



## RFA Application

To strengthen System of Care practice across North Carolina/Workforce Development & Accountability

- Seeking an organization or private independent contractor to provide the following services for the NC State Collaborative Training committee and State Collaborative full committee.
  1. Community scan—develop an expected and sustainable framework of practices against which communities can be assessed and barriers identified—up to \$35k
  2. Streamline and decrease duplicated training silos.
  3. Summarize current funding streams—up two \$12.5k

### 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

Summarize existing funding streams to conduct SOC training of practitioners and family members.

1. Gather information about what kind of training is being conducted, for whom, and what are the cost from each likely agency and/or funder of SOC practice and training in NC.
2. Seek opportunities to collapse funding when redundancies exist.
3. Seek opportunities for one agency to conduct training across systems/agencies.

Address how you plan to accomplish these tasks. Please limit to two pages Times New Roman 12 font.

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### Required Needs

Complete a community scan by which communities can be assessed, strengths and barriers identified that informs a sustainable framework of SOC practices.

1. Seek to learn about SOC processes and outcomes across agencies/outside of agencies (versus siloed processes and outcomes) that are family-driven, youth-guided, strengths-based and grounded in evidence-based and promising practice.
2. Utilize the Community Collaborative Survey and Community Scan provided by DMH./DD/SAS, as a basis of this project.
3. Create a check-list of best practices
  - To assess SOC practice at the community level
  - To assess SOC practice at the individual practitioner level

Information learned during this process and the check-lists developed will be used in the training of Supervisors

Address the strategy you or your organization will employ to accomplish these goals. Please limit to two 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 **\$47,500** will be used to the project.
- An annual report will be due by the 15<sup>th</sup> 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.

