**STATE OF MAINE**

**Department of Public Safety**

**RFA# 202302020**

**FY 2023** **Substance Use Disorder Assistance Program**

|  |  |
| --- | --- |
| **RFA Coordinator** | *All communication regarding this RFA must be made through the RFA Coordinator identified below*.**Name:** Lisa Bosse **Title:** Grant Manager**Contact Information:** Lisa.Bosse@maine.gov  |
| **Submitted Questions Due** | *All questions must be received by the RFA Coordinator identified above by:* **February 24, 2023**, no later than 11:59 p.m., local time |
| **Application****Submission** | *Applications must be received by the Division of Procurement Services by:* **March 9, 2023***,* no later than 11:59 p.m., local time.*Applications must be submitted electronically to the following address:***Electronic (email) Submission Address:** Proposals@maine.gov |

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FY2023 Substance Use Disorder Program

# Application Details and Instructions

1. **Purpose and Background**

The Department of Public Safety (DPS) is seeking applications from eligible applicants to provide programs designed to assist persons with presumed substance use disorder using liaison strategies both before and after arrest to refer alleged low-level (non-felony) offenders into community-based treatment and support services as defined in this Request for Applications (RFA) document. Eligible applicants are municipal governments, county governments, tribal governments, or regional jails. This document provides instructions for submitting applications, the procedure, and criteria by which the Applicant(s) will be selected and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded applicant(s).

These projects are funded under [Title 25, Part 13, Chapter 601, §5101 Substance Use Disorder Assistance Program](https://legislature.maine.gov/legis/statutes/25/title25sec5101.html).

## **Eligibility to Submit Bids**

All municipal governments, county governments, federally recognized Indian tribal governments or regional jails are invited to submit bids in response to this RFA. Private and non-profit agencies are not eligible to apply for Substance Use Disorder Assistance Program funds.

**C. Contract Term**

DPS is seeking a cost-efficient proposal(s) to provide services, as defined in this RFA, for the anticipated contract period defined in the table below. Please note that the dates below are estimated and may be adjusted, as necessary, to comply with all procedural requirements associated with this RFA and the contracting process. The actual contract start date will be established by a completed and approved contract.

The term of the anticipated contract, resulting from this RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Period of Performance | April 1, 2023 | March 31, 2024 |

##  **Awards**

DPS anticipates making multiple awards as a result of this RFA process. There is $500,000.00 available in funding.

Any person aggrieved by the award decision that results from this RFA may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in 5 MRSA § 1825-E and 18-554 Code of Maine Rules, Chapter 120 (found here: [Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120)).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of contract award.

# **SCOPE OF SERVICES TO BE PROVIDED**

DPS is seeking proposals from eligible applicants to provide programs designed to assist persons with presumed substance use disorder using liaison strategies both before and after arrest to refer alleged low-level (non-felony) offenders into community-based treatment and support services. Funds may be used to provide individual and group treatment activities. These projects must be designed to facilitate pathways to evidence-based, community-based treatment, medically assisted treatment, and/or recovery and support services.

## Program Requirements

1. Municipal or county governments or regional jails for programs designed to assist persons with presumed substance use disorder by using liaison strategies both before and after arrest to refer alleged low-level offenders into community-based treatment and support services. Programs may include, but are not limited to:
	1. Referral of participants in the Substance Use Disorder Assistance Program to evidence-based treatment programs, including medically assisted treatment; and
	2. Provision of case management services to participants in order to secure appropriate treatment and support services such as housing, health care, job training, and mental health services.
2. County governments for programs in the county jails designed to facilitate the accessing by persons with presumed substance use disorder of post-adjudication diversion and reentry programs. Programs may include, but are not limited to:
	1. Provision of evidence-based treatment programs, including medically assisted treatment, to jail inmates; and
	2. Provision of case management or other support services to participants to assist in the transition from jail upon release.
3. Municipal governments for programs designed to facilitate pathways to community-based treatment, recovery, and support services for persons with substance use disorder who present themselves to municipal law enforcement agencies and request assistance and referral to evidence-based treatment programs, including medically assisted treatment.

## Performance Measures

DPS is required to collect and submit data documenting the outcome or impact of the grant-funded activities for all funded applicants. To aid DPS in meeting this requirement all applicants who receive funding under this solicitation must provide data that measures the results of their work. Progress reporting will take place no later than 15 days after the end of each quarter using the form to be provided at contract award.

The Progress Reports serve as the basis for the annual reporting performance to the Maine Legislature and must include performance information on implementation, activity, goals, and objectives specific to your program. The Annual Report must be provided on the anniversary date of the grant award regarding the status of the program for which the grant was awarded. The report must include a description of how the grant funds were spent, the results of the program, and any recommendations for modification of the program, including any available information concerning the program’s effectiveness in reducing substance use disorder and recidivism. It is imperative that applicants review the data required prior to submitting their application.

**The scope of your project will determine which performance measures will be required – an example is provided below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Performance Measure** | **Baseline****Number** | **Data Grantees Provide** |
| To reduce substance use and recidivism by providing therapeutic treatment services. | The number of participants enrolled in the program. |  | 1. Total number of participants currently enrolled in the program
2. Number of new participants admitted to the program
 |
| Percentage of participants successfully completing the program. |  | 1. Total number of participants successfully completing the program
2. The total number of participants who do not complete the program.
 |
| Percentage of aftercare participants charged with drug or non-drug offenses(s) |  | 1. Number of aftercare participants
2. Number of aftercare participants charged with drug offenses(s)
3. Number of aftercare participants charged with non-drug offense(s)
 |
| Average treatment cost per participant |  | 1. Total grant-funded expenditures this reporting period
2. Total number of participants currently enrolled
 |

##

## Allowable uses of funds can include, but are not limited to, the following:

Licensed Addiction Counselor

Treatment therapist, family therapy

Case management services

Medically assisted treatment

Health care

Job training

Allowable costs are those cost principles identified in the State Administrative and Accounting Manual, authorizing legislation, and the Substance Use Disorder Assistance Program grant requirements and solicitation. In addition, costs must be reasonable, allocable, necessary to the project, and comply with the funding statute requirements. Any questions about allowable use of funds should be directed to DPS prior to application submission using the process described on page 7.

### Contracts & Consultants

When a funded applicant engages in contracts for work or services, the following is required:

• All consultant and contractual services shall include written contracts stating the services to be performed, rate of compensation, and length of time over which the services will be provided. This shall not exceed the length of the grant contract period.

• A copy of all written contracts shall be provided to DPS upon their ratification.

• Payments shall be supported by invoices outlining the services rendered and supporting the period covered.

• Any consultant costs shall be fair and reasonable.

1. Prohibited Use
2. Funds shall not be used for land acquisition or construction projects.
3. No arrangement shall be made by the funded applicant with any other party for furnishing any services herein contracted for without prior review and approval of the contracting agreement by the Grant Administrator.

1. No grant funds may be spent for office furniture or other like purchases, e.g., copiers, air conditioners, heat lamps, fans, file cabinets, desks, chairs, and rugs.
2. Substance Use Disorder Assistance Program funds shall not be used for lobbying purposes such as but not limited to:
	1. Attempting to influence the outcome of any Federal, State, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity, or similar activity;
	2. Establishing, administering, contributing to, or paying for the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcome of elections;
	3. All funded applicants must understand that no appropriated funding made available under the grant program may be used, either directly or indirectly, to support the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government, without the express approval of DPS.

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# KEY PROCESS EVENTS

## **Submitting Questions about the Request for Applications**

Any questions must be submitted by e-mail to the Grant Coordinator identified on the [Grant RFPs and RFAs webpage](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants) by the date and time on the cover page of this RFA document. Submitted Questions must include the subject line: “RFA# 202302020 Questions”. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

Question & Answer Summary: Responses to all questions will be compiled in writing and posted on the following website: [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants). It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.

## **Amendments to the Request for Applications**

All amendments (if any) released in regard to this Request for Applications will be posted on the following website: [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## **Submitting your Application**

1. **Applications Due:** Applications must be received by the date and time on the cover page of this RFA document. Applications received after the 11:59 p.m. deadline will be ineligible for award consideration for that annual application enrollment period.
2. **Submission Instructions:** Applications are to be submitted to the State of Maine Division of Procurement Services, via email, to Proposals@maine.gov.
	1. Only applications received by email will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
	2. Only applications received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
	3. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail applications that have the actual requested files attached will be accepted.
	4. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
	5. File size limits are 25MB per e-mail. Applicants may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
	6. Applicants are to insert the following into the subject line of their email submission: **“RFA# 202302020 Application Submission – [Applicant’s Name]”**
	7. Applications are to be submitted as a single, typed, PDF or WORD file and must include pages 10-17 of this RFA document, inclusive of all required supplemental documents. There is no page limit on the amount of information that can be provided in the narrative.
	8. The application must include:
* Statement of purpose and measurable goals for the program and use for the funds;
* The elements of the program, which must include the targeted population, the nature of services or assistance to be provided, and expected outcomes.

An example of the additional types of information that can be provided in the narrative on page 12 are:

* The need that will be addressed by the project;
* Evidence of the problem through qualitative or quantitative data, or anecdotal evidence;
* Project objectives that are designed to help the applicant meet the project goal(s);
* Details about project activities that are designed to meet the objectives;
* A detailed project timeline;
* A plan for evaluating the success of the project;
* The capacity of the applicant to carry out the proposed activities;
* Experience the applicant has that demonstrates they can successfully implement the project.

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# APPLICATION EVALUATION AND SELECTION

## **Scoring Weights and Process**

1. Scoring Weights: The score will be based on a 100-point scale and will measure the degree to which each application meets the following criteria.

|  |  |
| --- | --- |
| **Scoring Criteria** | **Maximum Points Available** |
| Organizational Qualifications and Experience | 30 points |
| Proposed Services | 40 points |
| Cost Proposal | 30 points |
| **Total Points** | **100 points** |

1. Scoring Process: The Grant Review Team will use a consensus approach to evaluate and score all selections listed above. Members of the review team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections.

Regarding the proposed funds requested and the proposed work, the Grant Review Team will consider the degree to which the project represents a good return for the investment (money, time) as well as whether the project work and cost estimates (tasks and budget) are reasonable for the expected outcomes, along with the amount and quality of proposed matching funds or services.

1. Selection and Award: Notification of selection or non-selection will be made in writing by DPS. Issuance of this RFA in no way constitutes a commitment by the State of Maine to award a contract, or to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel, or any other costs incurred by the Applicant. DPS reserves the right to reject all proposals or to make multiple awards.

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APPLICATION COVER PAGE

**Handwritten Applications Will Not Be Accepted**

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |
| **Name of Application:** | Click or tap here to enter text. |
| **Superintendent’s Name** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | Click or tap here to enter text. |
| **Headquarters’ City/State/Zip** | Click or tap here to enter text. |
| ***Provide information requested below if different from above*** |
| **Point of Contact for Application- Name and Title** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | Click or tap here to enter text. |
| **Headquarters’ City/State/Zip** | Click or tap here to enter text. |
| **Dollar Amount of Application:** | Click or tap here to enter text. |

* No personnel currently employed by the Department, or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant’s application.
* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to apply.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed application, both programmatic and financial, is complete and accurate at the time of submission.

|  |  |
| --- | --- |
| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals, and any subcontractors named in this application:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the application for this contract been convicted of or had a civil judgment rendered against them for:*
	1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
	2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;*
	3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
	4. *Have not within a three (3) year period preceding this application had one or more federal, state, or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this application is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Applicant’s application, at the discretion of the Department.**

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| --- | --- |
| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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APPLICATION

The Applicant is asked to be brief and concise in providing written information required in the application. The application must include:

1. Statement of purpose and measurable goals for the program and use for the funds.
2. The elements of the program, which must include the targeted population, the nature of services or assistance to be provided, and expected outcomes.

|  |
| --- |
| **Project Title** Provide a descriptive project title in 15 words or less |
| Click or tap here to enter text. |
| **Duration of Project**  |
| Start Date: Start Date | End Date: End Date |
| **Overview of the Program** *Use this space to describe the general overview of the program.* |
| Click or tap here to enter text. |
| **Identification of Need** |
| Click or tap here to enter text. |
| **Project Description** Please provide a summary of the project you are proposing in order to address these needs. |
| Click or tap here to enter text. |
| **Project Budget** *Provide the overall budget breakdown of the project. This budget should include your overall projected expenses for your project.*  |

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Amount Requested** | **Explanation of expense** |
| Personnel (salary and benefits) | Click or tap here to enter text. | Click or tap here to enter text. |
| Travel | Click or tap here to enter text. | Click or tap here to enter text. |
| Equipment | Click or tap here to enter text. | Click or tap here to enter text. |
| Consultant | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL REQUEST** | Click or tap here to enter text. |  |
| **Budget Narrative** In the space below, please provide a detailed explanation of your anticipated grant-supported expenses in each of the above budget categories.  |
| Click or tap here to enter text. |
| Funds will be used to supplement, not supplant funds allocated for the program:  |
| [ ]  Yes [ ]  No  |
| Is this project a continuation of a project previously funded through the Substance Use Disorder Program?If so, please provide a brief summary of how the funding awarded was used and the results of the program, including information on the program’s effectiveness in reducing substance use disorder and recidivism. |
|  |
| **Personal Services**List each position by title and name of the employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. In the budget narrative, including a description of the responsibilities and duties of each position with the fulfillment of the project goals and objectives. All requested information must be included in the budget detail worksheet and budget narrative. |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Position Title** | **Annual Salary** | **Fringe Benefits** | **% of Time on Project** | **State Funds** | **Match** | **TOTAL** |
| (add rows as needed) |  |  |  |  |  |  |
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| **TOTALS** |  |  |  |  |  |  |
| Column 2: Record the total annual salary for the position named in Column 1.Column 3: If fringe benefits are expressed as a percentage of salary, list elements to allow evaluation.Column 4: That percentage of time expected to be spent on the project and paid for from grant and/or matching funds.Column 7: (Column 2 + Column 3) x Column 4. |
| **Travel Expenses**Itemize travel expenses of staff personnel (e.g. staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure with the project objectives. Show the basis of computation (e.g., six people to 3‐day training at $X airfare, $X lodging, $X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Position Title** | **Annual Salary** | **Fringe Benefits** | **% of Time on Project** | **State Funds** | **Match** | **TOTAL** |
| (add rows as needed) |  |  |  |  |  |  |
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| **TOTALS** |  |  |  |  |  |  |
| Travel reimbursement must be consistent with the state travel policy and state rates are to be used for calculating mileage (.45 per mile), per diem, and lodging. List each item separately and BE SPECIFIC (for example, mileage and meals should be listed separately). For rate information see Section B7.Out of state travel is generally not an allowable cost and will be approved only by exception. |
|  |
| **Equipment**List non‐expendable items that are to be purchased that exceed $5,000.00 per item. In the budget narrative, explain how the equipment is necessary for the success of the project, and describe the procurement method to be used. |
| **1** | **2** | **3** | **5** | **6** |
| **Item** | **Quantity** | **Unit Cost** | **Match** | **TOTAL** |
| (add rows as needed) |  |  |  |  |
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| **TOTALS** |  |  |  |  |
| Any item with a unit cost of less than $5,000.00 must be listed with Other (supplies and operating expenses). To be considered for funding, equipment must be necessary for a project. Sole source procurement must be justified and will require prior approval. |
| **Consultant and Contractual Expenses** |
| **1** | **2** | **3** | **4** |
| **Item or Service** | **State Funds** | **Match** | **TOTAL** |
| (add rows as needed) |  |  |  |
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| **TOTALS** |  |  |  |
| ALL CONTRACTS MUST BE COMPETITIVELY BID. Sole source procurements will be approved only when very specific circumstances exist. Contracts and/or consultant costs must be identified separately and detailed in the narrative. The consultant costs more than $650 per day will require justification and prior approval. Travel costs for the consultant(s) would be included in travel Budget Worksheet #2. |
|  |
| **Other (Supplies and Operating Expenses)**List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent. This category includes miscellaneous accessories and material where the single cost of an item is $5,000.00 or less. All requested information must be included in the budget detail worksheet and budget narrative. |
| **1** | **2** | **3** | **4** |
| **Item** | **State Funds** | **Match** | **TOTAL** |
| (add rows as needed) |  |  |  |
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| **TOTALS** |  |  |  |
| List each item separately and BE SPECIFIC.Justification for expenditures and further explanation should be provided in the budget narrative. For example, if the amount listed for postage or printing includes a large project, those amounts should be listed separately in the narrative. |

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SUPPLEMENTAL APPLICATION MATERIALS

**Organizational Qualifications and Experience**

1. **Overview of the Organization**

The applicant is to describe their qualifications and skills to provide the requested services in this RFA. The applicant is also to include three examples of projects which demonstrate their experience and expertise in performing these services as well as highlighting their qualifications and skills.

1. **Subcontractors**

If subcontractors are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

1. **Organizational Chart**

Provide an organizational chart of the applicant’s organization.  The organization chart must include the project being proposed.  Each position must be identified by position title and corresponding to the personnel job descriptions and the Staffing Plan provided.

1. **Litigation**

Attach a list of all current litigation in which the applicant is named and a list of all closed cases that have closed within the past five (5) years in which applicant paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome.  If no litigation will be included, write “none” on submitted attachment.

1. **Licensure/Certification**

Provide documentation of any applicable licensure/certification or any specific credentials required to provide the proposed services.

1. **Certificate of Insurance**

Provide a certificate of insurance on a standard Acord form (or the equivalent) evidencing the applicant’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.