

**SECTION A – A-1.** The Kansas Chapter of the [REDACTED] Statewide Consumer Network/Justice Involved Project (SCN/JIP) will serve Kansans with a lived experience of mental illness, emphasizing the needs of incarcerated adults and those living in rural areas. Kansas and its 105 counties have a population of 2.9 million people.<sup>1</sup> Out of the total adult population, 6.7% report living with a serious mental health condition, a figure that has risen in recent years.<sup>2</sup> Demographics of Kansas adults with Severe Mental Illness (SMI) compared to the general Kansas population are available in Table 1.

<b>Table 1. Demographics of Adults with SMI Compared to the General Population – Kansas</b>		
	<b>Kansas Adults with SMI</b>	<b>Kansas Population Totals<sup>1</sup></b>
<b>TOTALS</b>	<b>143,773 (6.7% of total pop.)<sup>2</sup></b>	<b>2,935,922</b>
<b>Served by State Mental Health Authority</b>	<b>11,371 (7.9% of adults w/SMI)<sup>3</sup></b>	
<b>Gender</b>		
Male	5,993 (52.7%)*	1,474,948 (50.2%)
Female	5,356 (47.1%)*	1,460,974 (49.8%)
<b>Age</b>		
18-20 (SAMHSA)	1,583 (13.9%)	-
21-24 (SAMHSA) / 20-24 (ACS)	743 (6.5%)	219,349 (7.4%)
25-44	4,335 (38.1%)	747,455 (25.4%)
45-64	4,031 (35.4%)	700,071 (23.8%)
65+	679 (6%)	478,994 (16.3%)
<b>Race/Ethnicity</b>		
American Indian/Alaskan Native	205 (1.8%)	22,015 (0.7%)
Asian	102 (0.9%)	88,513 (3.0%)
Black/African American	1262 (11.1%)	163,581 (5.5%)
Native Hawaiian/Other PI	23 (0.2%)	2,729 (<0.1%)
White	8358 (73.5%)	2,341,473 (79.9%)
More Than One Race	489 (4.3%)	215,150 (7.3%)
Not Specified/Available	944 (8.3%)	-
Hispanic or Latino Ethnicity	1137 (10.0%)	369,970 (12.6%)
Not Hispanic or Latino Ethnicity	10,143 (89.2%)	2,565,952 (87.3%)
Ethnicity Not Available	91 (.8%)	-
<b>Health Insurance</b>		
<i>Any Mental Illness</i>		
Uninsured	63,000 (14.0%) <sup>4</sup>	317,467 (10.8%)
<b>Incarcerated (Ave. Daily Pop.)</b>	<b>3,320 (38.8% of incarcerated)<sup>5</sup></b>	<b>8,548<sup>5</sup> (.3%)</b>

\*Extrapolated using percentage of total pop. served by SMHA (incl. ages 0-17) \*

The prevalence of SMI for Kansas adults (6.7%) is higher than the U.S. average (6.0%).<sup>6</sup> Of adults with SMI in Kansas, only 7.9% were served by the State Mental Health Authority.<sup>2</sup> Kansas has not expanded Medicaid and the impact of this is seen in the percentage of persons with any mental illness who are also uninsured, nearly 1.5 times greater than the general population. More males than females have SMI and individuals from 25-64 yrs. represent both the largest age

<sup>1</sup> “Kansas Population Estimates, ACS 5-Year Estimates, July 1, 2022,” U. S. Census Bureau, <https://www.census.gov/quickfacts/fact/table/KS/PST045223>.

<sup>2</sup> “Kansas Behavioral & Mental Health Profile,” Kansas Department for Aging and Disability Services, 2022.

<sup>3</sup> “Kansas Mental Health National Outcome Measures,” NOMS: SAMHSA Uniform Reporting System, 2022.

<sup>4</sup> “The State of Mental Health in America 2022”, Mental Health America Reinert, M, Fritze, D. & Nguyen, T., October 2021, Alexandria VA.

<sup>5</sup> “Annual Report- Fiscal Year 2023”, Kansas Department of Corrections, 2023.

<sup>6</sup> “National Survey on Drug Use and Health (NSDUH)”, SAMHSA, 2021-2022

group in the state and the highest percentage of those with SMI.<sup>3</sup> Caucasians are the most prevalent race (79.9%) and are most prevalent among individuals with SMI (73.5%). However, disparities exist for Blacks/African Americans who comprise only 5.5% of the state population but 11.1% of those with SMI.<sup>3</sup> Disparities also exist within the inmate population. Incarcerated individuals in Kansas are five times more likely to have a SMI than the general population. [REDACTED]

**A-2.** Kansas is ranked 42<sup>nd</sup> among U.S. states in accessibility to mental health services for those who need them, indicating a high prevalence of mental illness compared with low access to care for adults in Kansas.<sup>7</sup> Kansans experience barriers to accessing quality mental health care including waiting lists, transportation, and insurance/financial issues. Waiting lists and transportation barriers for inpatient and outpatient services exist due to an insufficient number of beds, a disparity in the distribution of beds across the state, mental health professional shortages, and distances between rural communities and larger cities.<sup>8,9</sup> Since Kansas has not expanded Medicaid, the inability to access affordable treatment is pervasive, often making treatment and medication costs prohibitive. According to KFF’s analysis of SAMHSA data, only 12.1% of adults in Kansas with any mental illness have Medicaid compared to 21.6% the U.S.<sup>10</sup> Also, over 910,000 adults in Kansas live in rural areas with limited support for adults with SMI.<sup>11</sup>

In Kansas, individuals who have experienced serious psychological distress are three times more likely to be arrested and booked than those who have not.<sup>12</sup> Once booked into a jail or correctional facility, they may have difficulty connecting with the education and support services they need to adequately address their condition, leading to the exacerbation of their symptoms and self-destructive behaviors. From 2011-2021, the reported in-custody deaths in Kansas jails due to suicide accounted for 50% or more of the total deaths in 8/11 years.<sup>13</sup>

The need for mental health care in Kansas already outpaces the ability of the state to meet those needs. The rate of individuals with depression, anxiety, and other mental health concerns in Kansas who have an unmet need for counseling or therapy is nearly 10% higher than the U.S. average.<sup>10</sup> In 2023, the percentage of incarcerated individuals in Kansas with SMI increased by 12.8 percentage points from FY 2021. [REDACTED] However, shortfalls in treatment can be abated through changes to delivery of care and coverage for peer support specialists and other para-professionals.<sup>14</sup> SAMHSA funds will help [REDACTED] grow capacity to work with state and local partners to engage peer specialists and reduce barriers to quality mental health care and support.

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<sup>7</sup> “The State of Mental Health in America 2022”, Mental Health America Reinert, M, Fritze, D. & Nguyen, T., October 2021, Alexandria VA.

<sup>8</sup> Mental Health Task Force Report, 2019.

<sup>9</sup> “Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary”, September 30, 2022, Bureau of Health Workforce, Health Resources and Services Administration.

<sup>10</sup> “Mental Health in Kansas”, Mental Health and Substance Use State Fact Sheets, 2024.  
<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/kansas/>

<sup>11</sup> “State Fact Sheets: Kansas”, U.S. Dept. of Agriculture, Economic Research Service, February 7, 2024.  
<https://data.ers.usda.gov/reports.aspx?StateFIPS=20&StateName=Kansas&ID=17854>

<sup>12</sup> “National Survey on Drug Use and Health (NSDUH, R-DAS)”, SAMHSA, 2015-2016.

<sup>13</sup> “Suicide is the leading cause of death in Kansas jails”, Gretchen Lenth, The Wichita Beacon, August 19, 2022.  
<https://tinyurl.com/suicidedeath-ksjails>

<sup>14</sup> “Mental Health Task Force Report”, Report to the Kansas Legislature, January 14, 2019.

**SECTION B – B-1.** In alignment with SAMHSA, the [REDACTED] Strategic Direction, the Kansas Stepping Up Initiative, and the Kansas Statewide Strategic Plan, [REDACTED] requests

funds to maintain, expand access to, and improve sustainability for mental health services and support for adults with a lived experience of SMI in Kansas.<sup>15,16,17</sup> Specific focus will be placed on reaching rural communities and incarcerated individuals with evidenced-based programs. Table 2 describes how [REDACTED] will address SAMHSA SCN program goals and activities through the [REDACTED] KS SCN/Justice Involved Persons (JIP) project.

<b>Table 2. SCN/JIP Goals and Objectives</b>	
<b>JIP Goals</b>	<b>Objectives</b>
<p><b>Goal 1:</b> Increase engagement of individuals with SMI in peer support organizations/groups that may contribute to improved access to quality mental health services and other community supports.</p>	<p>1A. Train <u>10 new</u> [REDACTED] (SYSLE) presenters to reach law enforcement and justice related personnel residing in rural communities by 9/29/2027</p> <p>1B. Train <u>15 new</u> [REDACTED] leaders to host [REDACTED] groups and reach individuals with a lived experience of mental illness residing in rural communities and correctional facilities by 9/29/2027.</p> <p>1C. Host <u>100 additional</u> [REDACTED] groups in rural communities and correctional facilities by 9/29/2027.</p> <p>1D. Train <u>10 new</u> [REDACTED] leaders to host [REDACTED] classes to reach individuals with a lived experience of mental illness residing in rural communities and correctional facilities by 9/29/2027.</p> <p>1E. Graduate an <u>additional 60</u> [REDACTED] participants with a lived experience of mental illness residing in rural communities and correctional facilities by 9/29/2027.</p> <p>1F. Develop and implement supported employment state referral/tracking system by 9/29/27.</p>
	<p>2A. [REDACTED] groups will be offered 2-4 times per month in <u>1 additional</u> state correctional facility and <u>3 additional</u> county jails, community corrections agencies, and/or short-term hospitalization centers by 9/29/2027.</p> <p>2B. [REDACTED] classes (8 sessions/class, 2-3 classes/year) will be offered in <u>1 additional</u> state correctional facility and/or community corrections agency by 9/29/2027.</p> <p>2C. Incarcerated individuals will attend [REDACTED] groups at 4 participating state correctional facilities and up to 7 county jails, community corrections agencies, and/or short-term hospitalization centers by 9/29/2027.</p> <p>2D. Incarcerated individuals will attend [REDACTED] classes at 4 participating state correctional facilities and/or community corrections agencies by 9/29/2027.</p>
	<p><b>SAMHSA Goals</b></p> <ul style="list-style-type: none"> <li>➤ Facilitate access to evidence-based and peer-delivered mental health practices</li> <li>➤ Enhance knowledge, skills, &amp; abilities of mental health peer support providers related to recovery &amp; peer support, &amp; peer engagement/empowerment</li> <li>➤ Accentuate and build leadership in peer-led organizations across Kansas, including through collaborations with allied stakeholders</li> </ul> <p><b>SAMHSA Required Activities:</b> *Supporting the development &amp; implementation of statewide processes addressing mental health peer support for individuals in mental health recovery; *Promote person-centered, recovery-oriented services in emerging or existing needs in the state for justice-involved individuals with lived experience of mental illness; *Models &amp; best practices for trauma-informed peer support &amp; related systems change; *Mental health peer support models for specific populations of focus, including those involved in the criminal justice systems, older adults, &amp; youth &amp; young adults;</p>

<sup>15</sup> “Hope Starts on the Front Porch, Helping People Doing Life 2021-2025 Strategic Direction”, [REDACTED] Board of Directors, August 8, 2020.

<sup>16</sup> “Mental Health in Jails 2020 State Action Plan”, Behavioral Health Services Commission, KS Department on Aging, May 22, 2020.

<sup>17</sup> Kansas Statewide Strategic Plan-Five Year Plan”, Kansas Criminal Justice Coordinating Council, June 2019.

<p>*Wellness &amp;/or whole health integrated care models and supports; *Crisis response services &amp; supports across a continuum of need (e.g., warmlines, peer respite, peer bridgers);*Mental health peer workforce development in supported employment &amp; supported education activities; *Providing leadership development, training, outreach, &amp; education for individuals with lived experience</p>	
<p><b>JIP Goal</b></p>	<p><b>Objectives</b></p>
<p><b>Goal 3:</b> Increase opportunities for individuals with SMI to participate in local and state leadership that has the potential to impact the state’s capacity and infrastructure to support adults w/ SMI and their families.</p>	<p>3A. Train an additional 50 peer advocates in [REDACTED] for Advocacy.  3B. During the second grant quarter of 2025, 2026, and 2027, [REDACTED] staff will organize a rally for peer advocates at Kansas Mental Health Advocacy Day by 9/30/2027.  3C. At the [REDACTED] Annual Meetings in 2024, 2025, &amp; 2026, the [REDACTED] Peer Leadership Council will recruit and nominate peer advocates for [REDACTED] Advocacy Committee.  3D. Assess and recruit 20 trained individuals for leadership roles on Governor’s Behavioral Health Services Planning Council (GBHSPC), its subcommittees, and other local and statewide committees, boards, and coalitions by 9/30/2027.</p>
<p><b>SAMHSA Goals</b></p>	
<p>➤ Enhance participation, voice, leadership, and empowerment of individuals with a lived experience of mental illness to effect systems change &amp; improve the quality of mental health services.  ➤ Promote activities related to fostering leadership &amp; management skills with mental health peers &amp; peer-led organizations, engage individuals with a lived experience of SMI &amp; incarceration via training/awareness/outreach/support, strengthen organizational relationships with government entities &amp; stakeholders across Kansas, &amp; identify &amp; implement technical assistance to promote peer involvement in support &amp; leadership of mental health services from the organization level to the state level.</p>	
<p><b>SAMHSA Required Activities:</b> *Increasing the number and diversity of individuals with lived experience across the state in workgroups, advisory boards, &amp; committees to effect systems change that is recovery-focused, trauma-informed, culturally relevant, &amp; resilience-oriented; *Partnering with state and diverse community agencies in policy development to support the direction &amp; participation in treatment &amp; service systems improvements by people with lived experience of SMI and SED.</p>	
<p><b>JIP Goal</b></p>	<p><b>Objectives</b></p>
<p><b>Goal 4:</b> Raise the voice of and improve access to quality mental health services for individuals with SMI to reduce future incarceration.</p>	<p>4A. Transition the SMI [REDACTED] Coalition into the [REDACTED] Network ([REDACTED]), recruit and populate its membership with peers across Kansas, and develop its charter by Jan. 2025.  4B. Finalize and implement the Peer Engagement Plan (PEP) by Jan. 2025.  4C. Facilitate informal interviews within the K-PAN membership to discuss, evaluate, and seek feedback concerning implementation of the PEP by April 2025.  4D. Facilitate the first informal roundtable with community stakeholders to evaluate the implementation and development of the PEP by October 2025.  4E. Facilitate a second informal roundtable with community stakeholders to evaluate the implementation and development of the PEP by October 2026.  4F. Document the evaluation findings across all grant years concerning the PEP by Dec. 2026.</p>
<p><b>SAMHSA Goal</b></p>	
<p>➤ Build the infrastructure, capacity, and sustainability of statewide peer-led organizations.  <b>SAMHSA Required Activities:</b> *Leadership &amp; management development &amp; mentoring; evidence-based, promising, &amp;/or best practices for peer-delivered services &amp; peer-led organizations; *Board recruitment &amp; development; *Membership recruitment; *Focus groups &amp; key informant/stakeholder interviews.</p>	

**B-2.** [REDACTED] host programs like the ones in *Table 2* in their communities. [REDACTED] have their own 501(c)3 nonprofit status and handle their own finances. [REDACTED] do not have their own nonprofit status and operate under the umbrella of [REDACTED], which manages their finances and provides administrative support. [REDACTED] programs are modeled after its flagship program, [REDACTED], recognized by the SAMHSA Evidence-Based Practices Resource Center as a designated evidence-based program. *To achieve Goals 1 and 2 and the associated SAMHSA required activities* (Table 2), [REDACTED] will collaborate with Consumer Run Organizations, law enforcement agencies, and community jails and correctional facilities and utilize [REDACTED] signature programs: Sharing Your Story with Law Enforcement, [REDACTED] and [REDACTED] (SYSLE) – [REDACTED] will train 10 new SYSLE presenters by the end of the three-year grant period. This program prepares individuals and family members to share their stories of lived experience of mental illness to a law enforcement audience, such as during Crisis Intervention Team (CIT) training, or other events where mental illness and related topics are featured. SYSLE Presenters provide an opportunity for officers to hear about someone who experienced being in crisis and may have interacted with law enforcement as a result but is now managing their mental illness. The powerful and unique stories shared by [REDACTED] presenters help increase officers' understanding and empathy, improving crisis response in communities. SYSLE training consists of two parts: a self-paced course that guides trainees through the process of writing a presentation, followed by a coaching session where they practice, get tips and finalize their presentation. Qualitative data from participants (below) demonstrates the program's true impact to change perceptions about mental illness.

**"This was an amazing experience and has contributed to me feeling like I am a skilled presenter and am able to make a contribution to better my community."** –  
*SYSLE presenter*

[REDACTED] Recovery Support Group ([REDACTED] – [REDACTED] will train 15 new [REDACTED] leaders to host an additional 100 [REDACTED] groups by the end of the three-year grant period. [REDACTED] groups will be offered two to four times per month in rural communities, in one additional state correctional facility (for a total of four facilities) and three additional county jails, community corrections agencies, and/or short-term hospitalization centers (for a total of seven facilities). This peer-led support group program is for any adult (18+) with a mental health condition. [REDACTED] grew out of the [REDACTED] Group model, which was developed in 1997 under the leadership of psychologist [REDACTED]. The program offers participants support from peers who understand their point of view and celebrate their successes. Participants report high levels of satisfaction because they can share and be understood by others, learn practical information about dealing with their mental illness, learn more about resources available in their communities (including the [REDACTED] Resource/Help Line), and form connections with other consumers who have shared experiences.<sup>18</sup> Qualitative data (below) reveals the power of [REDACTED] to support adults with mental illness and change their lives.

**"People can solve problems [at a [REDACTED] Recovery Support Group]. It isn't just a bunch of sad stories; people are coming up with solutions and stuff to do for the next week. One of our group attendees is taking her meds and getting herself to her counselor and is just about able to go back to her career in great part due to**

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<sup>18</sup> University of Maryland, 2008.

██████████ – ██████████ participant  
Peer-to-Peer (██████████ – ██████████) will train 10 new ██████████ leaders to host ██████████ classes, ensuring an additional 60 ██████████ participants (community and incarcerated) graduate from the program. ██████████ education classes are eight sessions long. Two to three classes will be offered per year, and at one additional state correctional facility and/or community corrections agency by the end of the grant period. This peer-led program is a mental health, wellness, and recovery program open to any adult (18+) with a mental health condition. It provides participants with trauma-informed education, skills and support to enhance their lives. Participants learn how to strengthen relationships; balance changing health care needs and better understand their mental health and recovery. ██████████ is facilitated by a team of trained peers who make mental health and wellness a priority in their daily lives. The program was authored by a former mental health care provider and person with a mental health condition. Participants gain knowledge to manage their condition, improve confidence and connections with others, and complete an advance directive as a result of the program.<sup>19</sup> Qualitative data from program participants (below) demonstrates the program’s individual value and its true impact for adults with mental illness.

**“██████████ gave me hope when I was close to giving up. I realized things can and do get better and my mental health condition doesn’t define me. I learned how to speak up for myself, build a strong support network and make plans for my future. I felt welcome and like I was among friends. Most importantly, I felt heard and understood.”** – ██████████ participant

Incarcerated individuals will attend ██████████ groups and ██████████ classes each month on a schedule determined by each facility. The three current correctional facilities and four jails are listed in Section C, Table 4. Community individuals will attend ██████████ in their communities, which will include new rural sites. ██████████ groups/classes are available in-person and/or virtually to help ensure inclusive access for everyone.

*To achieve Goal 3 and the associated SAMHSA required activities* (Table 2), ██████████ will utilize its signature program, ██████████. An additional 50 peer advocates will be trained in ██████████ by the end of the three-year grant period through both in-person and virtual delivery options to ensure accessibility. ██████████ is a hands-on advocacy training program that helps people living with mental illness, as well as their friends and family members, transform their passion and lived experience into skillful grassroots advocacy. The program is designed in three modules that develop the following skills, 1) telling a compelling story that is inspiring and makes an “ask” in 90 seconds, 2) writing an effective email, making an elevator speech and making an impactful phone call, and 3) orchestrating a successful meeting with an elected official. The unique step-by-step, skill-building design of ██████████ is effective with a wide range of participants, including those who are new to advocacy as well as individuals with years of experience. Participants routinely share that they’ve never been able to condense their story or made a clear “ask,” but with ██████████, they are now able to. Lobbyists who represent ██████████ State Organizations or mental health coalitions also love this program—they see participants come out confident and able to share their story in a way that moves policymakers.

In addition, ██████████ staff will organize a rally for Peer Advocates at Mental Health Advocacy Day each year. This day is organized by the Kansas Mental Health Coalition (KMHC) and takes place at the Kansas State Capitol in March each year. Consumers, family members, providers, and advocates gather to become better informed about mental health policy issues in

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<sup>19</sup> Lucksted, A., *Psychiatric Services*. February 2009.

the Legislature and to educate legislators about the issues that most affect adults living with mental illness and their families. The ██████ Peer ██████ Council (█████) will recruit and nominate trained peer advocates for the ██████ Advocacy Committee, the KMHC Advocacy Committee, the GBHSPC, and other peer coalitions during the second, third, and fourth quarters of 2024-2027. (The ██████ serves in an advisory capacity to the board of directors, elects a member to serve on the board of directors, and elects/appoints a member to serve as the ██████ National ██████ Representative for Kansas).

*To achieve Goal 4 and the associated SAMHSA required activities (Table 2),* ██████ will transition the SMI ██████ Coalition into the Kansas ██████ Network (█████) and ██████ will recruit peers across Kansas by reaching out to ██████ Affiliates, PLC, the GBHSPC-Peer Subcommittee, and Consumer-Run Organizations via email, phone calls, and social media. The Alliance will develop and finalize their charter during grant Year 1 and will continue the work of the 2021-2024 SAMHSA funded ██████ project (SM-21-001) by implementing the Peer Engagement Plan (PEP) which will be developed and finalized as part of the currently proposed project. The goal of this plan is to raise the voice of those with lived experience at the community level where the Stepping Up Initiative is being introduced/implemented. During grant Year 1, ██████ will facilitate informal interviews within the Alliance membership to discuss, evaluate, and seek feedback on PEP implementation, providing opportunities for course corrections and improvements, if necessary. In Oct. 2025 ██████ will conduct roundtables with community stakeholders to evaluate the implementation and development of the PEP to improve quality and inform future development. If necessary, the plan will be adapted and community stakeholder roundtables will be conducted again in grant Year 3. ██████ will document the evaluation findings across all grant years concerning the PEP to ensure quality improvement.

**B-3.** Please see *Attachment 4* – ██████ Project Timeline

**SECTION C - C-1.** ██████ is a grassroots mental health organization whose mission is to build better lives for people affected by mental health conditions through our state affiliates. ██████ roots began in 1975 when the first support group was established in Topeka. ██████ was incorporated in 1988 and received its 501(c)(3) tax-exempt status in 1989. The first office was opened in Topeka in 1990. Today, our 15 affiliates serve 57 counties throughout the state to promote peer support and consumer leadership of programs for adults with SMI.

To help ensure inclusive services for underserved populations such as incarcerated individuals, ██████ is an active partner in the state of Kansas “Stepping Up Initiative” aimed at key measures for people with mental illness: reducing the number who are booked into jails, shortening the lengths of stay in jails, increasing connection to treatment, and reducing recidivism rates.<sup>16</sup> All groups/classes are available in-person and/or virtually to maximize access.

**C-2.** The ██████ Board of Directors is comprised of more than 50% individuals with a lived experience of mental illness (see *Attachment 9*).

**C-3.** “Nothing about us, without us” – this is the motto of ██████. The backbone of ██████ is its staff and volunteers, most of whom have a lived experience of mental illness either themselves or with a loved one. Of ██████ staff, 100% have this lived experience and 85% of staff are from rural and frontier communities in Kansas. This permeates every aspect of the organization from front-line staff to leadership who know the perils of accessing quality mental health care, medication management, and support services, and managing the criminal justice

system and rural life. All [REDACTED] [REDACTED] programs are led by staff or volunteers with this lived experience. Further staff demographics are in Table 3. In addition, [REDACTED] leads a rally of individuals with lived experience at Kansas Mental Health Advocacy Day held at the capitol each year and [REDACTED] nominates individuals with lived experience to serve on the Governor’s Behavioral Health Services Planning Council and the national [REDACTED] Council. Please see *Attachment #8-Documentation of [REDACTED] non-profit status.*

Female	74%
Male	26%
Racial/Ethnic Minorities	7%
LGBTQIA+	7%

**C-4.** [REDACTED] has a history of collaboration with units of state and local government, community non-profit organizations, and consumer-run organizations across the state. Organizations partnering with [REDACTED] on the [REDACTED] project are included in Table 4 and their letters of commitment are included as part of *Attachment 1.*

Organization	Experience	Role
Hutchinson Men’s Correctional Facility	[REDACTED] classes began on 11/14/22, with an average of 1 participant in each class/quarter. [REDACTED] classes began on 11/9/22, w/ an average of 2 participants per class.	Provide space, technology, staff, and participants for classes
Norton Men’s Correctional Facility	[REDACTED] classes began on 2/2/23, with an average of 2 participants in class/quarter. Plan to implement [REDACTED] in future.	
Topeka Women’s Correctional Facility	[REDACTED] classes began on 5/5/22, with an average of 8 participants in each class/quarter. [REDACTED] classes began on 6/2022, w/ an average of 5 participants per class.	
Butler County Jail	[REDACTED] classes began on 2/18/2022, with an average of 8 participants in each of 4 classes/quarter (men & women).	
Reno County Jail	[REDACTED] classes began on 2/9/2022, with an average of 8 participants in each of 2 classes/quarter (men & women).	
Riley County Jail	[REDACTED] classes began 3/18/2022, with an average of 6 class participants in each of 2 classes/quarter (men & women).	
Wyandotte County Jail	[REDACTED] classes began on 6/9/2023, with an average of 5 participants in 1 class/quarter (women).	
Johnson County Mental Health Center	State of Kansas Community Mental Health Center providing mental health and substance abuse services to more than 15,000 county residents annually since 1962.	Community roundtable participation, provide space for [REDACTED] signature programs, space to host pop-up [REDACTED], promote [REDACTED] groups, classes, presentations, & Resource/Help Line
Kanza Mental Health & Guidance Center	Community Mental Health Center for rural northeast Kansas providing education, support, and resources for mental health and substance use since 1963.	
Coffee County Health Dept. (rural)	Responsible for disease control and prevention plans & promoting better health and health access, dedicated to enhancing the quality of life by promoting health education in the community.	
Shawnee County Health Dept.	Responsible for disease control and prevention plans and promoting better health and health access. Works to promote & protect optimal health of all people in the community.	
Graham County United Methodist Parish (rural)	Serves the spiritual needs of community residents in Graham County, Kansas through the United Methodist Church.	
Kansas Rural Center (rural area)	Worked to support sustainable food and farming systems in Kansas for 45 years, including mental health support for farmers in collaboration with [REDACTED]	
Council of State Governments:	Nine years of working with over 580 counties across the country to reduce the over-incarceration of people with SMI and Co-	

<b>Organization</b>	<b>Experience</b>	<b>Role</b>
Justice Center Stepping Up Initiative	Occurring Substance Use Disorders. The CSG Justice Center Behavioral Health team provides staff support and administrative oversight to the Kansas Stepping Up Technical Assistance Center.	behavioral health care capacity, educate stakeholders on [REDACTED] programs, & advocate for partnership growth
Future Service Leaders Foundation	Collaborated since 2012 to provide accessible health and education initiatives to support and enhance individual and community resources in Kansas. Partnership with [REDACTED] over last 3 years.	Assist to establish new rural [REDACTED], add staff, volunteers, & signature programs
* [REDACTED] -public area sponsored by [REDACTED] for support, discussion, & access to mental health info.		

C-5.– See Table 5 for staff effort, roles, and qualifications, and *Attachment #5-Bio-sketches* and *Position descriptions*.

<b>Key Personnel</b>	<b>Effort</b>	<b>Essential Functions/Role</b>	<b>Key Qualifications/Experience</b>
SAMHSA SCN Project Director (PD)- [REDACTED], PhD	1.0 FTE (100%)	Coordinate & administer peer programs: participate in K-PAN; assist in managing SAMHSA invoices/expenses; collect & enter SAMHSA/SPARS data; recruit peer leaders for local & state boards, etc.	PhD in Community Psychology, Masters in Community Psychology, 3 yrs. experience in community corrections, [REDACTED] volunteer-8 yrs.
Assistant Project Director (APD)- [REDACTED]	1.0 FTE (.50%)	Provide logistical support for: K-PAN, SMI Reduction Incarceration Plan, program delivery across state & rapport building, data collection & reporting	Master of Divinity, Bachelors in Mathematics, [REDACTED] [REDACTED] Development & Volunteer Coord, 9 yrs. exp. as church Reverend
JIP Program Leaders (PLs)	1.0 FTE (100%) In-kind (10 PT PLs)	Deliver [REDACTED] & [REDACTED] programs; report statistical data to [REDACTED] PD & APD; provide warm hand-offs to local affiliate PLs following individuals' release from jail/correctional facility.	Certified [REDACTED] and/or [REDACTED] PL, adult in recovery w/mental health condition, H.S. diploma, must complete local jail & KDOC provider application & approval to serve in a correctional setting
Advocacy Director (AD)- [REDACTED]	.5 FTE (12.5%) In-kind	Manage Advocacy Committee & participate in [REDACTED]; assist with all advocacy work; assist to develop Legislative & Policy Issues Statement; show strong Statehouse presence	H.S. diploma, Friends of Recovery Board of Directors, Kansas Oxford House State Assoc. Leadership (SU recovery & support)
Resource Director (RD) [REDACTED]	1.0 FTE (12.5%) In-kind	Manage all aspects of Resource/Help Line: maintain Resource page for [REDACTED] website; assist all programs, incl. SCN/JIS	Bachelors in Linguistics, Masters in Social Work-exp grad date: May 2024, Social Work Internships
Executive Director (ED)- [REDACTED] Ed. D.	1 FTE (12%) In-kind	Agency-wide leadership & direction of [REDACTED] programs, staff, affiliates, & board of directors; Broad oversight of SAMHSA project, outcomes, & reporting	Ed.D. in Educational Leadership, Masters-Org. Management & Criminal Justice, 30 yrs. leadership exp. in social service fields
Business/Finance Manager- [REDACTED]	.75 FTE (11.54%) In-kind	Manage daily finance operations, process invoices & payments; manage budgets & program documents; maintain membership database & approve timesheets for payroll	Bachelors in Organizational Leadership & Transformative Change, 23+ yrs. of exp. providing financial/admin. support

**SECTION D – D-1.** [REDACTED] will collect quantitative and qualitative data, monitor project fidelity, and evaluate processes and outcomes for the SCN/JIP project throughout the grant period. The PD and APD will implement and manage the overall project, supervising staff who

collect data, tracking measurable objectives, and reporting performance measurement data to SAMHSA. Quantitative [redacted] program data will be collected by PLs during each group ([redacted]), compiled quarterly, and entered into [redacted]. [redacted]'s customer relationship management platform hosted by Salesforce. Qualitative [redacted] program data will be collected by PLs, at the completion of classes offered in the community during the grant period to measure project effectiveness and inform future project enhancement. Additional qualitative data will be collected by the PD during community stakeholder roundtables to evaluate efficacy of the new PEP to serve the target community. Informed consent for qualitative data collection will be obtained upon completion of classes or during scheduling via email or phone call. See Table 6 for the Performance Measurement Plan, *Attachment #2-Data Collection Instruments-Interview Protocols*, *Attachment #3-Consent Forms*, and *Attachment #7-Confidentiality & SAMHSA Participant Protection of Humna Subjects*.

The PD and APD will review all data quarterly and provide reports to the ED, the K-PAN, the [redacted], both [redacted] A and [redacted] B [redacted] Councils, the Board of Directors, and SAMHSA. End of year project outcomes will be published in the [redacted] Annual Report for distribution of partner organizations. On-going informal data will be shared with county jails, community corrections agencies, and/or short-term hospitalization centers who are partners of the project.

<b>Performance Measures</b>	<b>Data Source</b>	<b>Data Collection Frequency</b>	<b>Data Collection Staff</b>	<b>Method of Data Analysis</b>
Goal 1: Increase engagement of adults with SMI in peer support organizations/groups that may contribute to improved access to quality mental health services and other community supports.	[redacted] internal tracking of numbers attending, trained, and certified; signature program post group/class informal questions of community participants	Quarterly	PD, APD, PLs	-Frequency counts of consumers and number of groups/classes -Thematic qualitative analysis
Goal 2: Increase access to mental health support and education for incarcerated individuals in Kansas.	[redacted] internal tracking of numbers attending	Quarterly	PLs	-Frequency counts of consumers, groups/classes, and facilities
Goal 3: Increase opportunities for individuals with SMI to participate in local and state leadership that has the potential to impact the state's capacity and infrastructure to support adults w/ SMI and their families.	[redacted] internal tracking of numbers trained, certified, and nominated	Quarterly	PD	Frequency counts of consumers, classes, and leadership activity
Goal 4: Raise the voice of and improve access to quality mental health services for individuals with SMI to reduce future incarceration.	Community stakeholder roundtable data; [redacted] informal interview data	Oct. 2026 Oct. 2027	PD, APD	Thematic qualitative analysis

**B-3. [REDACTED] KS SCN/JIP Implementation Timeline (see key on p. 2 for staff position & other acronym definitions)**

Year 1			Year 2			Year 3		
Project Period	Sept. 30, 2024 – Sept. 29, 2025	Sept. 30, 2025 – Sept. 29, 2026	Sept. 30, 2026 – Sept. 29, 2027					
Dates	Key Activities	Staff	Dates	Key Activities	Staff	Dates	Key Activities	Staff
10/1/24 Ongoing	Continued facilitation of [REDACTED] in correctional settings	PD, APD, PLS	10/1/25 (Oct, Jan, Apr, July)	Disseminate quarterly correctional impact questionnaire	PD, PLS	10/1/26 Ongoing	Continued facilitation of [REDACTED] in correctional settings	PD, APD, PLS
10/1/24 Ongoing	Recruit new correctional-based sites to offer [REDACTED]	PD	10/1/25 Ongoing	Continued facilitation of [REDACTED] in correctional settings.	PD, APD, PLS	10/1/26 Ongoing	Recruit new correctional-based sites to offer [REDACTED]	PD
10/1/24 Ongoing	Attend + collaborate with community stakeholders at meetings + on statewide mental health initiatives	PD	10/1/25 Ongoing	Recruit new correctional-based sites to offer [REDACTED]	PD	10/1/26 Ongoing	Attend + collaborate with community stakeholders at meetings + on statewide mental health initiatives	PD
10/1/24 Ongoing	Recruit for [REDACTED] Membership	PD, APD	10/1/25 Ongoing	Recruit and train SYSLE, [REDACTED], and [REDACTED] presenters	PD, APD	10/1/26 (Oct, Jan, Apr, July)	Disseminate quarterly correctional impact questionnaire	PD, PLS
10/1/24 Ongoing	Recruit and train new (SYSLE), [REDACTED], and [REDACTED] presenters	PD, APD	10/1/25 Ongoing	Attend + collaborate with community stakeholders at meetings + on statewide mental health initiatives	PD	10/1/26 Ongoing	Recruit and train new SYSLE, [REDACTED], and [REDACTED] presenters	PD, APD
10/1/24 Ongoing	Recruitment for and facilitation of community [REDACTED] and [REDACTED] groups/classes	PD, APD, PLS	10/1/25 Ongoing	Recruitment for and facilitation of community [REDACTED] and [REDACTED] groups/classes	PD, APD, PLS	10/1/26 Ongoing	Recruitment for and facilitation of community [REDACTED] and [REDACTED] groups/classes	PD, APD, PLS
10/1/24	Collaborate w/ Consumer Run Organizations to develop supported employment referral/tracking system	PD	10/1/25 Ongoing	Recruit and train new [REDACTED] presenters	AD, APD, RD	10/1/26 Ongoing	Recruit and train new [REDACTED] presenters.	AD, APD, RD
10/1/24	Recruit and train new [REDACTED] presenters	AD, APD, RD	10/1/26 Ongoing	Continue implementation + utilization of the supported employment tracking system	PD	10/1/26 Ongoing	Collect post-class [REDACTED] qualitative data regarding participant experiences	PLs, PD
11/1/24	Develop evaluation of correctional programs impact	PD	10/1/25 Ongoing	Conduct community stakeholder informal roundtables for PEP	PD	10/1/26	Conduct community stakeholder informal roundtables	PD
11/1/24 Ongoing	Monthly Meetings of [REDACTED] + charter development begins	PD, APD	10/1/25 Ongoing	Collect post-class [REDACTED] qualitative data re: participant experiences	PLs, PD, APD	10/15/26	Evaluate Yr. 2 and submit quarterly SPARS data and reports to SAMHSA	PD, APD

**B-3. [REDACTED] KS SCN/JIP Implementation Timeline (see key on p. 2 for staff position & other acronym definitions)**

Year 1			Year 2			Year 3			
Project Period	Sept. 30, 2024 – Sept. 29, 2025	Sept. 30, 2025 – Sept. 29, 2026	Sept. 30, 2026 – Sept. 29, 2027	Dates	Key Activities	Staff	Dates	Key Activities	Staff
1/2/25	Finalize [REDACTED] Charter and begin implementation	10/1/25 ongoing	Annual Meeting recruitment + nomination for [REDACTED] Advocacy Council	10/30/26 Ongoing	Annual Meeting recruitment + nomination for [REDACTED] Advocacy Council	PLC, APD	10/30/26 Ongoing	Annual Meeting recruitment + nomination for [REDACTED] Advocacy Council	PLC, APD
1/2/25 Ongoing	Recruit and train new [REDACTED] presenters	10/15/25	Evaluate Yr. 1 and submit quarterly SPARS data and reports to SAMHSA	12/1/26	Transcribe and analyze data from informal roundtables	PD, APD, RD	12/1/26	Transcribe and analyze data from informal roundtables and document all findings	PD, APD
1/2/25	PEP is finalized, disseminated to communities, and implementation begins	12/1/25	Transcribe and analyze data from informal roundtables	01/1/27 Ongoing	Recruit and train new [REDACTED] presenters.	PD, APD	01/1/27 Ongoing	Recruit and train new [REDACTED] presenters.	AD, APD, RD
1/15/25 (Jan, Apr, July)	Collect, evaluate, and submit quarterly SPARS data	1/1/26 Ongoing	Recruitment new presenters and facilitate training for [REDACTED]	1/15/27 (Jan, Apr, July)	Collect, evaluate, and submit quarterly project SPARS data	PD, APD, RD	1/15/27 (Jan, Apr, July)	Collect, evaluate, and submit quarterly project SPARS data	PD, APD
03/31/25 Ongoing	Rally for Peer Advocates at Mental Health Advocacy Day	1/15/2026 (Jan, Apr, July)	Collect, evaluate, and submit quarterly project SPARS data	03/30/27 Ongoing	Rally for Peer Advocates at Mental Health Advocacy Day	PD, APD	03/30/27 Ongoing	Rally for Peer Advocates at Mental Health Advocacy Day	AD, APD, RD
4/1/25 Ongoing	Collect post-class [REDACTED] qualitative data re: participant experiences	03/31/26 Ongoing	Rally for Peer Advocates at Mental Health Advocacy Day	9/30/27-10/15/27	Evaluate Yr. 3 and submit quarterly SPARS data and reports to SAMHSA	PLS, PD, APD	9/30/27-10/15/27	Evaluate Yr. 3 and submit quarterly SPARS data and reports to SAMHSA	PD, APD
4/1/24	Annual Meeting recruitment + [REDACTED] Council	04/1/26	Implement supported	KEY: [REDACTED]	[REDACTED]	PLC,	KEY: [REDACTED]	[REDACTED]	[REDACTED]
04/1/25	Conduct K-PAN membership informal interviews to review PEP implementation	8/1/26	Recruit community stakeholders for informal roundtables	PD-Project Director APD-Assistant Project Director PLS-Peer Leaders	Recruit community stakeholders for informal roundtables	PD, APD	PD-Project Director APD-Assistant Project Director PLS-Peer Leaders	Recruit community stakeholders for informal roundtables	PD, APD
06/1/25	Transcribe and analyze K-PAN interviews	9/1/26	Schedule community stakeholder informal roundtables	K-PAN-Kansas [REDACTED] Network	Schedule community stakeholder informal roundtables	PD, APD	K-PAN-Kansas [REDACTED] Network	AD-Advocacy Director RD-Resource Director	[REDACTED]
8/1/25	Recruit community stakeholders for informal roundtables			PLC-[REDACTED] Council		PD, APD	PLC-[REDACTED] Council		[REDACTED]
9/1/25	Schedule community stakeholder informal roundtables			PEP-Peer Engagement Plan		PD, APD	PEP-Peer Engagement Plan		[REDACTED]

<b>Applicant/Recipient</b> ██████████ Kansas, Inc.	<b>Application/Award Number</b>
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<b>Project Title:</b> Kansas ██████████ Network and ██████████ Alliance
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Budget Period:	Start Date 05/01/2024	End Date 04/30/2025	Budget Year 1
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**For Multi-Year Funded (MYF) awards only**  
*(not applicable to new applications for funding)*

Check the box to select the Incremental Period

Incremental Period
1

**COST SHARING AND MATCHING**

Matching Required:  YES  NO

**A. Personnel**

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation					Personnel Cost	FEDERAL REQUEST
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)		
1	SWCN Project and Justice Involved Persons (JIP) Director	██████████	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	\$56,000	100.00%	\$56,000	\$56,000
2	SWCN Assistant Project and Peer Program Director	██████████	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	\$40,000	50.00%	\$20,000	\$20,000
<b>TOTAL</b>										<b>\$76,000</b>	<b>\$76,000</b>

Line Item #	<b>Personnel Narrative:</b>										
1	SWCN Project and Justice Involved Persons (JIP)	██████████	Key Personnel	Salary \$56,000	# of Staff 1	LOE 100.00%	Personnel Cost \$56,000	Annual Salary is \$56,000			
2	SWCN Assistant Project and Peer Program Director	██████████	Key Personnel	Salary \$40,000	# of Staff 1	LOE 50.00%	Personnel Cost \$20,000	Annual Salary is 40,000 at 50% Level of Effort = \$20,000			

Show In-Kind Personnel Table

**In-Kind Personnel**

Line Item #	Position	Name	Key Position per the FOA	Check if Hourly Rate	Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)
1	Finance Manager	██████████	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$24.00	240	1		11.54%
2	Executive Director	██████████	<input type="checkbox"/>	<input type="checkbox"/>			1	\$75,000	12.00%
3	JIP Program Leader	Multiple Staff Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$15.00	2,080	10		100.00%
4	Grant/Website Manager	██████████	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$24.00	104	1		5.00%
5	Policy and Advocacy Director	██████████	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$16.00	260	1		12.50%

6	Resource Director		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$19.23	260	1		12.50%
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Line Item #	In-Kind Personnel Narrative:									
1	Finance Manager				Hourly Rate \$24	# of Staff 1	Hours 240		Personnel Cost \$5,760	
Assist with the financial management of grant funds, process financial reports, and facilitate payroll and accounts payable.										
2	Executive Director				Salary \$75,000	# of Staff 1	LOE 12.00%		Personnel Cost \$9,000	
Provider oversight and leadership of daily operations of program and financial processes.										
3	JIP Program Leader	Multiple Staff Members			Hourly Rate \$15	# of Staff 10	Hours 2,080		Personnel Cost \$312,000	
Provider [REDACTED] in correctional settings.										
4	Grant/Website Manager				Hourly Rate \$24	# of Staff 1	Hours 104		Personnel Cost \$2,496	
Provide assistance concerning project timelines and reporting										
5	Policy and Advocacy Director				Hourly Rate \$16	# of Staff 1	Hours 260		Personnel Cost \$4,160	
Facilitate [REDACTED] training and assist with advocate recruitment for Mental Health Advocacy Day.										
6	Resource Director	Isaac Johnson			Hourly Rate \$19.23	# of Staff 1	Hours 260		Personnel Cost \$5,000	
Facilitate [REDACTED] training and assist with advocate recruitment for Mental Health Advocacy Day.										

**B. Fringe Benefits**

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
Holiday (80 hours/year x LoE)	3.00%
PTO (192 hours/year x LoE)	9.00%
Retirement (Simple IRA)	3.00%
Life/Short-Term Disability/Accident	1.00%
Major Medical/Cancer/HI Insurance	12.00%
Emergency Transport Insurance	0.20%
FICA	7.65%
Unemployment Insurance	2.70%
<b>Total Fringe Rate</b>	<b>38.55%</b>

**Fringe Benefits Cost**

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost	
1	SWCN Project and Justice Involved Persons (JIP) Director	[REDACTED]	\$56,000	38.55%		\$21,588	\$21,588
2	SWCN Assistant Project and Peer Program Director	[REDACTED]	\$20,000	38.55%		\$7,710	\$7,710
<b>TOTAL</b>						<b>\$29,298</b>	<b>\$29,298</b>

**Fringe Benefits Narrative:**

Project Director: 10 Holidays offered annually = 80 hours per staff member or 3% of pay; 24 PTO offered annually = 192 hours per staff or 9% of pay  
 Assistant Project Director/Peer Program Director: 10 Holidays offered annually/50% Level of Effort = 40 hours per staff member or 3% of pay; 24 PTO offered annually x 4 hours = 192 hours per staff x 50% level of effort = 96 hours or 9% of pay  
 Retirement (Simple IRA) = 3% of salary  
 Life/STD/Accident Insurance = 1% of salary  
 Major Medical = 12% of salary  
 Emergency Transport Services = 2% of salary  
 FICA = 7.65% of salary  
 Unemployment Insurance = 2.7% of salary

**C. Travel**

Trip #	Purpose	Origin and Destination	Calculation					FEDERAL REQUEST	
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		Travel Cost
1	Stakeholder and Site Visits and Service Delivery	Officed location to venue and/or correctional facility	Local Travel (POV Mileage)	\$0.36	Mile	5,000.00	1	\$1,800	\$1,800
<b>TOTAL</b>								<b>\$1,800</b>	

Trip #	Travel Narrative:		
1	Stakeholder and Site Visits and Service Delivery	Officed location to venue and/or correctional facility	Travel Cost \$1,800
Project/JIP Director attends statewide meetings and conducts site visits and service delivery at the community stakeholder organizations, 4 state correctional facilities, and up to 7 county jails, short-term hospitals, or community corrections agencies: 5,000 miles x .36/mile = \$1,800			

**D. Equipment**

Line Item #	Item	Check if Item is a Vehicle	Calculation				FEDERAL REQUEST
			Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	
1		<input type="checkbox"/>				\$0	\$0
<b>TOTAL</b>							<b>\$0</b>

Line Item #	Equipment Narrative:			
1	Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost \$0

**E. Supplies**

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration	Supplies Cost	
1	Business Cards	\$100.00	1	1.00	1.00	\$100	\$100

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration	Supplies Cost	
2	Electronic Time Clock	\$7.50	1	12.00	1.00	\$90	\$90
3	MS Office Suite/Security/Email	\$36.66	1	12.00	1.00	\$440	\$440
4	Virtual Meeting Platform	\$191.00	1	1.00	1.00	\$191	\$191
5	Telephone	\$81.00	1	1.00	12.00	\$972	\$972
6	Postage	\$8.33	1	1.00	12.00	\$100	\$100
7	Printing	\$8.33	1	1.00	12.00	\$100	\$100
<b>TOTAL</b>						<b>\$1,993</b>	<b>\$1,993</b>

Line Item #	Supplies Narrative:					
1	Business Cards	Unit Cost \$100.00	Basis 1	Quantity 1.00	Duration 1.00	Supplies Cost \$100
500 business cards = \$100						
2	Electronic Time Clock	Unit Cost \$7.50	Basis 1	Quantity 12.00	Duration 1.00	Supplies Cost \$90
Time clock monthly cost \$7.50 x 12 months x 1 staff = \$90						
3	MS Office Suite/Security/Email	Unit Cost \$36.66	Basis 1	Quantity 12.00	Duration 1.00	Supplies Cost \$440
Annual Office Suite + Email = \$360; Internet/Email Security = \$16.01/annually; Document Back Up = \$64.28/annually; Total: \$440						
4	Virtual Meeting Platform	Unit Cost \$191.00	Basis 1	Quantity 1.00	Duration 1.00	Supplies Cost \$191
Zoom subscription = \$190/annually						
5	Telephone	Unit Cost \$81.00	Basis 1	Quantity 1.00	Duration 12.00	Supplies Cost \$972
AT&T Office@Hand (phone/text) = \$81/month x 12 months x 1 staff = \$972						
6	Postage	Unit Cost \$8.33	Basis 1	Quantity 1.00	Duration 12.00	Supplies Cost \$100
Postage to cover mailing any materials and/or literature to stakeholders: \$100/annually						
7	Printing	Unit Cost \$8.33	Basis 1	Quantity 1.00	Duration 12.00	Supplies Cost \$100
Marketing materials and printing costs for training manuals: \$100/annually						

**F. Contractual**

**Summary of Contractual Costs**

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST
1			\$0	\$0
<b>TOTAL</b>			<b>\$0</b>	<b>\$0</b>

**Contractual Details for** \_\_\_\_\_

Agreement # **Services and Deliverables Provided**

Agreement #	<b>Services and Deliverables Provided</b>
1	

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input type="checkbox"/> Other	

Contractual Total Direct Charges for

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	\$0

Contractual Total Cost for

TOTAL COST	TOTAL FEDERAL REQUEST
\$0	\$0

**G. Construction:** Not Applicable

**H. Other**

Line Item #	Item	Check if Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Other Cost	
1		<input type="checkbox"/>					\$0	\$0
<b>TOTAL</b>							<b>\$0</b>	<b>\$0</b>

Line Item #	<b>Other Narrative:</b>						
1		Unit Cost/Rate	Basis	Quantity	Duration	Other Cost	\$0

**I. Total Direct Charges**

<b>TOTAL DIRECT CHARGES</b>	<b>TOTAL FEDERAL REQUEST</b>
	\$109,091

**J. Indirect Charges**

Type of IDC Rate / Cost Allocation Plan

We elect to charge the de minimis rate of 10%

De Minimis Rate Statement (we have never received a federally negotiated IDC rate):

We have never received an approved federally negotiated IDC rate and we are electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) until such time we have an approved federally negotiated IDC rate. We will use the de minimis rate consistently for all federal awards until we choose to negotiate for an IDC rate, which we may apply to do at any time.

Indirect Charges

Calculation			FEDERAL REQUEST
De Minimis Rate (%)	MTDC Base	IDC	
10.00%	\$109,091	\$10,909	\$10,909
<b>TOTAL</b>		<b>\$10,909</b>	<b>\$10,909</b>

**Indirect Charges Narrative:**  
Total Direct Cost for Project = \$109,091. 10% of Total Direct Costs = \$10,909 for Total Indirect Costs

**REVIEW OF COST SHARING AND MATCHING**

Cost sharing or matching is not required for this grant.

**BUDGET SUMMARY: YEAR 1 Incremental Period 1**

BUDGET CATEGORY	FEDERAL REQUEST
A. Personnel	\$76,000
B. Fringe Benefits	\$29,298
C. Travel	\$1,800
D. Equipment	\$0
E. Supplies	\$1,993
F. Contractual	\$0
G. Construction (N/A)	\$0
H. Other	\$0
<b>I. Total Direct Charges (sum of A to H)</b>	<b>\$109,091</b>
J. Indirect Charges	\$10,909
<b>Total Projects Costs (sum of I and J)</b>	<b>\$120,000</b>

**BUDGET SUMMARY FOR REQUESTED FUTURE YEARS**

	Year 2	Year 3	Year 4	Year 5
Budget Category	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST
A. Personnel	\$76,000	\$76,000		

B. Fringe Benefits	\$29,298	\$29,298		
C. Travel	\$1,800	\$1,800		
D. Equipment	\$0	\$0		
E. Supplies	\$1,993	\$1,993		
F. Contractual	\$0	\$0		
G. Construction	\$0	\$0	\$0	\$0
H. Other				
<b>I. Total Direct Charges (sum A to H)</b>	<b>\$109,091</b>	<b>\$109,091</b>	<b>\$0</b>	<b>\$0</b>
J. Indirect Charges	\$10,909	\$10,909		
<b>Total Project Costs (sum of I and J)</b>	<b>\$120,000</b>	<b>\$120,000</b>	<b>\$0</b>	<b>\$0</b>

**Budget Summary Narrative:**

**FUNDING LIMITATIONS / RESTRICTIONS**

Funding Limitation/Restriction

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
A. Personnel	\$76,000	\$76,000	\$76,000			\$228,000
B. Fringe Benefits	\$29,298	\$29,298	\$29,298			\$87,894
C. Travel	\$1,800	\$1,800	\$1,800			\$5,400
D. Equipment	\$0	\$0	\$0			\$0
E. Supplies	\$1,993	\$1,993	\$1,993			\$5,979
F. Contractual	\$0	\$0	\$0			\$0
H. Other	\$0	\$0	\$0			\$0
<b>I. Total Direct Charges (sum A to H)</b>	<b>\$109,091</b>	<b>\$109,091</b>	<b>\$109,091</b>			<b>\$327,273</b>
J. Indirect Charges	\$10,909	\$10,909	\$10,909			\$32,727
<b>TOTAL for the Budget Year</b>	<b>\$120,000</b>	<b>\$120,000</b>	<b>\$120,000</b>			<b>\$360,000</b>
Percentage of the Budget	100.000%	100.000%	100.000%			

**Funding Limitation/Restriction Narrative:**



**BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006  
Expiration Date: 02/28/2022

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SM-24-002-Federal	93.243			\$120,000	\$0	\$120,000
2.						
3.						
4.						
5. Totals				\$120,000	\$0	\$120,000

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total (5)
	(1)	(2)	(3)	
<b>a. Personnel</b>	\$76,000	\$0		\$76,000
<b>b. Fringe Benefits</b>	\$29,298	\$0		\$29,298
<b>c. Travel</b>	\$1,800	\$0		\$1,800
<b>d. Equipment</b>	\$0	\$0		\$0
<b>e. Supplies</b>	\$1,993	\$0		\$1,993
<b>f. Contractual</b>	\$0	\$0		\$0
<b>g. Construction</b>	\$0	\$0	\$0	\$0
<b>h. Other</b>	\$0	\$0		\$0
<b>i. Total Direct Charges (sum of 6a-6h)</b>	\$109,091	\$0		\$109,091
<b>j. Indirect Charges</b>	\$10,909	\$0		\$10,909
<b>k. TOTALS (sum of 6i and 6j)</b>	\$120,000	\$0		\$120,000
<b>7. Program Income</b>				

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**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. SM-24-002-Federal				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)				

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	13. Federal	\$120,000	\$30,000	\$30,000	\$30,000
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$120,000	\$30,000	\$30,000	\$30,000	\$30,000

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SM-24-002-Federal	\$120,000	\$120,000	\$0	\$0
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$120,000	\$120,000	\$0	\$0

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges: 109,091	22. Indirect Charges: 10,909
23. Remarks: Indirect Provisional, 10%	

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