**SELECTION AND CRITERIA**

A panel of community representatives will review all completed applications and make recommendations to District Attorney Rollins, who will then select grant recipients based on those recommendations. Criteria for consideration are:

1. Timeliness. Applications must be received by **no later than 4:00 p.m. on Monday, June 8, 2020**. Applications received after the deadline will not be considered.
2. Eligibility Status. Applicant must provide 501(c)3 and DPH certification to be eligible to receive grant funding.
3. Preparation. Applicant has submitted all necessary documentation, a complete budget, and proper signatures outlined in the application request package.
4. Compliance. Requests for funds greater than $45,000 or funds for non-allowable uses will not be considered. In the event an applicant requests funds for both allowable and non-allowable purposes, only the portion of the application requesting funds for allowable program expenses will be considered.
5. Qualifications. The applicant must demonstrate, via clearly stated qualifications, an ability to implement the proposed project and/or provide the necessary services.
6. Commitment to Partnership. SCDAO endeavors to build relationships with organizations who address substance use disorder across Suffolk County that will last long after the funding period has ended. We value our lasting relationship with past recipients and welcome them to apply again but are also highly interested in distributing grants to organizations that have not previously been awarded grant funding.

**SUBMISSION**

Agencies or organizations wishing to receive these funds shall send their completed application **via email by 4:00 p.m., Monday, June 8, 2020** to:

Danielle Drummond

Deputy Chief of the Bureau of Community Engagement

[Danielle.Drummond@massmail.state.ma.us](mailto:Danielle.Drummond@massmail.state.ma.us)

Please place in the subject line: Drug Diversion Grant

Confirmation of receipt: Applicants will receive an email confirmation within 48 business hours.

**QUESTIONS**

Questions regarding the program must be submitted via email by **4:00 p.m. Monday, June 8, 2020.** When submitting your question(s), please include “Drug Diversion Grant” in your email subject line. Those questions may be submitted to: [Danielle.Drummond@massmail.state.ma.us](mailto:Danielle.Drummond@massmail.state.ma.us)

**REASONABLE ACCOMODATION**

Applicants with disabilities who seek reasonable accommodation, which may include the receipt of the RFP in an alternative format, must communicate the request in writing to [Danielle.Drummond@massmail.state.ma.us](mailto:Danielle.Drummond@massmail.state.ma.us) no later than **4:00 p.m. Monday, June 8, 2020**.

**AWARD AND AFTER ACTION REPORT**

Selected grantees will be notified via email. Funds must be deposited into the organizations account by June 30th. Once the funds have been used, the program/organization will be required to submit an after action report detailing how the funds were used and provide measures or indicators of the project’s reach and any discernible results of the project’s impact. Recipients that fail to submit an after action report will not be considered for future funding.

**PUBLIC RECORDS**

All responses and information submitted in response to this RFP are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G. L. c.4, § 7, cl. 26. Applicants should not submit personal medical information. Any statements in submitted responses that are inconsistent with these statutes shall be disregarded.

**Section 1: Organization Information**

Name of Application Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this agency previously received Community Reinvestment Grant funding from Suffolk County District Attorney’s Office?  Yes  No

If yes, what year(s) did the agency receive funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Briefly describe the organization’s mission/service (300 words)**.

(*Please include your organizations geographic service area(s))*

**Section 3: Service Delivery Plan**

Please provide a brief description of how your program will work with our office to identify those who are need of treatment and make appropriate referrals. Please give information on supervisory structure, where this staff would be housed, and what kinds of services your program would be able to offer.

**Section 4: Staff Qualifications:**

Please provide a list of all key program staff and their qualifications. You may include organizational and program charts, resumes, staff profiles, list of board members and experience as supporting documentation.

**Section 5: Safety Policies:**

Please provide a copy of policies in place to ensure the safety and wellbeing of staff and clients. This may include program staffing levels, staff training requirements, and other procedures and protocols for responding to safety concerns or emergencies (including COVID-19).

**Section 6: Evaluation:**

Describe the proposed funded services, their predicted outcomes, and the manner in which you will monitor the fiscal and programmatic aspects of the program and its success.

**Section 7: Program Budget Proposal**

Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide an outline of the program’s budget with the Coordinator’s full salary and benefits.

**Section 8: Sustainability Plan**

Please describe how your program will continue to fund this position whether or not funding is provided through the Drug Diversion grant in the future.

**Certification**

**The undersigned agrees that funds awarded will be used only for the purpose authorized by the Suffolk County District Attorney’s Office. The undersigned further acknowledges that an after action report will be provided to the Suffolk County District Attorney’s Office at the completion of the project/program.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of organization to whom check is to be made payable if awarded grant)*

Please include any attachments and 501(c)3 and DPH certification after the proposal application.

EMAIL APPLICATION TO: [Danielle.Drummond@massmail.state.ma.us](mailto:Danielle.Drummond@massmail.state.ma.us)

Applications must be received no later than **4:00 p.m. Monday, June 8, 2020**

**SUFFOLK COUNTY DISTRICT ATTORNEY**

**RACHAEL ROLLINS**

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**COMMUNITY REINVESTMENT GRANT**

**APPLICATION CHECKLIST**

Please submit with your application no later than **4:00 p.m. Monday, June 8, 2020**

Organizational Information

Description of Organization/Program

Service Delivery plan

Staff Qualifications

Safety Policies

Program Evaluation

Program Budget Proposal

Sustainability plan

Signature *(digital or print acceptable)*

501(c)3 Certification