
October 31, 2023

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 \$67,697.70 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, 2024 through June 30, 2025. Funding must be utilized in full by June 30, 2025 and will become unavailable to the awardee(s) after that date (see Section III: RFP Timelines on page 8 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, community partners, 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 the 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 meetings, stakeholder surveys, 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 – Specific 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"> • Culturally informed, family systems-based therapeutic support program for parents/caregivers of youth with: <ul style="list-style-type: none"> ○ self-injurious behaviors/suicidal ideation ○ problematic sexual behaviors ○ school avoidance/refusal ○ disordered eating • Culturally informed group intervention for elementary aged youth with: <ul style="list-style-type: none"> ○ Body image and disordered eating issues ○ Self-harm or suicidal ideation <p>Note: proposals addressing all aforementioned should include transportation to services for families of need.</p>

<p>Youth up to age 21 with intellectual and/or developmental disabilities, and their families</p>	<p>The following programs/services are needed for I/DD youth with complex co-occurring medical conditions and/or aggressive behaviors:</p> <ul style="list-style-type: none"> • Community-based transitional services/supports • Day care and/or afterschool programs • Camps and/or respite • In-community social skills programs <p>Note: proposals addressing all aforementioned should include transportation to services for families of need.</p>
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II. Background and Rationale, Fiscal Year 2024/2025

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

According to the Center for Disease Control and Prevention (CDC), one in five (20 percent) children and adolescents experience a mental health condition in a given year that impacts their learning, behavior and emotional regulation. 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. Children’s hospitals and Bergen County mental health professionals have been seeing an increase in the number of children in crisis. According to the Children’s Hospital Association (CHA), from 2016-2019, visits by 6-12 year old for mental health care needs doubled in children’s hospitals. Since 2019, emergency department cases of suicide and self-injury have risen 50 percent. Inpatient cases have risen 30%, with Emergency Department cases having tripled since 2016. There are reports of a shortage on inpatient beds and safe, alternative community placement options for children in crisis. The Children’s Hospital Association reports that the crisis surrounding children’s mental health has led to an increase in boarding; 84% of hospitals are boarding more youth patients.

Informal data collection by New Jersey’s Child Advocacy Centers (CACs) and Regional Diagnostic and Treatment Centers (RDTCs) report that between 15% and 30% of cases seen at CACs involve an initiator/actor who is a minor. Access to assessment and/or treatment services for the child victim and the child/initiator is a requirement to promote their healing and prevent future problematic sexual behaviors. Data collected from New Jersey’s Child Abuse Hotline also reveal that from February 2021 to February 2022, 2,500 families received information and referrals because they did not meet the conditions for a child welfare services (CWS)

or child protective services (CPS) investigation. There are a small number of providers who are trained in the specific evidence based model to work with children and adolescents who engage in problematic sexual behaviors. According to the New Jersey Children's Alliance, there are 27 trainees currently accepting referrals throughout New Jersey. With only 27 trainees being available, this could also lead to significant waiting lists/back log of referrals for youth and families in need of services. Furthermore, therapeutic treatments offered to youth with problematic sexual behaviors and their families are successful; 98% of those youth never go on to hurt another child.

School avoidance behavior is often associated with anxiety disorders, post traumatic stress disorder, depression and/or learning differences. In an Education Week article (Sparks 2022), multiple Bergen County special services team members were interviewed about the challenges with school avoidance. Sparks' article also highlighted that 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. Staff stated the importance of early intervention and working with parents to create a plan with a feeling of empathy is often crucial.

The U.S. Surgeon General released an advisory regarding social media and youth mental health (May 2023). Studies show that there is a strong relationship between social media, eating disorders, and body image. Eating disorders are a very prevalent issue in Bergen County with access to resources for young children being very limited. Bergen County professionals continue to struggle with finding resources for young children (ages 12 and under) with eating disorders. According to Smolak (2011), by age 6, girls start to express concerns about their own weight or shape; 40-60% of elementary school girls (ages 6-12) are concerned about their weight or about becoming too fat.

The aforementioned mental health trends in youth are supported by data trends seen by Bergen's Promise (BP), the Care Management Organization of Bergen County as part of the NJ Children's System of Care. Bergen's Promise is currently supporting over 1,600 youth and their families. BP ran statistical significance trends on youth Strengths and Needs Assessments (SNA) dating back to 2020 to determine areas of increasing risk. School attendance, sexual health, eating behavior, substance usage, suicide risk have all shown significant increases in risk/are becoming progressively more problematic and the associated risks have been becoming more common. There were 274 youth within the past year who scored high risk in at least one SNA indicator, of those 274, 55 (20%) were youth living with developmental disabilities

A 2023/2024 Youth Needs/Planning Survey was distributed to the membership of the Bergen County Children's Interagency Coordinating Council (CIACC) in May-June 2023. The results ranked the top 5 youth needs as: anxiety, suicidal ideation/self harm, parent engagement, developmental social skills and school phobia, respectively. There was consensus that parents/caregivers do the best they can to become informed, find resources, gain skills and strategies to support their child. A key element for success in meeting the needs of youth is to expand the focus of services to the entire family.

Youth with Intellectual and Developmental Disabilities (I/DD)

According to the New Jersey Department of Education Office of Special Education Programs as cited in the Bergen County Profile of Family and Community Indicators (June 2023), there are currently 22,677 children in Bergen County enrolled in special education services. The August 2023 CIACC Dashboard Report stated there were 1,296 youth currently served by the NJ Children's System of Care who were DD-eligible living in Bergen County and 85 families requested some form of respite or weekend recreation services for their children living with I/DD. Approximately 17 percent of the currently enrolled youth at Bergen's Promise have intellectual or developmental disabilities. Presently there are no pediatric medical day care or other programs in Bergen County or neighboring counties that are specially equipped and staffed to provide care for youth with varied and complex medical care needs and/or aggressive behaviors. These continue to be a need for Bergen County youth and families.

According to the New Jersey Department of Human Services as cited in the Bergen County: Profile of Family and Community Indicators (January 2023), 34,530 families in Bergen County receive NJ Family Care Medicaid. According to the 2022 Community Health Needs Assessment (CHNA), over 50% of Bergen County residents reported having difficulties accessing healthcare services. Additionally, focus groups facilitated by CIACC and other county facilitators in December 2020 in support of the last 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. Participants with a disability, physical or mental, have a disproportionately difficult time finding specialized care that is affordable and covered by Medicaid and/or their insurance. Other challenges that families face in accessing health related services needed include: lack of programs for younger children with I/DD; long waiting lists or lack of availability of appointments, and inconvenient office hours.

According to Rea-Keywood and Brill (2018), individuals with developmental disabilities can at times exhibit challenging, problematic, or unfamiliar behaviors. Living or working with these youth requires an understanding of the common triggers and meaning of challenging behaviors, and the skill set needed to manage them. Social skills are a need that many families struggle to find for their youth with I/DD. These skills are essential to help the youth as they transition into adulthood. According to Autism Society, 42% of individuals with autism, in their early 20s, have never worked for pay. Sixty six percent of individuals on the spectrum are unemployed and not engaged in higher education after leaving high school. Social skills and adequate transition services are very important for the continued progress and growth of youth living with intellectual and developmental disabilities.

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

1. Centers for Disease Control and Prevention. (2023, July 26). *What is children's mental health?* <https://www.cdc.gov/childrensmentalhealth/basics.html>
2. Children's Hospital Association. (2023, April 21). *The latest pediatric mental health data.* <https://www.childrenshospitals.org/news/childrens-hospitals-today/2023/04/the-latest-pediatric-mental-health-data>
3. Children's Hospital Association. (2023, May). *Focusing on children's mental health.* <https://www.childrenshospitals.org/-/media/files/public-policy/2023-mental-health-fact-sheet.pdf>
4. New Jersey Department of Children & Families. (2023, May 23). *Developing a statewide strategy to respond to cases Involving problematic sexual behavior in children.* https://www.nj.gov/dcf/documents/PSB_Framework_052323.pdf
5. New Jersey Childrens Alliance, Inc. PSB Trainees Accepting Clients. <https://njcainc.org/tf-cbt-psb/>
6. National Children's Alliance. (2023, August 3). National Statistics on Child Abuse. <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>
7. New Jersey Department of Education. *New Jersey Comprehensive School-Based Mental Health Resource Guide.* February 2022 (Updated June 2022). https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE_MentalHealthGuide.pdf
8. Sparks, D.D. (2022, October 17). *Addressing the link between anxiety, depression, and student attendance.* Education Week. <https://www.edweek.org/leadership/addressing-the-link-between-anxiety-depression-and-student-attendance/2022/10>
9. The U.S. Surgeon General's Advisory. (2023). *Social Media and Youth Mental Health.* <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>
10. Bergen's Promise Statistical Significance Trend report on Youth Strengths and Needs Assessments (SNA) 2020-2023. Data accessed 10/27/23.
11. *2023/2024 Youth Needs Planning Survey.* Bergen County Children's Interagency Coordinating Council (CIACC) membership survey. May-June 2023.
12. (Smolak, L. (2011). *Body image development in childhood.* In T. Cash & L. Smolak (Eds.), *Body Image: A Handbook of Science, Practice, and Prevention* (2nd ed.). New York: Guilford.).
13. *Bergen County: A Profile of Family and Community Indicators: Updated June 19, 2023* (Rutgers School of Social Work and NJ Dept of Children & Families) <https://dcfdata.ssw.rutgers.edu/Bergen>, specifically:
 - o 13.1: Children (#) enrolled in special education services in NJ (by county)
 - o 7.4: NJ Family Care Medicaid participation (#) in NJ (by county)
14. NJ Department of Children and Families. (2023, August). *Children's Inter-Agency Coordinating Council (CIACC) Summary of Activity.* <https://www.nj.gov/dcf/childdata/continuous/Bergen.pdf>
15. *Bergen County Community Health Needs Assessment 2022.* 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>
16. Rea-Keywood, J and Brill, MF. *Developmental Disabilities Series: Understanding and Managing Behavior.* Rutgers University Cooperative Extension Fact Sheet FS1286. (2018, April). <https://njaes.rutgers.edu/fs1286/>
17. Autism Society. (2023, October 12). *Employment.* <https://autismsociety.org/resources/employment/>

III. RFP Timelines

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

<p>Bidders Virtual Meeting: Monday, November 13, 2023, 10am</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 communityresources@bergenspromise.org to request the link to join via Microsoft Teams.</p>
<p>RFP Application Package Submission Deadline: 4 PM E.S.T. on Friday, December 15, 2023</p>	<p>Proposals must be timestamped, postmarked, and/or delivered to Bergen’s Promise Inc. no later than 4 pm E.S.T. on Friday, December 15, 2023, to be considered. 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 for Funding for 2024/2025 Community Resource Development Funds</p> <p>All RFP application packages will be reviewed/evaluated based on: Appendix 2: 2024/2025 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application for Funding Review Process</p> <p>Incomplete RFP application packages will not be considered for funding. The preferred method for submission for the RFP Application for Funding is a Word or PDF document attachment via email sent to: communityresources@bergenspromise.org An email confirmation will be sent to indicate that the RFP application has been received.</p>
<p>CRD Committee Review Period, RFP Selection(s), and Submission to NJCSOC</p> <p>Reference Appendix 2: 2024/2025 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 applications to NJCSOC by February 4, 2024.</p>

Notification of Award/Rejection Letters will be sent in May 2024	NJCSOC will notify Bergen’s Promise of approved proposals within the first week of May. Within 2 weeks of notification from CSOC, the 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 a Memorandum of Understanding (MOU) supporting the Community Resource Development Fund award. **All awards are contingent on the sufficiency and availability of state funding.
Community Resource Development Fund Budget to be included into Bergen’s Promise contract renewal	NJCSOC will include the community resource development funding into Bergen’s Promise contract renewal.
Program Implementation is anticipated for July 1, 2024.	The awardees will begin implementation of their project within Q1 FY2024. Disbursement of funds will be based on the quarterly expenditure reports unless arranged otherwise as per MOU.
Budget Period	The funding period covered will be no longer than 12 months: July 1, 2024, through June 30, 2025. Funding must be utilized in full by June 30, 2025, and will become unavailable to the awardee(s) after that date.
Reporting; Presentation at Year End Project Success event	All RFP awardees will be required to submit three reports throughout the grant year as specified in the MOU. They will also be required to attend and present on their project at a year-end event to be held at Bergen’s Promise.

Please feel free to contact communityresources@bergenspromise.org if you have any questions. Your consideration of this request for funding is appreciated.

Sincerely,
Cynthia

Cynthia Campbell
Community Resource Development Manager
Bergen’s Promise, Inc.

Cc: Dean Pastras, Chief Executive Officer
Shelisa Foster, Chief Operating Officer
Kathy Werheim, Director, Community Resources

Distribution:

Bergen County CIACC Membership Distribution List
Bergen County Mental Health Board
Bergen County Professional Advisory Committee
Bergen County Community Health Improvement Plan
Bergen's Promise Provider Distribution List
Bergen County Human Services Advisory Committee
Bergen County Community Networking Association Distribution

Post: Bergen's Promise website news blog, LinkedIn, Instagram, BergenResourceNet Facebook and Community Events

APPENDIX

Appendix 1: Exclusionary Criteria

Appendix 2: 2024/2025 Community Resource Development Funds Application Rating Scale/Scoring (checklist) and RFP Application Package Review Process

Appendix 3: Application for Funding for 2024/2025 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: 2024/2025 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 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

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APPENDIX 3:

APPLICATION FOR FUNDING

2024/2025 Community Resource Development Funds

**to request a Word version of the Application, please email communityresources@BergensPromise.org*

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

1. Attach Cover Letter to the Application Package*
2. Assessment of Agency Capacity to Support the Identified Need and embody Wraparound Principles:
3. Objective and Description of the Project
<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>4. Sustainability Plan for the project</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>5. 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. An Excel file can be attached if desired.</p>
<p>6. Identify and Attach 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.</p>
<p>Letter of Support #1:</p>
<p>Letter of Support #2:</p>