursday, March 10, 2022, 4-5 PM</p>	<p>This is an informational meeting where any questions regarding this RFP process will be addressed. This meeting is not mandatory, but attendance is encouraged by those interested in applying. Please email kwerheim@bergenspromise.org to request the link to join via Microsoft Teams.</p>
<p>RFP Application Package Submission Deadline: 4 PM E.S.T. on Wednesday, March 23, 2022</p>	<p>Proposals must be timestamped, postmarked, and/or delivered to Bergen’s Promise Inc. no later than 4 pm E.S.T. on Wednesday, March 23, 2022, to be considered. No extensions will be granted, and no late proposal applications will be accepted.</p> <p>All RFP application packages shall include the information listed in: Appendix 2: Application Package for 2022/2023 Community Resource Development Funds (pp. 15-16)</p> <p>All RFP application packages will be reviewed/evaluated based on: Appendix 1: 2022/2023 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process (pp.13-14)</p> <p>Incomplete RFP application packages will not be considered for funding. The preferred method for submission for the RFP Application package is a Word or PDF document attachment via email sent to: kwerheim@bergenspromise.org. An email confirmation will be sent to indicate that the RFP Application package has been received.</p>
<p>CRD Committee Review Period, RFP Selection(s), and Submission to NJCSOC</p> <p>Reference Appendix 1: 2022/2023 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process for more detail about the CRD Fund Review Committee and review process.</p>	<p>Community Resource Development Fund Review Committee will review/score submitted proposals. At the conclusion of the review process, Bergen’s Promise will submit to NJCSOC the request, all proposals, the review materials, and an attestation that the proposal(s) recommended for funding meet all RFP requirements. Bergen’s Promise anticipates sending recommendations regarding RFP application package(s) to NJCSOC by Tuesday, April 12, 2022.</p>
<p>Notification of Award/Rejection Letters will be sent between May 19 – June 1, 2022</p>	<p>NJCSOC will notify Bergen’s Promise of approved proposals by Wednesday May 18, 2022. Within 2 weeks of final decision, the selected organizations will be notified in writing by Dean Pastras, Chief Executive Officer, Bergen’s Promise, regarding the status of their application. Bergen’s Promise and awardee(s) will sign an</p>

	MOU supporting the Community Resource Development Fund award. **All awards are contingent on the sufficiency and availability of state funding.
Community Resource Development Fund Budget to be included into Bergen's Promise contract renewal	NJCSOC will include the community resource development funding into Bergen's Promise contract renewal between May 18 – June 30, 2022.
Disbursement of Funds and Program Implementation is anticipated for July 1, 2022.	The awardees will begin implementation of their project within Q1 FY2023.
Budget Period	The funding period covered will be no longer than 12 months: July 1, 2022 through June 30, 2023. Funding must be utilized in full by June 30, 2023 and will become unavailable to the awardee(s) after that date.
Quarterly Reporting; Presentation at Year End Project Success event	All RFP awardees will be required to attend quarterly meetings to present progress reports. They will also be required to attend and present on their project at a year-end event to be held at Bergen's Promise.

Please feel free to contact me at 201-777-5777 if you have any questions. Your consideration of this request for funding is greatly appreciated.

Sincerely,



Kathy Werheim, MA, MPA
Director, Community Resources
Bergen's Promise, Inc.

Cc: Dean Pastras, Chief Executive Officer
Shelisa Foster, Chief Operating Officer

Distribution:

Shelby Klein, Bergen County CIACC to forward to CIACC Membership Distribution List, Bergen County Mental Health Board, Bergen County Professional Advisory Committee
Bergen's Promise Provider Distribution List
Shelisa Foster to the Bergen County Human Services Advisory Committee
Bergen County Community Networking Association Distribution

Post: Bergen's Promise website news blog, LinkedIn, BergenResourceNet Facebook and Community Events

APPENDIX

Appendix 1: 2022/2023 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process

Appendix 2: Application Package for 2022/2023 Community Resource Development Funds

NOTE: you may request the Application as a fillable form by emailing

kwerheim@bergenspromise.org

APPENDIX 1: 2022/2023 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process

- Application Instructions with Scoring Elements
 - (5 pts) Cover Letter

 - (10 pts) *Assessment of Agency Capacity to Support the Identified Need.*

 - (50 pts total) *Objective and Description of the Project* that summarizes the following:
 - (10 pts) State the issue or opportunity being addressed and how the project is expected to benefit the intended stakeholder(s). How you will assure equitable access of the service/support to all youth and/or families with the identified need. Identify collaborative community partner(s).

 - (25 pts) What, when, where and how the project will be implemented. Include list of steps to be taken for each phase of the project (Planning, Implementation, Monitoring/Evaluation, Reporting, Future planning) and Estimated time for completion. Describe anticipated barriers and what strategies will be used to overcome them.

 - (10 pts) List the measurable outcomes you anticipate as a result of this project and evaluation methods.

 - (5 pts) Identify (and cite) evidence-based approach(es) that is/are justification for the planned initiative.

 - (15 pts) *Sustainability Plan for the project* describes how you will pursue and maintain a level of sustainability of the service or support. Focus on:
 - *Community sustainability* - Describe how the community/region will continue with the project once there is no more financial support from the donor. How existing community capacity will be leveraged.
 - *Financial sustainability* - state what kind of funding sources you have for the future so the project can sustain its financial needs.
 - *Organizational sustainability* - describe the ability of your organization as a whole to survive for a long-term partnership.

 - (10 pts) *Project Budget* including Budget items; Description of how item will be used, and quantity needed; Cost of each budget item, other funding sources available as a match to CRD funds, grand total.

 - (10 pts) *Two Letters of Support* that express knowledge of, and willingness to collaborate with other community partners on the project and specify the type of support or resources to be provided. A letter of support from collaboration partner/s is required.

RFP Application Package Review Process:

1. The awardee of Community Resource Development Funds will be determined through a Committee Review process. The Review Committee will be comprised of 4-6 community service providers who are knowledgeable of the ongoing and challenging service delivery gaps in the Bergen County. These individuals may be comprised of members of the Bergen's Promise Leadership Team and/or Board of Directors; community stakeholders from county committees; schools; system partners and/or parent/caregiver from our community. All committee members are required to sign a Conflict-of-Interest form. Members with a conflict, or the appearance of a conflict, will be disqualified from participation in the review process.
2. RFP Applications will be de-identified, numbered, then copied and distributed to all Review Committee members by Bergen's Promise Community Resource Director.
3. Each section of the RFP Application is assigned a point value. The total number of available points is 100. Rubrics will be provided to each of the Review Committee Members for scoring the RFP Applications. RFP Applications earning the highest number of total points calculated by the sum of all scores from each member of the Review Committee may be considered before those earning a lesser number of total points.
4. The overall quality and content of the proposals will be considered based on thoroughness, clarity, creativity, the demonstration of a positive outcome and sustainability for the benefit of Bergen's Promise children and families and/or the Bergen County community.

Bergen's Promise will work with Awardee(s) to ensure the program outlined in the RFP Application is implemented, outcomes are reported and CRD Funds are spent in full.



APPENDIX 2:

**APPLICATION FOR FUNDING
2022/2023 Community Resource Development Funds**

Date of Request:	
Legal Name of Organization:	
Contact for this Proposal:	
Name:	
Title:	
Email Address:	
Preferred phone number:	
Mailing Address of the Organization	
Website of the Organization	
Corporate Status (non-profit, for profit)	
Tax ID:	
Title of Proposal	
New resource or expansion of existing resource not otherwise funded by another source?	

1. Attach Cover Letter to the Application Package*
2. Assessment of Agency Capacity to Support the Identified Need:
3. Objective and Description of the Project
<i>State the issue or opportunity being addressed and how the project is expected to benefit the intended stakeholder(s). How you will assure equitable access of the service/support to all youth and/or families with the identified need. Identify collaborative community partner(s).</i>
<i>What, when, where and how the project will be implemented. Include list of steps to be taken for each phase of the project (Planning, Implementation, Monitoring/Evaluation, Reporting, Future planning) and Estimated time for completion. Describe anticipated barriers and what strategies will be used to overcome them.</i>
<i>List the measurable outcomes you anticipate as a result of this project and evaluation methods.</i>

<i>Identify (and cite) evidence-based approach(es) that is/are justification for the planned initiative.</i>
4. Sustainability Plan for the project
<i>Community sustainability:</i>
<i>Organizational sustainability:</i>
<i>Financial sustainability:</i>
5. Project Budget including budget items; description of how item will be used, and quantity needed; Cost of each budget item, other funding sources available as a match to CRD funds, grand total.
6. Identify and Attach two Letters of Support
Letter of Support #1:
Letter of Support #2: