

Mobile Rapid Response Crisis Teams and Community-Based Crisis Teams Grant Application

HCA Reference Number: 2024HCA2

Application Instructions

Applicant organizations must respond to all of the following questions. All responses must be entered into this *Grant Application Form* as provided and should be clear, concise, and directly address each question. HCA reserves the right to request additional information or proof of documentation as referenced in this document. No external or additional marketing materials may be submitted with the application.

Application Submission Instructions

Application Submission Instructions are outlined in the *Grant Application Overview* document on the **Mobile Crisis Response Endorsement Program website** [🔗](#). Applications that do not adhere to the Application Submission Instructions outlined in the *Grant Application Overview* document may not be evaluated.

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Organization information

HCA requires the legal name of the applicant organization as it is registered in the state of Washington or the state in which Applicant organization is registered.

Legal name

DBA (if any)

Street address

Mailing address

City

State

ZIP

Telephone Number with area code

Extension

Email address

WA State Unified Business Identification (UBI) Number:

If the organization does not have a UBI Number to provide above, then proof of exemption from state licensing requirements must be submitted with this *Grant Application Form*.

Washington State Office of Minority and Women’s Business Enterprises (OMWBE)

Certification Number (If applicable):

For more information: omwbe.wa.gov.

Signatory information (person with signature authority for the organization)

Name

Title

Telephone number with area code

Extension

Email address

Primary contact information (for questions/contract negotiations)

Name

Title

Telephone number with area code

Extension

Email address

IMPORTANT: HCA may request additional response materials. Failure to provide this information upon request may cause HCA to consider the submitted *Grant Application Form* non-responsive and reject it.

(a) Subcontractor(s)

Does applicant organization's *Grant Application Form* include any subcontractors?

Yes No

If yes, list the organization name, primary contact name, email, and phone number for each subcontractor.

The substitution of one subcontractor for another may be made only at the discretion and prior written approval of HCA. The applicant organization is liable and responsible for all subcontractor work.

(b) Procurement or financial-related convictions

Indicate whether the applicant organization, subcontractor, or any of the applicant organization's or subcontractor's principal owners, officers or partners has been convicted within the last ten (10) years of any of the following:

1. Conviction for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract;

Yes No

2. Conviction or a final determination in a civil action under state or federal statutes of fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violation of the federal false claims act, 31 U.S.C. Sec. 3729 et seq., or the state Medicaid fraud false claims act, chapter 74.66 RCW, or any other offense indicating a lack of business integrity or business honesty that currently, seriously, and directly affects responsibility as a state contractor;

Yes No

3. Conviction under state or federal antitrust statutes arising out of the submission of bids or applications.

Yes No

If **yes**, submit full details of the terms of the incident including the customer and/or other adverse party name, address, and telephone number. Present the applicant organization's position on the matter.

Organization name

Telephone number with area code

Address (street, city, state, zip code)

Organization's position statement

(c) Termination for default

Has the applicant organization or applicant organization's subcontractors had a contract terminated for default within the last five years?

Yes No

If **yes** submit full details including the other party's name, address, and telephone number.

Organization name

Telephone number with area code

Address (street, city, state, zip code)

Details of termination

If discovered post contract or grant award, failure to disclose any termination for default may result in termination of the contract or grant with liquidated damages.

(d) Federal and state debarment certification

Is the applicant organization, including any of its officers or holder of controlling interest; or proposed subcontractors presently or has been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or state contracts or grants by any federal or state department or agency?

Yes No

If **yes**, submit full details including reason for debarment and timeframe.

(e) Wage payment requirement violation

Has applicant organization or applicant organization's subcontractors, within the three (3) year period immediately preceding the date of the *Grant Application Form* submission, been determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapter 49.46 (Minimum Age Requirements and Labor Standards), 49.48 (Payment of Wages), or 49.52 (Wage Deductions)?

Yes No

If **yes**, submit full details including the citation and/or judgement, the other party's name, address, and telephone number.

Details of termination

If discovered post contract or grant award, failure to disclose any wage payment requirement violation may result in termination of the contract or grant with liquidated damages.

(f) Conflict of interest information

1. Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Applicant organizations should familiarize themselves with the requirements prior to submitting an application that includes current or former state employees.
Were any of the applicant organization's employees, officers or subcontractor's employees or officers employed by the state of Washington during the last two (2) years?

Yes No

If **yes**, state their positions within your organization, proposed duties under any resulting contract or grant, their duties and position during their employment with the state, and the date of their separation from state employment. If applicable, indicate whether individual providing services retired using the 2008 Early Retirement Factors (ERF) or whether the organization is owned by an individual who retired under the ERF and receiving compensation as a result of the contracted service.

2. Is any owner, key officer or key employee of the applicant organization related by blood or marriage to an employee of HCA or has close personal relationship to same?

Yes NO

If **yes**, identify the parties, identify their current or proposed positions, and describe the nature of the relationship.

3. In preparing this *Grant Application Form*, has applicant organization been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this application or prospective contract, and who was assisting in other than his or her official, public capacity?

Yes No

If **yes**, please submit an explanation.

4. Is the applicant organization aware of any other real or potential conflict of interest?

Yes No

If **yes**, disclose the nature and circumstance of such potential conflict of interest.

If after review of the information provided and the situation, HCA determines that a potential conflict of interest exists, HCA may, at its sole discretion, disqualify the applicant organization from participating in this grant process. Failure to fully disclose any real or potential conflict of interest may result in disqualification of the applicant organization or termination for default of any contract or grant with the applicant organization resulting from this grant process if discovered post contract or grant award.

(g) Recent Washington State contracts

Has the applicant organization or any subcontractor contracted with or received a grant from the state of Washington during the past 24 months?

Yes NO

If **yes**, provide the name of the agency, the contract number, and project description and/or any other information available to identify the contract.

Agency name

Contract number

Project description/additional details

(h) Confidential information and public disclosure

Does the applicant organization's *Grant Application Form* contain any proprietary or confidential information? Is the applicant organization claiming an exemption under chapter 42.56 RCW, the Public Records Act, or other state or federal law that provides for nondisclosure of a record?

Yes NO

If **yes**, provide an indexed list, identifying location of proprietary/confidential information by document name, page number, and location on page where the information is in the response. Each page claimed to be exempt from disclosure must reference either (1) the specific basis claimed under Chapter 42.56 RCW, the Public Records Act, or (2) a statement of why the information is designated proprietary/confidential or exempt from disclosure. Additionally, each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right-hand corner of the page. Stating or marking the entire *Grant Application Form* or entire sections as proprietary will not be honored.

The applicant organization makes the following certifications and assurances as a required element of the *Grant Application Form*, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract or grant:

- (a) Applicant organization's answers and statements made in this *Grant Application Form* are true and correct.
- (b) Applicant organization's prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition? Applicant organization may join with other persons or organizations for the purpose of presenting a single application.
- (c) Applicant organization's attached *Grant Application Form* is a firm offer for a period of 120 days from the due date for receipt of applications, or up until the start date of the resulting contract or grant, and it may be accepted by HCA without further negotiation at any time within this period.
- (d) The applicant organization understands that HCA will not be liable for any costs incurred by the Applicant in preparation of an application submitted in response to this Grant, in conduct of a presentation/product demonstration, or any activities related in any way to responding to this Grant. Funds are not obligated until a contract or grant award has been fully executed.
- (e) The applicant organization understands that its *Grant Application Form* will become the property of HCA, and the applicant organization claims no proprietary rights to the ideas, writings, items, or samples, unless so stated in its response to the Confidential Information and Public Disclosure question above.
- (f) The applicant organization confirms the prices and/or cost data submitted have not been knowingly disclosed by the applicant organization and will not be knowingly disclosed by the applicant organization prior to announcement of the grant award, directly or indirectly, to any other applicant organization or to any competitor.
- (g) The applicant organization confirms it has made no attempt and will make no attempt to induce any other person or organization to submit or not to submit an application for the purpose of restricting competition.
- (h) The applicant organization grants HCA the right to contact references and others, who may have pertinent information regarding the ability of the applicant organization and the lead staff person(s) to perform the services contemplated through this grant process.

By signing below, you hereby certify that you are an authorized representative of your organization and empowered to negotiate, enter into, and execute, in the name and on behalf of your organization, any agreements or documents associated with this grant process and to bind your organization to the obligations stipulated therein.

I declare under penalty of perjury under the law of Washington that the information provided in this document are true and correct.

To sign this form, do not use the "Fill & Sign" function; instead, simply click in the appropriate signature field to add your signature.

Typed name

Title

Signature

Date

Location (city or other location, and state or country)

The following are the minimum qualifications for applicant organizations. Applicant organizations must be able to answer YES to ALL qualifications listed below to pass and move forward to the Application evaluation process. Check or click in the box if your organization qualifies.

(a) Type of organization

- Must be a new or existing Mobile Rapid Response Crisis Team (MRRCT) or Community-Based Crisis Team (CBCT) seeking endorsement under **WAC 182-140**.
- Must provide a letter of support from Applicant's regional Behavioral Health-Administrative Services Organization (BH-ASO) that the regional BH-ASO is in support of the team applying for these grants and intends to contract for services.

Yes – To all section (a) qualifications listed above.

(b) Experience and operations

- Must have capacity to provide crisis response services, including outreach, de-escalation, crisis planning, stabilization, resource connection, and follow-up support.
 - Must be licensed to operate and provide services in Washington State.
 - Must be building the operational capacity to necessary to establish themselves as a licensed and certified Behavioral Health Agency (BHA) issued by the Department of Health (DOH).
- or;**
- Must have an active BHA license, in good standing, issued by the DOH, or a contract with a licensed or certified BHA who is contracted with the BH-ASO in the region where the team will operate.
 - Must have a certified letter of intent to contract with the BH-ASO serving the region where the team will operate once endorsed.

- Exempt CBCTs must have an MOU with a licensed BHA certified to provide crisis services and direct, real-time consultation through a behavioral health provider while the team is responding to a crisis call.
- Must comply with BH-ASO contracts and be licensed with the DOH to provide crisis services.
- Must ensure, and demonstrate through *Grant Application Form* responses, the funds received through this HCA grant will not duplicate any existing support received from BH-ASO

Yes To all section (b) qualifications listed above.

Applicant organization confirms they meet all requirements specified in this eligibility criteria section as a prerequisite to submitting this *Grant Application Form*. This Eligibility Criteria section is an exact copy of the EC section from the Overview document.

Note: If an applicant organization selects that it confirms it has met all requirements of the Eligibility Criteria and it is verified later that the applicant organization does **not** meet the eligibility criteria, the applicant organization's application will be considered non-responsive.

1. Staffing plan (20 points total)**A. Describe your organization's staffing structure (300 words max)**

What roles are essential for your MRRCT/CBCT, how many staff are needed to reach the 24/7 response requirement, where your teams are located, and how each role contributes to achieving WAC 182-140 endorsement? Include a comprehensive and clearly defined staffing structure, including specific roles and responsibilities for each position essential to the MRRCT/CBCT.

B. Recruitment and retention (300 words max)

How will your organization recruit and retain qualified staff? Provide details on recruitment strategies and retention plans, emphasizing sustainable practices. Include a description of your comprehensive and sustainable strategy.

C. Training (300 words max)

How many staff trainings will be required? Describe initial and ongoing training plans. Describe well documented training plans covering all essential areas.

D. Certified Peer Counselors inclusion (300 words max)

How will Certified Peer Counselors be incorporated as a best practice within your organization's response team? Describe a clear, well defined plan demonstrating integration of Certified Peer Counselors as a core component of the response team.

2. Crisis response capability (15 points total)

A. Hours of operation (300 words max)

How will your organization ensure a 24/7 response is available and ensure coverage during critical hours?

B. Collaboration (300 words max)

How will your organization collaborate with local law enforcement, if the need is identified? Define partnerships with clear roles.

C. Timeline (300 words max)

What is your timeline to reaching endorsement? Describe a clear, realistic timeline with milestones and plan for timely endorsement.

3. Transportation and communication equipment (10 points total)

A. Vehicles (400 words max)

How will your organization meet its vehicle needs for the endorsement program? Specify the number and types of vehicles required, whether they will be newly acquired or drawn from an existing fleet. If applicable, justify the need for additional vehicles or modifications to current vehicles to meet endorsement requirements. Detailed justification with alignment to community geography.

B. Communication systems (400 words max)

Identify what two-way communication equipment your organization will require and how will this equipment meet the communication related requirements for endorsement? What is the timeline to acquire, install, and train teams on this communication equipment, if applicable?

4. Community engagement and cultural competence (10 points total)

+5 Bonus Points Available

A. Community needs assessment (300 words max)

What are the key mental health and crisis service gaps in the community you will serve? How will your organization meet the needs of identified gaps in your community?

B. Culturally responsive services (300 words max)

How will your organization ensure culturally competent services? What is your experience in providing culturally competent services? Be specific.

+5 bonus points: Applicant organization demonstrates significant experience and successful strategies in providing culturally relevant services to populations with the least access to behavioral health services. The response should clearly show the applicant organization's commitment to prioritizing those with the greatest needs, with specific examples of outreach, engagement, or tailored care models.

5. Financial sustainability (10 points total)

A. Sustainability plan (500 words max)

How will your organization maintain their endorsement beyond the initial grant funding? Describe a well-developed realistic plan with identified funding sources.

B. Duplicate support (500 words max)

If your organization holds existing BH-ASO contracts, please outline in detail how HCA's grant funds will be utilized without duplicating any current BH-ASO support received by the applicant organization.

Unscored

6. Organizational capacity (15 points)

A. Organizational readiness (300 words max)

Provide a detailed explanation of BHA licensing status including implementation, history, current status with DOH license number, and if pending, any projected complications to becoming licensed. Outline the current status of your BHA, detailing either:

- Where your organization is in the process to obtaining a BHA license with the DOH, including any projected complications;
- **or,**
- if the applicant organization already has a BHA license with DOH; Identify the current status of your organization's BHA license, including DOH license number and, if different from the organization applying for this grant, information on the contracted BHA.

B. Experience (300 words max)

Describe your organization's history in crisis intervention or behavioral health services. Highlight documented successes.

C. Key staff (300 words max)

What are the qualifications of your organization’s key staff overseeing the MRRCT/CBCT, and how do their skills and experience align with the specific needs of this program ? Please provide detailed information about the qualifications of key staff responsible for overseeing the MRRCT/CBCT, with specific and relevant credentials and extensive professional experience. Staff experience directly addresses all aspects of the MRRCT/CBCT model.

7. Service area and impact (10 points)

+5 Bonus Points Available

A. Geographic scope (300 words max)

Organizations applying for this grant must clearly define the geographic areas they intend to serve, specifically identifying the counties in Washington State. Each service location should be aligned with community needs, considering factors such as population density, existing service availability, and specific local challenges related to behavioral health crisis.

B. Projected impact (300 words max)

What is the expected impact to the geographic areas your organization intends to serve? Give detailed projections of impact, including outcomes that focus on specific geographic outcomes.

+5 bonus points: Applicant organization demonstrates significant experience and successful strategies in providing services to geographic areas/communities with the least access to behavioral health services. The response should clearly show the organization's commitment to prioritizing the communities with the highest level of need/scarcity, with specific examples of outreach, engagement, or tailored care models.

8. Data collection and evaluation (5 points)

A. Data collection (300 words max)

How will your organization track service delivery and outcomes? Describe a clear data collection plan with relevant metrics.

B. Evaluation and improvement (300 words max)

What is your organization's process for evaluating program performance?

Applicants must provide a preliminary budget estimate for the period March 15, 2025 – June 30, 2025, with a total budget not exceeding \$500,000. The budget must include detailed line items that clearly specify the amounts requested and explain the necessity of each item. All budget items must align with the proposed activities outlined in the applicant organization's *Grant Application Form* and reflect how the grant funds will be used. The budget must only reflect the costs associated with the proposed activities funded by this grant, not the applicant's full operational expenses.

Applicants applying for funding beyond \$150,000 a must provide a compelling justification in their budget demonstrating that additional resources are critical to their success by responding to the supplementary question below the budget table.

All budget submissions must use the budget categories below. Applications that do not adhere to this format may not be evaluated. Use the following fields for your responses.

1. Budget categories	Amount
<p>A. Salary and wages</p> <p>Include total costs, job titles, salaries, fringe benefits, estimated full-time equivalents (FTEs), and projected roles.</p>	Cost \$
<p>B. Transportation</p> <p>Provide the total cost for purchasing or leasing vehicles, including any associated expenses (e.g.: taxes, registration, insurance) and/or necessary modifications.</p>	Cost \$
<p>C. Communication equipment</p> <p>List any equipment over \$5,000, along with justification. Less expensive items should be categorized under supplies.</p>	Cost \$
<p>D. Supplies</p> <p>Provide justification for routine supplies and costs, and communication equipment less than \$5,000.</p>	Cost \$
<p>E. Travel</p> <p>Estimate travel costs, including purpose and staff roles, with justification.</p>	Cost \$
<p>F. Training and licensing costs</p> <p>Outline expenses related to obtaining a BHA license, and expenses related to trainings, e.g.: instructor fees, materials, venue costs.</p>	Cost \$
<p>G. Other</p> <p>Briefly describe any additional costs that do not fall under the above categories.</p>	Cost \$
<p>H. Other</p> <p>Briefly describe any additional costs that do not fall under the above categories.</p>	Cost \$
<p>I. Other</p> <p>Briefly describe any additional costs that do not fall under the above categories.</p>	Cost \$

J. Other

Cost \$

Briefly describe any additional costs that do not fall under the above categories.

Total Budget \$

2. Budget justification for additional funding (if applicable)

If an applicant's funding request exceeds \$150,000, the applicant must provide a detailed justification outlining the specific needs and objectives that require additional resources. Applicants must explain how the additional funding (up to \$500,000) will enhance the overall impact and success of their work. Applicants must include relevant data, cost analysis, or other supporting information to substantiate their request, with each cost clearly justified, and it demonstrates sustainability after completion of the grant.

If an applicant's request is considered for funding but does not meet the full \$500,000 threshold, the evaluation panel will determine which parts of the application and budget to fund based on the available budget and the alignment of the requested funds with the proposed activities. In such cases, the panel may reduce the funding amount and will prioritize funding the most critical components of the application. Applicants will be notified of the final funding decision, including any adjustments to their requested amount.