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November 1, 2022

## NOTICE OF FUNDING AVAILABILITY FOR COMMUNITY PROVIDERS

Dear Community Provider,

[Bergen's Promise](#) is the designated Care Management Organization for Bergen County by the New Jersey Children's System of Care (NJCSOC). We currently serve a diverse population of approximately 1,700 youth up to age 21 with serious emotional and behavioral health challenges, substance use issues and intellectual/developmental disabilities. Our mission is to keep at-risk children safe, stable, and in their communities, using the Wraparound Model of Care.

As part of our contract with the New Jersey Children's System of Care (NJCSOC), Bergen's Promise has access to limited funds designated for one time use by community organizations to promote and develop new, additional, and/or unique resources addressing an unmet or under-served need in Bergen County youth with emotional, developmental, and behavioral health needs.

**This letter serves as a 'Request for Proposals' to develop and/or increase the availability of community resources to Bergen County youth experiencing emotional, behavioral and/or developmental/intellectual health needs and their families. A maximum total of \$67,788.07 is available to fund one or more projects that expand or create resources available to Bergen County youth experiencing emotional, behavioral and/or developmental/intellectual health needs and their families. The funding period covered will be no longer than 12 months: July 1, 2023 through June 30, 2024. Funding must be utilized in full by June 30, 2024 and will become unavailable to the awardee(s) after that date (see Section III: RFP Timelines on page 10 for more details).**

***All awards are contingent on the sufficiency and availability of NJCSOC funding. Final decisions regarding grant awards will be at the discretion of NJCSOC.***

This funding solicitation reflects current needs of youth served by Bergen County's System of Care and the NJ Children's System of Care Community Resource Development (CRD) funding guidelines. Collaborative applications that maximize the impact of these limited funds are encouraged as well as projects that include

family participation. Applicants must commit to working in partnership with Bergen’s Promise, other system partners, and community-based resources.

Bergen’s Promise used existing relevant and reputable resources to inform our Determination of Need that identifies and prioritizes local or regional community needs that can be supported by CRD funds. The following information and data sources reviewed included: county needs assessments, recent county, state and national data, internal agency data, peer-reviewed research, and collected anecdotal data from various county committee meeting minutes, and discussions with committee leadership. A reference list of data sources used to support the identification of needs can be found at the end of section II: Background and Rationale section of this document.

**Priority Needs for Funding - Target populations of at-risk youth/families and their most prominent needs**

Below you will find the needed programs/services/supports for respective target populations for at-risk youth/families for which this Request for Funding Applications exists. **Potential applicants for this funding should tie the proposed programs, support services, programs, activities to the needs identified below and demonstrate the embodiment of the [Wraparound Principles](#) of the New Jersey Children’s System of Care. Furthermore, they should assure equitable access of the programs/services/supports.**

Target population of at-risk youth and their families	Identified needs
Youth with emotional and behavioral health care challenges, and their families	<ul style="list-style-type: none"> <li>• Culturally informed, parent/family systems-based strategies/support program for parents/caregivers of:               <ul style="list-style-type: none"> <li>○ youth with suicidal ideation</li> <li>○ youth with school avoidance</li> <li>○ youth with eating disorders</li> </ul> </li> <li>• Culturally and evidence informed intervention for adolescents with eating disorders</li> <li>• Intensive outpatient services for youth under 12 years of age</li> </ul>

	Note: proposals addressing all aforementioned should include transportation to services for families of need.
Youth up to age 21 with intellectual and/or developmental disabilities, and their families	<ul style="list-style-type: none"> <li>○ Community-based transitional services/supports for families of youth with I/DD</li> <li>○ Day care and/or afterschool programs for youth with complex medical needs</li> <li>○ Camps and/or respite for I/DD youth with co-occurring medical conditions</li> <li>○ In community social skills programs</li> </ul> <p>Note: proposals addressing all aforementioned should include transportation to services for families of need.</p>

**II. Background and Rationale, Fiscal Year 2023/2024**

*Youth with emotional and behavioral health care challenges, and their families*

In December 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association declared a national emergency in children’s mental health, and the U.S. Surgeon General Vivek Murthy issued a public health advisory on youth mental health. Mental, emotional, developmental, or behavioral disorders were reported in about 20% of children ages 3-17 years, and many were not receiving adequate treatment, according to the Surgeon General’s Advisory.

Furthermore, the advisory cited an increasing number of suicide attempts by young people. When a suicide-related crisis occurs, friends and family are often caught off-guard, unprepared and unsure of what to do and how to support their child.

According to the Acting NJ Commissioner of Education, Angelica Allen-McMillan, EdD in the February 2022 New Jersey Comprehensive School-Based Mental Health Resource Guide, the Centers for Disease Control (CDC) reported that mental health-related visits to hospital emergency departments increased 25-30% among children/adolescents ages 5 to 17 years, compared with the same period in 2019. New Jersey Hospital Association’s Center for Health Analytics, Research and Transformation (CHART) previously identified increases in the prevalence of mental and behavioral health-related emergency department visits among patients 17 and under from 2017 to 2021. CHART found that the prevalence of anxiety and depression – as well as self-harm and eating disorders – remained elevated in 2021 compared to pre-COVID-19 levels. CHART noted that those

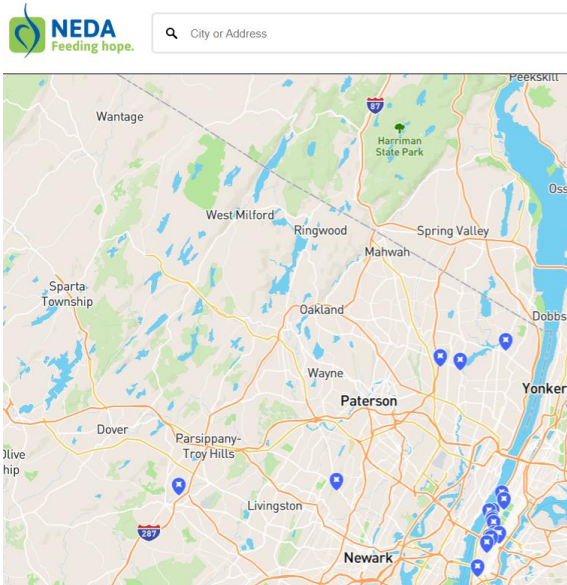
experiencing a psychiatric emergency would likely require additional care outside of a hospital. Increasing access to care in an outpatient or community -based setting must be a priority for New Jersey's mental health system of care.

The 2021/2022 Youth Needs/Planning Survey of the Bergen County Children's Interagency Coordinating Council (CIACC) was distributed to CIACC membership in June 2021. The results summarized the top 5 needs to consider for planning as: suicide, eating disorders, navigating the system, anxiety and parenting engagement, respectively. In addition, the most recent Bergen County Needs Assessment (2020) identified Behavioral/Mental Health Services for Children as one of the top four targeted needs for the county. The barriers to services varied across the different needs/services identified, but mainly consisted of lack of awareness, transportation, and/or cultural barriers. Eligibility criteria was the main barrier discussed in the 2020 Bergen County Community Needs Assessment forums for Child Behavioral/Mental Health Services. Those in need often have no insurance or are underinsured, hindering their ability to receive this service. According to the New Jersey State Health Sheet titled Mental Health in NJ (2021), New Jerseyans are over nine times more likely to be forced out of network for mental health care than for primary health care, making it more difficult to find care and less affordable due to higher out of pocket costs.

According to federal data cited in the Annie E. Casey Foundation's annual report on children's mental health, analysis of the Department of Health and Human Services' 2016 and 2020 National Survey of Children's Health (NSCH) Reports showed a 40.8 % increase in the number of children ages 3-17 who had anxiety or depression. School avoidance behavior is often associated with anxiety disorders, post traumatic stress disorder, depression and/or learning differences. According to the School Avoidance Alliance, child-motivated refusal to attend school or remain in class an entire day is not uncommon, affecting 5% to 28% of youths at some time in their lives. In a recent Education Week article (Sparks, 2022), multiple Bergen County special services team members were interviewed about the challenges with school avoidance. Sparks article also highlighted federal civil rights data that suggest even before the pandemic, more than 1 in 5 special education students were chronically absent in middle school, and more than 1 in 4 special education students missed school frequently in high school—rates more than 6 percentage points higher than their general education peers. Unlike more general absenteeism, research suggests the majority of students who refuse to attend school have one or more depressive or anxiety disorders. Staff stated the importance of early intervention and working with parents to create a plan with a feeling of empathy is often crucial.

Parents/caregivers do the best they can to become informed, find resources, gain skills or strategies to support their child. A key element for success in delivering in-home services for children is expanding the focus of services to the entire family. According to a school partner pulse survey disseminated to Bergen County school contacts of the Care Management Organization and the Bergen County Children's Interagency Coordinating Council (CIACC) in October 2022, the school stakeholders representing 40 percent of the 75 public school districts in the county identified school avoidance/anxiety as the primary mental/behavioral health concern facing students in their school/district this year. Furthermore, the majority identified parent support (workshops, strategy building) as the resource (programs/services) needed to best support their district in meeting those student concerns. The severity of need related to school avoidance was also supported by the fact that 248 school personnel also registered to attend a CIACC Educational workshop on School Avoidance at the end of October.

Eating Disorders (EDs) are among the behavioral health challenges addressed by Bergen's Promise. The agency has observed an exponential increase in referrals of youth with eating disorders since the start of the COVID-19 pandemic. According to the NJ Hospital Association's CHART (June 2022), eating disorders among teens – despite their relatively low prevalence – increased the most substantially during the pandemic. The proportion of eating disorder-related ED visits among teenagers nearly doubled between 2019 and 2021. The proportion of eating disorder-related hospitalizations was roughly 2.5 times higher in 2021 compared with 2019. The number of hospitalized teens with an eating disorder increased substantially from 256 in 2020, to 599 in 2021. Bergen's Promise staff and other community providers have faced barriers in linking these youth and families to appropriate care, as a significant gap exists in eating disorder and other intensive behavioral health services/programs that accept Medicaid. Sanzari, Levin & Liu (2021), note that despite increasing prevalence rates of preadolescent eating disorders, their findings suggest that the majority of children with these disorders remain untreated. Devoting increased attention and resources to reaching families of youth with EDs with the least means for receiving care, and screening for eating disorders in youth with depression, may be important steps for reducing this unmet need. Northern New Jersey remains a resource desert for in-person providers with eating disorder specialty certification as per the National Eating Disorder Association Provider finder tool.



Source: National Eating Disorder Association Provider finder tool.

### *Youth with Intellectual and Developmental Disabilities (I/DD)*

Approximately 17 percent of the currently enrolled youth at Bergen’s Promise have intellectual or developmental disabilities. Respondents to the Bergen County Random Household Survey, a data source for the Community Health Needs Assessments (CHNAs), identified lack of health insurance as the leading social factor or barrier that limited access to care or impacted the health of those living in the community. Participants with a disability, physical or mental, have a disproportionately difficult time finding specialized care that is affordable and supported by their insurance. Additionally, the focus groups facilitated by CIACC and other county facilitators in December 2020 in support of the Human Services Advisory Council’s Needs Assessment noted that there is a lack of providers and resources available for families of youth with developmental and intellectual disabilities.

Children with special needs represent a population that has had difficulty accessing comprehensive coordinated services. Parents of children and youth with special needs would like better access to specialty care and report greater unmet medical and behavioral health care needs and a higher financial burden for care compared with parents of children without special needs.

According to Autism Speaks, anxiety disorders affect an estimated 11 to 40 percent of children and teens on the autism spectrum. Co-occurring medical and other conditions have a significant effect on the health and

quality of life for children and youth with special needs and their families. Children with autism are nearly eight times more likely to suffer from one or more chronic gastrointestinal disorders than are other children. As many as one-third of people with autism have epilepsy (seizure disorder).

According to the June 2022 National Survey of Children's Health data brief on Children and Youth with Special Health Care Needs, only 62.3% of all children with special health care needs were reported to be adequately and continuously insured throughout the year, including coverage for needed providers and services at reasonable costs. Less than half had a medical home. Furthermore, rates of emergency department use were nearly 2-3 times higher compared to the children without special health care needs.

As per the September 2022 CIACC Dashboard report, there were 1,230 youth currently DD eligible in Bergen County and 86 families requested forms of respite and weekend recreational opportunities for their children with developmental disabilities. Presently there are no pediatric medical day care or other facilities in Bergen County or neighboring counties that are specially equipped and staffed to provide care for youth with varied and complex medical care needs.

There is also a need to provide social skills training for youth with special needs to enter the workforce. According to Autism Speaks, teens with autism receive healthcare transition services half as often as those with other special healthcare needs. Young people whose autism is coupled with associated medical problems are even less likely to receive transition support. More than half of young adults with autism remain unemployed and unenrolled in higher education in the two years after high school. This is a lower rate than that of young adults in other disability categories, including learning disabilities, intellectual disability or speech-language impairment. Community based transition support is needed for parents regarding planning for where their child with I/DD will progress to postsecondary school education and/or employment and their plans for where their child will live in adulthood.

## Data Sources for the Identification of Needs, Background and Rationale:

- Autism Statistics and Facts. Autism Speaks. Accessed 10/28/2022 at <https://www.autismspeaks.org/autism-statistics-asd>
- 2021/2022 Needs/Meeting Planning Survey of Bergen County CIACC Membership. June 2021.
- 2022 Kids Count Data Book. Anne E. Casey Foundatoin. Available at <http://www.aecf.org/databook>
- Bergen County Needs Assessment 2020. Bergen County Human Services Advisory Council. January 15, 2021. <https://www.nj.gov/dcf/about/divisions/opma/docs/BergenCountyNeedsAssessment2020.pdf>
- Children's InterAgency Coordinating Council (CIACC) Dashboard Report Summary of Activity BERGEN County - September 2022 <https://www.nj.gov/dcf/childdata/continuous/Bergen.pdf>
- Bergen County Community Health Needs Assessment 2019. Community Health Improvement Partnership (CHIP) of Bergen County, the Bergen County Department of Health Services (BCDHS), and all seven of Bergen's acute care hospitals <https://www.healthybergen.org/community-health-assessment>
- Children and Youth with Special Health Care Needs. NSCH Data Brief. June 2022. Health Resources and Services Administration Maternal and Child Health Bureau. Accessed 10/28/2022 <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/nsch-data-brief-children-youth-special-health-care-needs.pdf>
- COVID-19's Mental Health Toll on Children Continues, Stressing Acute-Care Settings. New Jersey Hospital Association. Center for Health Analytics, Research and Transformation (CHART). CHART Bulletin Series. June 2022 (32) Retrieved from <https://www.njha.com/media/698829/mental-health-disorders-among-teens-6-15-22.pdf>
- National Eating Disorder Association Provider finder tool. <https://map.nationaleatingdisorders.org/> (searched 10/28/2022)
- New Jersey Comprehensive School-Based Mental Health Resource Guide. February 2022. New Jersey Department of Education. [https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE\\_Mental\\_Health\\_Guide\\_Feb2022.pdf](https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE_Mental_Health_Guide_Feb2022.pdf)
- NJ State Health Sheet, Mental Health in New Jersey. Posted by National Alliance on Mental Illness. This fact sheet was compiled based on data available in February 2021. Accessed 10/28/2022 <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/NewJerseyStateFactSheet.pdf>
- Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. 2021 <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- Sanzari, C., Levin, R., & Liu, R. (2021). Prevalence, predictors, and treatment of eating disorders in children: A national study. *Psychological Medicine*, 1-8. doi:10.1017/S0033291721004992\.
- School Avoidance Alliance. School avoidance facts. Accessed 10/28/2022 at <https://schoolavoidance.org/school-avoidance-facts/>
- Sparks, S. D. (2022, October 17). Addressing the link between anxiety, depression, and student attendance. Education Week. Retrieved from <https://www.edweek.org/leadership/addressing-the-link-between-anxiety-depression-and-student-attendance/2022/10>



### III. RFP Timelines

**\*\*NOTE:** RFP Timelines are subject to change

<p><b>Bidders Virtual Meeting:</b>  <b>Tuesday, November 15, 2022, 4-5 PM</b></p>	<p>This is an informational meeting where any questions regarding this RFP process will be addressed. Please review Exclusionary Criteria for this RFP process listed in Appendix 1. This meeting is not mandatory, but attendance is encouraged by those interested in applying. Please email <a href="mailto:communityresources@bergenspromise.org">communityresources@bergenspromise.org</a> to request the link to join via Microsoft Teams.</p>
<p><b>RFP Application Package Submission Deadline:</b>  <b>4 PM E.S.T. on Tuesday, December 20, 2022</b></p>	<p><b>Proposals must be timestamped, postmarked, and/or delivered to Bergen’s Promise Inc. no later than 4 pm E.S.T. on Tuesday, December 20, 2022, to be considered.</b> Early submissions welcome. No extensions will be granted, and no late proposal applications will be accepted.</p> <p>All RFP application packages shall include the information listed in: Appendix 3: Application Package for 2023/2024 Community Resource Development Funds (pp. 15-16)</p> <p>All RFP application packages will be reviewed/evaluated based on: Appendix 2: 2023/2024 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process (pp.13-14)</p> <p>Incomplete RFP application packages will not be considered for funding. The preferred method for submission for the RFP Application package is a Word or PDF document attachment via email sent to: <a href="mailto:communityresources@bergenspromise.org">communityresources@bergenspromise.org</a> An email confirmation will be sent to indicate that the RFP Application package has been received.</p>
<p><b>CRD Committee Review Period, RFP Selection(s), and Submission to NJCSOC</b></p> <p>Reference Appendix 1: 2023/2024 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process for more detail about the CRD Fund Review Committee and review process.</p>	<p>Community Resource Development Fund Review Committee will review/score submitted proposals. At the conclusion of the review process, Bergen’s Promise will submit to NJCSOC the request, all proposals, the review materials, and an attestation that the proposal(s) recommended for funding meet all RFP requirements. Bergen’s Promise anticipates sending recommendations regarding RFP application package(s) to NJCSOC by February 6, 2023.</p>
<p><b>Notification of Award/Rejection Letters will be sent in May 2023</b></p>	<p>NJCSOC will notify Bergen’s Promise of approved proposals by the end of April 2023. Within 2 weeks of notification from CSOC, the</p>

	<p>selected organizations will be notified in writing by Dean Pastras, Chief Executive Officer, Bergen’s Promise, regarding the status of their application. Bergen’s Promise and awardee(s) will sign an MOU supporting the Community Resource Development Fund award.</p> <p><b>**All awards are contingent on the sufficiency and availability of state funding.</b></p>
<b>Community Resource Development Fund Budget to be included into Bergen’s Promise contract renewal</b>	NJCSOC will include the community resource development funding into Bergen’s Promise contract renewal.
<b>Program Implementation is anticipated for July 1, 2023.</b>	The awardees will begin implementation of their project within Q1 FY2023. Disbursement of funds will be based on the quarterly expenditure reports unless arranged otherwise as per MOU.
<b>Budget Period</b>	The funding period covered will be no longer than 12 months: July 1, 2023 through June 30, 2024. <b>Funding must be utilized in full by June 30, 2024 and will become unavailable to the awardee(s) after that date.</b>
<b>Quarterly Reporting; Presentation at Year End Project Success event</b>	<p>All RFP awardees will be required to submit quarterly reports as specified in the MOU.</p> <p>They will also be required to attend and present on their project at a year-end event to be held at Bergen’s Promise.</p>

Please feel free to contact me at [communityresources@bergenspromise.org](mailto:communityresources@bergenspromise.org) or 201-777-5777 if you have any questions. Your consideration of this request for funding is appreciated.

Sincerely,  
Kathy

Kathy Werheim, MA, MPA  
Director, Community Resources  
Bergen’s Promise, Inc.

Cc: Dean Pastras, Chief Executive Officer  
Shelisa Foster, Chief Operating Officer

**Distribution:**

Shelby Klein, Bergen County CIACC to forward to CIACC Membership Distribution List, Bergen County Mental Health Board, Bergen County Professional Advisory Committee  
Marla Klein, Bergen County Community Health Improvement Plan  
Bergen’s Promise Provider Distribution List  
Shelisa Foster to the Bergen County Human Services Advisory Committee  
Bergen County Community Networking Association Distribution  
**Post:** Bergen’s Promise website news blog, LinkedIn, BergenResourceNet Facebook and Community Events

## **APPENDIX**

**Appendix 1: Exclusionary Criteria**

**Appendix 2: 2023/2024 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process**

**Appendix 3: Application Package for 2023/2024 Community Resource Development Funds**

## **APPENDIX 1: Exclusionary Criteria**

- CRD funds are not intended to purchase items for specific individuals or families. All purchased items must be equitably accessible to all participants and relevant to the program content. EX; gift cards, personal bills, electronics etc.
- CRD funds cannot be used for capital expenditures, including the acquisition or maintenance of fixed assets such as land, buildings, vehicles, and equipment not directly related to the provision of the service.
- Families cannot incur any cost or fees when receiving CRD funded service
- Initiation of services cannot be dependent on procurement of unsecured funding and/or partnerships that are not yet established.
- Funds cannot be used to pay for services currently being funded by DCF or other sources.
- Administrative costs are allowable – but must be reasonable and outlined in detail within the budget.
- Operations of the program cannot be directly funded by the work and contributions of participating youth and families it serves – without appropriate compensation for hours worked.
- Services provided directly through CRD funds cannot also be billed through Medicaid or other established funding sources such as private insurance – causing payment duplication.

## APPENDIX 2: 2023/2024 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process

- Application Instructions with Scoring Elements
  - (5 pts) Cover Letter
  - (10 pts) *Assessment of Agency Capacity to Support the Identified Need and embody the [Wraparound Principles of Care](#).*
  - (50 pts total) *Objective and Description of the Project* that summarizes the following:
    - (10 pts) State the issue or opportunity being addressed and how the project is expected to benefit the intended stakeholder(s). How you will assure equitable access of the service/support to all youth and/or families with the identified need. Identify collaborative community partner(s).
    - (25 pts) Defined service/program deliverables, level of service and outcomes. Explain the specific services that will be provided. The level of service should define who and how many will receive the service, and the frequency and length of service, timeline for completion. The outcomes should be specific, measurable, attainable, realistic and timely and should demonstrate the impact and benefit of the service to youth and/or families. Describe anticipated barriers and what strategies will be used to overcome them.
    - (10 pts) Quality Assurance and Outcomes Monitoring. List the measurable outcomes you anticipate as a result of this project and include the monitoring and evaluation methods and tools that would be used to measure improvement or benefit to individuals served.
    - (5 pts) Identify (and cite) evidence-based approach(es) that is/are justification for the planned initiative.
  - (15 pts) *Sustainability Plan for the project* describes how you will pursue and maintain a level of sustainability of the service or support. Focus on:
    - *Community sustainability* - Describe how the community/region will continue with the project once there is no more financial support from the donor. How existing community capacity will be leveraged.
    - *Financial sustainability* - state what kind of funding sources you have for the future so the project can sustain its financial needs. Agency history and proven fundraising ability and donation procurement are acceptable proof of sustainability when combined with a current plan.
    - *Organizational sustainability* - describe the ability of your organization as a whole to survive for a long-term partnership. Strong affiliations with larger well established community resources can be provided as a source of sustainability strategy.

- (10 pts) *Project Budget* including Budget items; Description of how item will be used, and quantity needed; Cost of each budget item, other funding sources available as a match to CRD funds, grand total.
- (10 pts) *Two Letters of Support* that express knowledge of, and willingness to collaborate with other community partners on the project and specify the type of support or resources to be provided. A letter of support from collaboration partner/s is required.

### **RFP Application Package Review Process:**

1. The awardee of Community Resource Development Funds will be determined through a Committee Review process. The Review Committee will be comprised of 4-6 community service providers who are knowledgeable of the ongoing and challenging service delivery gaps in the Bergen County. These individuals may be comprised of members of the Bergen's Promise Leadership Team and/or Board of Directors; community stakeholders from county committees; schools; system partners and/or parent/caregiver from our community. All committee members are required to sign a Conflict-of-Interest form. Members with a conflict, or the appearance of a conflict, will be disqualified from participation in the review process.
2. RFP Applications will be de-identified, numbered, then copied and distributed to all Review Committee members by Bergen's Promise Community Resource Director.
3. Each section of the RFP Application is assigned a point value. The total number of available points is 100. Rubrics will be provided to each of the Review Committee Members for scoring the RFP Applications. RFP Applications earning the highest number of total points calculated by the sum of all scores from each member of the Review Committee may be considered before those earning a lesser number of total points.
4. The overall quality and content of the proposals will be considered based on thoroughness, clarity, creativity, the demonstration of a positive outcome and sustainability for the benefit of Bergen's Promise children and families and/or the Bergen County community.

Bergen's Promise will work with Awardee(s) to ensure the program outlined in the RFP Application is implemented, outcomes are reported and CRD Funds are spent in full.



# Bergen's PROMISE

Healthy Families, Safe at Home



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Hackensack, NJ 07601  
Phone: 201-712-1170  
Fax: 201-712-0391  
www.bergenspromise.org

## APPENDIX 3:

### APPLICATION FOR FUNDING

#### 2023/2024 Community Resource Development Funds

*\*to request a Word version of the Application, please email [communityresources@BergensPromise.org](mailto:communityresources@BergensPromise.org)*

<b>Date of Request:</b>	
<b>Legal Name of Organization:</b>	
<b>Contact for this Proposal:</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Email Address:</b>	
<b>Preferred phone number:</b>	
<b>Mailing Address of the Organization</b>	
<b>Website of the Organization</b>	
<b>Corporate Status</b> (non-profit, for profit)	
Tax ID:	
<b>Title of Proposal</b>	
New resource or expansion of existing resource not otherwise funded by another source?	

<b>1. Attach Cover Letter to the Application Package*</b>
<b>2. Assessment of Agency Capacity to Support the Identified Need and embody Wraparound Principles:</b>
<b>3. Objective and Description of the Project</b>
<i>State the issue or opportunity being addressed and how the project is expected to benefit the intended stakeholder(s). How you will assure equitable access of the service/support to all youth and/or families with the identified need. Identify collaborative community partner(s).</i>
<i>Defined service/program deliverables, level of service and outcomes. Explain the specific services that will be provided. The level of service should define who and how many will receive the service, and the frequency and length of service, timeline for completion. The outcomes should be specific, measurable, attainable, realistic and timely and should demonstrate the impact and benefit of the service to youth and/or families. Describe anticipated barriers and what strategies will be used to overcome them.</i>

<p><i>Quality Assurance and Outcomes Monitoring. List the measurable outcomes you anticipate as a result of this project and include the monitoring and evaluation methods and tools that would be used to measure improvement or benefit to individuals served.</i></p>
<p><i>Identify (and cite) evidence-based approach(es) that is/are justification for the planned initiative.</i></p>
<p><b>4. Sustainability Plan for the project</b></p>
<p><b>Community sustainability</b> - Describe how the community/region will continue with the project once there is no more financial support from the donor. How existing community capacity will be leveraged.</p>
<p><b>Organizational sustainability</b> - Describe the ability of your organization as a whole to survive for a long-term partnership. Strong affiliations with larger well established community resources can be provided as a source of sustainability strategy.</p>
<p><b>Financial sustainability</b> - State what kind of funding sources you have for the future so the project can sustain its financial needs. Agency history and proven fundraising ability and donation procurement are acceptable proof of sustainability when combined with a current plan.</p>
<p><b>5. Project Budget</b> including budget items; description of how item will be used, and quantity needed; Cost of each budget item, other funding sources available as a match to CRD funds, grand total. An Excel file can be attached if desired.</p>
<p><b>6. Identify and Attach two Letters of Support</b> that express knowledge of, and willingness to collaborate with other community partners on the project and specify the type of support or resources to be provided. A letter of support from collaboration partner/s is required.</p>
<p>Letter of Support #1:</p>
<p>Letter of Support #2:</p>