



RFA Application

COLLABORATIVE
for CHILDREN, YOUTH AND FAMILIES

Increase SOC sustainability cross system workforce

Seeking an organization or private independent contractor to provide the following services for the NC State Collaborative Training committee and State Collaborative full committee.

Training of supervisors and facilitation training with connection to fidelity check, TA/coaching. Including Trauma-informed SOC, CFT II, and Webinar TA (Meck)—up to \$75k

Contact Information

Organization/Contractor	
Street Address	
City ST ZIP Code	
County	
Best Phone to contact	
E-Mail Address	

Current Relevant Information

Are you a 501C3:	If no, LLC# or SS#	
Organization Address:		How long incorp?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
EIN#:	How many employees: How many volunteers:	Annual Budget:

Requested amount:

Please check all that apply:

We have an active board of directors numbering 5 or more

We are a 501C3

Our board is made up of 51% families or youth receiving MH services.

We/I advocate for families and youth with emotional or behavioral

issues.

___ We/I serve North Carolina.

___ We/I support, hire or train Family Partners.

___ Our/I staff has taken a System of Care or Child and Family Team training.

___ We have written and approved by-laws.

___ We have an anti discrimination organization policy. We are an Equal Opportunity Employer EEOC.

___ **We/I abide by all NC Laws, DOL, and OSHA rules and regulations.**

Required Needs

- Developing a cross systems approach/curriculum for motivational interviewing with a technical assistance/coaching component from the developers via telephone and webinar (too expensive for face-to-face coaching)
 - Maintain an eye on NC state policies that involve SOC and Children’s Mental Health Initiatives.
 - This would be achieved by drafting a Request for Applications (RFA) that would need to include the applicants intended catchment area (counties served), disciplines served, letters of support from key partners, demonstration of sustainability, etc. Our goal is to seek a Motivation Interviewing Network of Trainers (MINT) certified trainer.
 - **Other Possible Duties:** Lead community to create a certification process where the first CFT that is facilitated after completing training is recorded and sent to the Training/Technical Assistance workgroup for evaluation and critique before certification is complete. Up to 68K
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- Use as seed money for any other organization that is doing CFT facilitation training that needs a small amount of funding to get started or to keep a program going. Up to 5K
 - Monthly meetings online (via Blackboard) to foster dialogue among the provider community who are facilitating and participating in CFTs. This would be a method of Q & A to troubleshoot and to allow providers to hear from others who have been trained. Two (2) trainers would be hired to facilitate the four (4) scheduled meetings throughout the year. This money would also cover the fees associated with hosting this online. Up to 2K

Address the strategy you or your organization will employ to accomplish these goals. Please limit to Four pages Times New Roman 12 font.

Funding Agreement

- Upon approval, funds would be awarded with a onetime sum.
- It is the expectation of NCFU and the NC State Collaborative for Children, Youth and Families those organizations awarded detail an annual report summarizing the work this award helped the organization achieve.
- Organization/Individual awardees will be invited annually to report to the state collaborative on their experiences as a local family organization.
- Indirect for overhead, maintenance it not allowed. It is agreed that up to **\$75,000** will be used to the project.
- An annual report will be due by the 15th of the thirteenth month after the award was distributed.
- Deadline for application August 30,2012
- Notification by October 1, 2012

Agreement and Signature

By submitting this application and attached proof of acceptance to take the test, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded a scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate termination of award. I will then need to reimburse all funds to the funder.

Director Name (printed)	
Signature	
Date	

Board Chair Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this committee to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest.

