

Crisis Relief Centers Grant Application Form

HCA Reference Number: 2024HCA1

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. Applications must be submitted using the HCA provided *Grant Application Form*, without modification, to ensure consistency and accessibility for all applicant organizations. 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 [Crisis Relief Center Program grant 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

Legal name*

DBA (if any)

Street address

Mailing address

City

State

Zip code

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

Organization contact

Telephone number with area code

Extension

Email address

Service address (the address where services will be provided)

Mailing address

City

State

Zip code

Signatory information (person with signature authority for the organization)

First and last name

Title

Telephone number with area code

Extension

Email address

Primary contact (for questions and contract negotiations)

First and last name

Title

Telephone number with area code

Extension

Email address

UBI number

Washington State Unified Business Identification (UBI) number:

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

OMWBE certification number

If applicable, Washington State Office of Minority and Women’s Business Enterprises (OMWBE) Certification Number:

For more information, visit www.omwbe.wa.gov.

2 Additional information

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.

A. Subcontractor(s)

Does applicant’s Application include any subcontractors?

Yes No

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

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

B. Procurement of financial-related convictions

Indicate whether the applicant organization, subcontractor, or any of the applicant organization or subcontractor 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;
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;
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.

Customer or party name

Telephone number with area code

Address (street, city, state, zip code)

Organization's position statement

Note: HCA reserves the right to contact the customer or other adverse party and their representatives for further investigation of the incident. HCA will evaluate the facts and may, at its sole discretion, reject the application on the grounds of the past conviction.

C. Termination for default

Has 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.

Party name

Telephone number with area code

Address (street, city, state, zip code)

Termination details

The applicant organization grants HCA permission to contact any and all involved parties and access to any and all information HCA determines is necessary to satisfy its investigation of the termination. HCA will evaluate the circumstances and may, at its sole discretion bar the participation of the applicant organization from this grant process.

Note: If discovered post contract award, failure to disclose any termination for default may result in termination of the contract 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 violations

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.

Party name

Telephone number with area code

Address (street, city, state, zip code)

Citation and/or judgement details

The applicant organization specifically grants access to HCA to all information HCA determines necessary to satisfy its investigation of the citation and/or judgement. HCA will evaluate the circumstances and may, at its sole discretion bar the participation of the applicant organization from this grant process.

Note: If discovered post contract award, failure to disclose any wage payment requirement violation may result in termination of the contract 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 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.

Note: 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 grants and 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/contract information

H. Financial benefits

Are any of the applicant organization’s owners, employees, officers, subcontractor (including employees or officers), in a position to financially benefit from the award of this grant?

Yes No

I. Confidential information and public disclosure

Does 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.

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Certifications and assurances

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 organization 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 process. 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 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 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.

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Authorized signature(s)

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.

First and last name

Title

Signature

Date

Location (city or other location, state or country)

The following are the minimum eligibility criteria for applicant organizations. Applicant organizations must be able to answer **"yes"** to **all** criteria listed below to pass and to move forward to the Application evaluation process.

- a. Must have capacity to provide crisis response services, including outreach, de-escalation, crisis planning, stabilization, resource connection, and follow-up support.
Yes No
- b. Must be licensed to operate and provide services in Washington State.
Yes No
- c. Must be building the operational capacity to necessary to establish themselves as a licensed Behavioral Health Agency (BHA) issued by the Department of Health (DOH).
or;
Must have an active BHA license issued by DOH. DOH license number:
Yes No
- d. Must be in the process of obtaining the appropriate DOH certification to operate and provide services in Washington State as a 23-hour Crisis Relief Center, according to **WAC 246-341-0903**.
Yes No
- e. Must ensure, and demonstrate through *Grant Application Form* responses, the funds received through this HCA grant will not duplicate any other funding support received by the applicant organization.
Yes No

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.

Continued on next page

1. Staffing plan (15 points)

- A. **Describe your organization's staffing structure and/or provide a detailed staffing plan (750 words max)**
What roles are essential for your CRC, how many staff are needed to reach the 24/7 operating requirements identified in WAC 246-341-0903?

B. **Key staff (500 words max)**

What are the qualifications of your organization's key staff overseeing the CRC, 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 CRC.

C. **Certified Peer Counselors inclusion (500 words max)**

How will Certified Peer Counselors be incorporated as a best practice within your organization's response team?

2. Crisis response capacity (23 points)

A. Hours of operation (300 words max)

How will your organization ensure 24/7 facility access is available and ensure open doors during critical hours?

B. Collaboration (750 words max)

How will your organization build relationships, and maintain collaboration with local law enforcement agencies, EMT/fire departments, Tribal governments, IHCPs, outpatient mental health providers, and other social service providers within the community?

C. Community provider support (750 words max)

Provide at least one (1) but no more than three (3) letters of support from other social service providers within the community where the applicant organization will provide services. This may include local law enforcement agencies, EMT/fire departments, outpatient mental health providers, etc. Letter(s) of support must be submitted with the applicant organization's completed *Grant Application Form*, and as outlined in the *Grant Application Overview* document.

D. **Timeline (750 words max)**

Provide a detailed timeline outlining the steps your organization will take to ensure the facility is open and operating with the three phases listed below accomplished within the estimated service date range of April 15, 2025 – June 30, 2025. Include costs and purchases necessary for each phase, as identified in your organization's responses in the Budget section.

- Phase 1: Facility preparation and hiring
- Phase 2: Service rollout and community management
- Phase 3: Monitoring and optimizations

3. Community engagement and cultural humility (20 points)

+5 bonus points available

A. Community needs assessment (500 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

Part 1: How will your organization ensure cultural humility while providing these services for Black, AI/AN individuals, People of Color, and bi-cultural individuals? (400 words max)

Part 2: How does your organization ensure services while maintaining cultural humility? (400 words max)

C. **Trauma informed services (500 words max)**

How will your organization ensure trauma informed services are provided to other marginalized communities such as rural communities, Tribal communities, members of the LGBTQ+ community, and individuals with disabilities?

+5 bonus points: Applicant demonstrates functional capability and successful strategies in providing culturally relevant services to populations in their service area with the least access to behavioral health services. The response clearly shows the applicant's ability and commitment to prioritizing those with the greatest needs, with specific examples of outreach, engagement, or tailored care models.

4. Financial stability (10 points)

A. Sustainability plan (500 words max)

How will your organization maintain the ability to provide services beyond the initial grant funding?

B. Duplicate support (500 words max)

If your organization utilizes other grant funds to support this work, please outline in detail how HCA's grant funds will be utilized without duplicating any other support currently received.

5. Organizational capacity (15 points)

A. Organizational readiness (500 words max)

Outline the current status of your BHA credential, detailing either:

- Where your organization is in the process of 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 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 (750 words max)**

Describe your organization's history in crisis intervention and/or behavioral health services.

C. **Addressing physical health needs (500 words max)**

Outline how your organization currently handles the assessment of physical health needs, the treatment of non-acute physical health conditions, the management of stable chronic conditions, and provides minor wound care. Will any changes be implemented with the grant funds? If your organization does not yet address physical health needs, provide a detailed outline of how your organization will implement the services identified above.

6. Service area and impact (8 points)

+5 bonus points available

A. Geographic scope (500 words max)

Organizations applying for this grant must clearly define the geographic areas they intend to serve, specifically identifying on which side of the Washington State Cascade mountains services will be provided. 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 (500 words max)

What is the expected impact to the geographic areas your organization intends to serve?

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

7. Data collection and evaluation (9 points)

A. **Data collection (500 words max)**

How will your organization track client outcomes and referral sources?

B. **Evaluation and Improvement (500 words max)**

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

8. Budget (10 points)

Instructions

Applicants must provide a budget estimate for the estimated service date range of April 15, 2025 – June 30, 2025, covering the proposed goals and activities. The budget must include a **narrative statement** (section 8A) explaining how the costs were determined and the necessity of each item, and a **budget table** (section 8B) which reflects the narrative costs and clearly specifies the amounts requested. All budget items must align with the proposed activities outlined in the *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 organization's full operational expenses.

The **proposed budget must not exceed \$700,000**, however applicant **organizations applying for funding beyond \$300,000 must provide compelling justification** within their budget demonstrating that additional resources are critical to their success by responding to section 8C, Budget justification for additional funding. The amount of funding awarded will be determined during the Evaluation Process.

Any contract award resulting from this RFA is contingent upon the availability of funding.

All budget submissions must use the budget categories below to complete budget sections A, B, and C. Applications that do not adhere to this format may not be evaluated.

Budget categories

Below are the required budget categories for both your **budget narrative** and **budget table** responses.

- **Salary and wages:** Include total costs, job titles, salaries, fringe benefits, estimated Full-Time Equivalents (FTEs), and projected roles.
- **Training/licensing costs:** Outline expenses related to training, e.g., instructor fees, materials, and venue costs. Outline expenses related to obtaining a Behavioral Health Agency (BHA) license.
- **Travel:** Estimate travel costs, including purpose and staff roles, with justification.
- **Administrative/office supplies:** Provide justification for routine supplies and costs.
- **Medical/behavioral health service supplies:** Provide justification for routine supplies and costs.
- **Interim rent/leasing fees:** The applicant organization shall ensure payment towards rent or lease using grant funds is paid at a fair Market Rent Rate and provide an outline identifying how the rate to be paid was determined to be a fair Market Rent Rate.
- **Other:** Briefly describe any additional costs that do not fall under the above categories.

A. **Budget narrative (750 words max)**

Using the **budget categories** on the previous page, outline an explanation of how the amounts in the **budget table** were generated and an explanation for each of the proposed expenses.

B. **Budget table**

The budget table must include detailed line items which clearly specify the amounts requested, the applicable budget category, and explain the necessity of each item. All budget items must align with the proposed activities outlined in the application responses and accurately reflect how the grant funds will be used.

Salary and wages

Details of positions, salaries, FTEs, and costs

1.	
	\$
2.	
	\$
3.	
	\$
4.	
	\$
5.	
	\$

Training/licensing costs

Description of training needed and licensing costs

1.	
	\$
2.	
	\$
3.	
	\$
4.	
	\$
5.	
	\$

Travel

List of equipment, justification, and costs

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

Administrative/office supplies

Description of supplies, purpose, and costs

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

Medical/behavioral health service supplies

Description of supplies, purpose, and costs

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

Interim rent/leasing fees

Explanation of how fair Market Rent Rate was established and costs

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

Other

Brief description of additional costs

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

Total budget

\$

C. **Budget justification for additional funding (if applicable)**

This section is only required for applicants requesting an amount exceeding \$300K.

If an applicant organization's funding request exceeds \$300,000, the applicant organization must provide a detailed justification outlining the specific needs and objectives that require additional resources. Applicant organizations must explain how the additional funding (up to \$700,000 total) will enhance the overall impact and success of their work. Applicant organizations must include relevant data, cost analysis, or other supporting information to substantiate their request.

If an applicant organization's request is considered for funding but does not meet the full \$700,000 threshold, the evaluation panel will determine which parts of the application and budget to fund based on the available budget, the alignment of the requested funds with the proposed activities, and the grant objectives. In such cases, the panel may reduce the funding amount and will prioritize funding the most critical components of the application. Applicant organizations will be notified of the final funding decision, including any adjustments to their requested amount.