

PROOF ALLIANCE
COMMUNITY GRANT PROGRAM

Request for Proposal (RFP)

Innovative Support for Transition to Adulthood Services for individuals with Fetal Alcohol Spectrum Disorders (FASD)

Grant Amount: \$59,500
Grant Period: January 2025- June 2026 (18 months)
Proposal Due: November 15, 2024

This grant is made possible by the Minnesota Department of Health.

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Proof Alliance Community Grant Program

Innovative Support for Transition to Adulthood Services for individuals with Fetal Alcohol Spectrum Disorders (FASD)

Background

Since 1998, Proof Alliance has had a dual purpose: providing education on the impact of alcohol use during pregnancy to prevent prenatal alcohol exposure (PAE) and improving the quality of life of individuals and families affected by fetal alcohol spectrum disorder (FASD) by providing resources and support. By building partnerships and improving services at the systems-level, Proof Alliance generates awareness of the importance of alcohol-free pregnancies and supporting those impacted.

Our commitment to support those impacted, includes providing a customized program for youth with an FASD to foster social connection, increase self-awareness and gain valuable skills to support independent or semi-independent living as they transition into adulthood.

To continue this work, Proof Alliance is allocating funding for community grants to advance transition to adulthood services and supports for individuals with an FASD.

Purpose of RFP

According to the latest research, FASD impacts as many as [1 in 20](#) children in the United States. If your community agency is serving transition age youth, it is likely your agency is serving youth with PAE/FASD. Oftentimes, individuals with an FASD require customized interventions, accommodations and FASD-informed strategies to thrive. This funding is to support community agencies serving transition age youth [ages 14-23](#) with confirmed or suspected FASD. The grantee will be supported by this funding to accomplish the following objectives within the 18-month period:

1. Build staff capacity to effectively support youth with an FASD and develop a training plan for future hires.
 - a. Receive staff training based on the latest FASD research, prevalence data and intervention strategies. The grantee will develop an organizational action plan to ensure new hires are FASD-informed.
2. Develop and implement non-stigmatizing screening protocols to identify transition age youth with a confirmed or suspected FASD and refer to appropriate services.
 - a. Assess current intake process and begin to integrate screening for PAE/FASD with technical support from Proof Alliance. The grantee must report the number of individuals with diagnosed or suspected FASD only.
3. Develop or modify evidence-informed service/s for youth with FASD and implement sustainable programmatic changes to support youth with FASD.
 - a. Describe existing programming for transition age youth and how it will be modified to support individuals with an FASD or develop new FASD-informed programming and strategies. Examples of the greatest support needs for this population include:
 - Social skills/ peer relationships
 - Employment skills

- Independent living and/or soft skills
- Healthy sexuality/ problematic sexual behaviors (PSB)
- Culturally responsive support
- Self- advocacy skills
- Post-secondary education for youth with disabilities
- County services/ resource navigation

Resources from Proof Alliance

Proof Alliance will support the work of the grantees in a variety of ways. The grantee will either receive in-person FASD training for staff or access training through the Proof Alliance e-campus. The grantee will receive guidance, consultation and technical support to identify youth with a confirmed or suspected FASD. Grantee will have access to FASD strategy guides, fact sheets and resources.

Roles and Responsibilities

By becoming a community grantee, an agency collaborates with Proof Alliance. This collaboration requires commitments from both the grantee and Proof Alliance.

Proof Alliance Responsibilities:

Proof Alliance will serve as the grant manager during the grant period and will:

- Convene periodic trainings and grantee meetings
- Carry out site visits
- Provide feedback on reports
- Facilitate connections between grant recipients
- Provide resources and technical assistance

Grantee Responsibilities:

- Submit reports and invoices
- Conduct evaluation plan
- Attend grantee meetings
- Participate in site visits

Evaluation

To explore how individuals are benefiting from the work happening in each community, this grant requires an evaluation plan. Each applicant will be required to submit an evaluation plan in their proposal that will describe how they intend to measure the impact of their program. The evaluation plan should reflect each of the objectives (page 3 and 4 of the RFP) in the proposal.

Eligibility

Agencies can be from a variety of settings, sectors and geographical locations across Minnesota. Priority will be given to agencies that serve in rural areas. Eligible agencies must be one of the following:

- 501(c)3 nonprofit organization
- Tribal government

- Government agency
- School or educational institution

Disbursement of Grant Amount

Grant applicants are encouraged to propose the exact amount of funding for the program. The total available is \$59,500 which will either go to one agency, or multiple agencies in lesser amounts per agency from January 1, 2025, through June 30, 2026. The intent is for the grants to be extended beyond the initial 18-months. This extension is dependent on sufficient progress demonstrated by the grantee, and Proof Alliance receiving continued funding from the Minnesota Department of Health. Payment will be by reimbursement only. Funds will be distributed after the grantee's submission of progress reports and invoices showing implementation of activities and acceptance of these reports by the Proof Alliance authorized representative. Proof Alliance may refuse payment if contract requirements are not met (e.g., reports are not submitted on time). The hope is to use this grant opportunity to stimulate long-term positive change that will be successfully integrated and continue after the grant has ended.

Review and Selection Process

The selection committee will evaluate applications and select 1-3 finalists based on the selection criteria. Selection criteria include:

- Capacity to implement the program
- Program design and evaluation
- Lasting impact on FASD in the community

Proof Alliance will communicate its decision by email within three weeks of the application deadline. Finalists may be asked to provide additional information about your proposal, your organization or your financials. We expect that the contract can be executed, and the work can commence January 1, 2025.

Application Instructions

Applications must be submitted before or on **November 15, 2024, by 4 p.m. CST**, through the Proof Alliance grant application portal <https://www.proofalliance.org/grants/apply>. Make sure to include all items listed in the proposal check list, including required signatures.

We welcome your questions regarding the application process. Any questions can be sent to Marissa Lang at marissa.lang@proofalliance.org

Application Checklist

1. Cover Letter signed by the Executive Director/CEO of Lead Organization
2. Reference Face Sheet
3. Application Narrative
 - a. Applicant Background
 - b. Proposed Program
 - c. Capacity and Readiness
 - d. Evaluation (Include target # of youth with an FASD)
 - e. Leadership, Roles and Staffing
 - f. Anticipated Challenges and Possible Solutions
4. Budget Worksheet
5. List of other Funding Sources for the Program, if applicable
6. Financials:
 - a. Organization's current year operating budget
 - b. Most recent budget to actual
 - c. Most recent audited financial statements if applicable
 - d. Most recent tax return (e.g., Form 990) if applicable
7. Proof of Tax-Exempt Status (e.g., letter from the IRS), if applicable

Reference Face Sheet

Legal Name of Lead Organization:

Address:

County:

Telephone:

Website:

Federal Tax ID Number:

State Tax ID Number:

Name of Project Director:

Title:

Address:

Telephone:

E-mail:

Name of Financial Officer:

Title, Name of Organization:

Address:

Telephone:

E-mail:

Include tax information if different from "Lead Organization". Federal Tax ID Number: State Tax ID Number:

Name of person authorized to sign contracts:

Title:

Telephone:

E-mail:

Checks would be made payable and mailed to

Name:

Address:

Dollar amount requested from Proof Alliance:

**Proof Alliance
Community Grant Application Form**

Application Narrative

Please prepare your narrative using these headers. The document should be formatted with 1" margins with text in 12-point font. There is no page limit for the narrative portion. In the Grantee Toolkit section of the website, you will have access to a grant scoping template if you find it helpful.

1. Applicant Background

Please describe your organization and its current scope of work. Describe the population you serve, including age range and geographical area. Include any history of working on prevention, diagnosis, intervention or support activities relating to FASD. Describe in detail your work with Native American communities.

2. Proposed Program

Describe how you plan to accomplish the following objectives of the grant. Include the activities that you will do to meet each objective. Provide a timeline and explain the rationale behind the length of time allotted for each activity.

1. Build staff capacity to effectively support youth with an FASD and develop a training plan for future staff.
2. Develop and implement non-stigmatizing screening and identification for transition age youth program participants. Include plan for referral for FASD diagnostic assessment when FASD is suspected.
3. Develop or modify evidence-informed service/s for youth with an FASD and implement sustainable programmatic changes to support youth with an FASD.

3. Capacity and Readiness

Explain your capacity to implement the work required by this grant. Provide reasons why your agency can incorporate these changes into your community. Describe your motivations and commitment to making a difference on the issue of FASD. Describe how you will ensure culturally specific services are being provided.

4. Evaluation

Describe how you will measure the success of the program. Present a plan for evaluating each objective of the program.

5. Leadership, Roles and Staffing

Describe the key personnel involved in carrying out this grant. Explain how the grant-funded work will be staffed, with particular attention to leadership and accountability. Include which personnel will be designated to implement the evaluation.

6. Anticipated Challenges and Possible Solutions

Please reflect on any challenges you anticipate in implementing your proposed program. Include possible solutions to these challenges.

**Proof Alliance
Transition to Adulthood Grant Application Form**

Budget Worksheet

Instructions

Using the excel form, please complete a line-item budget showing how the requested grant funds will support the proposed project for **January 1, 2025- June 30, 2026**. Please submit a budget proposal for a 6-month budget for Year 1 (January 2025- June 2025) and a 12-month budget for Year 2 (July 2025 - June 2026). For each category, describe how you anticipate the funds will be used. Please use the descriptions below to inform the categories. Depending on the nature of your program, you may not need funds in every category of the budget.

Budget Requirements

- Services to be provided must be listed in approved work plan and budget
- Indirect costs cannot exceed 10% of the total budget
- Please refer to the Federal Uniform Guidance for what is allowable and unallowable [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
- Out-of-state travel requires written prior approval
- Applicants proposing activities that involve the distribution use of incentives for program participation must include the costs for purchasing incentives in the “Other Client Assistance” line of the budget
 - The maximum value of an incentive instrument is limited to \$50.00 with one instrument disbursed per individual per occurrence.
 - Incentives must be kept in a secure locked location at all times.
 - The applicant/grantee must track which client/participant received the incentive and the dollar value of that incentive. Applicants/grantees must ensure data privacy when tracking the distribution of incentives.
 - Incentives must be distributed in the funding year in which they are purchased.
 - In order for the expense of incentives to be reimbursable, the applicant must:
 - Address the use of incentives in the text of the RFP application
 - Account for the incentives in the “Other Client Assistance” line of the budget justification.
- Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in your proposed budget in the section below
- There is also a limit on the use of grant funds for equipment; written permission will be required for equipment expenses to ensure they meet the guidelines set by MDH.

(Please Enter Grantee Name Here) Transition to Adulthood Grant Budget		
TOTALS January 1, 2025-June 30, 2025		
Total Grant Amount: (\$\$)		
Expense Categories	Description	Grant Total
<u>Direct Program Costs</u>		
Salaries		
Fringe Benefits		
Contract and Professional Fees		
Occupancy		
Communications, Outreach and Promotion		
Office, Supply and Equipment Expenses		
Client Assistance/ Emergency Funds		
Client Transportation		
Client Transportation		
Other Client Assistance		
Indirect Costs (10% of Total Direct Program)		
Total		

(Please Enter Grantee Name Here) Transition to Adulthood Grant Budget		
TOTALS July 1, 2025-June 30, 2026		
Total Grant Amount: (\$\$)		
Expense Categories	Description	Grant Total
<u>Direct Program Costs</u>		
Salaries		
Fringe Benefits		
Contract and Professional Fees		
Occupancy		
Communications, Outreach and Promotion		
Office, Supply and Equipment Expenses		
Client Assistance/ Emergency Funds		
Client Transportation		
Client Transportation		
Other Client Assistance		

Indirect Costs (10% of Total Direct Program)		
Total		