City of Milwaukee
Health Department
Office of Violence
Prevention

Safe Summer Community
Healing Project

Request for Proposals (RFP)

Project Period: Mid-June/Mid-July 2019
– September 30, 2019

Application Due: May 24, 2019

Administered by the Community Development Grants Administration
200 East Wells Street
Milwaukee, WI 53212
414-286-3647
City of Milwaukee Health Department
Office of Violence Prevention
&
Community Development Grants Administration

Request for Proposals (RFP)

Application Due: May 24, 2019

RFP Coordinator: Steven L. Mahan
Email: Steven.Mahan@Milwaukee.gov

This Request for Proposal and all of the applicable forms can be accessed electronically at www.milwaukee.gov/CDGA and www.city.milwaukee.gov/health/staysafe in PDF format.

Send one unbound original and four copies of your completed proposal by 12:00 PM to:

Community Development Grants Administration
City Hall, Room 606
200 East Wells Street
Milwaukee, WI 53202

Please allow normal mail delivery time to ensure timely receipt of the application.

ReCAST MKE is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, under Grant No. SH79SM063524
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ReCAST MKE is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, under Grant No. 5H79SM063524
Overview

Overview of Department and Program
The mission of the City of Milwaukee Health Department (MHD) is to ensure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community. Because the health of the individual and health of the community are interdependent, we work in partnership with private providers and others to guarantee access to health care, to safeguard the environment, and to provide up-to-date health information using the latest available technology to monitor and assess community health.

The City of Milwaukee Health Department Office of Violence Prevention (MHD-OVP) is committed to preventing violence through partnerships that strengthen youth, families and neighborhoods. As part of the Blueprint for Peace (www.414life.com), ten priority neighborhoods were identified for investment of resources and support. Youth and families in these neighborhoods are often exposed to high incidents of individual and community trauma resulting from structural racism, concentrated disadvantage and violence. There is also limited access to culturally specific, trauma responsive healing services and activities.

The Resiliency in Communities after Stress and Trauma (ReCAST MKE) program of MHD-OVP is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It aims to reduce the impact of trauma in Milwaukee by enhancing individual and community resilience by increasing access to activities that promote healing from trauma. The mission of ReCAST MKE is to “advance healthy youth and families through community-based collaborations that promote healing, equity and justice.”

Purpose of Project
The ReCAST MKE Safe Summer Community Healing Project funds are intended to support community based programs that are serving youth and families in the priority neighborhoods during the critical summer months. We are interested in partnering with organizations committed to advancing the strategies called for by the community in the Blueprint for Peace and increasing their capacity to have a positive impact on lives and the communities they are connected to.

This collaborative opportunity will provide funding and technical assistance to community based organizations and leaders who are working to facilitate neighborhood-based strategies that promote healing, restorative practices and resilience for youth and families.

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OVP is seeking applications to provide awards of up to $25,000 to community based organizations in the City of Milwaukee who promote healing, restorative practices and resiliency. Organizations will lead activities that support youth between the ages of 12-24 and/or their families who reside in Milwaukee priority neighborhoods and have experienced trauma or who are at risk of trauma. Priority neighborhoods of the Blueprint for Peace can be viewed on page 9. Community-based organizations should be 501c3 tax-exempt non-profits, or use a fiscal agent possessing that status.

**Contract Term**
The anticipated contract term will be June 17, 2019 (tentative pending contract approval) to September 30, 2019. In addition, the contract term will be based on grant funding being made available to the City of Milwaukee Health Department Office of Violence Prevention.

**2019 Project Timeline**
Proposal release: May 8, 2019
Informational session*: May 14, 2019; 1:00 – 2:30 p.m.
   (Zilber School of Public Health, 1240 N 10th Street)
Proposal due date: May 24, 2019; 12:00 p.m.
Tentative Date for Notification of Awards: June 11, 2019
Project orientation and tentative date to begin work: Mid-June to Mid-July, pending contract approval dates
Tentative dates for site visits: July, August and September 2019
Completion date for the entire project: September 30, 2019
Final cost report submission due date: October 31, 2019
Final program report due date: October 31, 2019

*Attendance at informational session is optional

**Informational Sessions**
An optional informational session will be held to review the application and requirements. *Se habla Español;* Spanish translation will be available upon request.

**Application Process**
The application (one original plus four copies) will include the following pieces in this order, which are described below:
1. Cover Page
2. Narrative
3. Budget
4. Project Work Plan & Timeline
The following documents are not required with the application but must be submitted by awarded groups to receive a contract to begin work:

- Proof of Insurance:
  - Certificate of Insurance naming City of Milwaukee as additional insured
  - Earlier Notice of Cancellation or Non-Renewal Stipulation
- IRS W-9 Form

**Narrative**

Please respond to the following questions in narrative form, making each question a separate heading in the proposal. Each response should be clear and concise (less than 250 words unless noted).

1. In what City of Milwaukee neighborhood(s) will your program take place? (See map.)
2. Please describe your connection to the neighborhood(s) your program activities will take place in.
3. How will these funds help you support youth and/or families who have experienced or are at risk of experiencing interpersonal or systemic trauma?
4. Please describe the demographics of the youth and/or families you intend to reach through your program.
5. In less than 500 words, please describe the activities that will take place (e.g. what will happen; where will activities be, how will they be facilitated; when/how often will they occur).
6. Please describe how your activities promote wellness, safety, social emotional development and/or restorative justice practices.
7. Please describe your experience working with youth and/or families.
8. How do you include and honor the culture of the youth and/or families in your program activities?
9. How will you know if your activities are successful?
10. Will you be partnering with any other individuals or organizations to complete activities? If so, please list all partners, their contact information and role in the project.

**Other Requirements:**

1) **Provide a cover page.** To be placed as the very first page in the application packet, the cover page should list your organization’s legal name, address, contact person name and title, contact person phone number and email. If a fiscal agent is used, please include information on both organizations.

2) **Provide a budget of how you will spend the funds.** Please note that funds are not given out at the beginning of the project. Cost reports have to be submitted each month during the project.
3) **Submit corporate documentation.** Documents include: Articles of Incorporation, Corporate By-Laws, Current Board of Directors Roster, Corporate Organizational Chart, Federal Tax Exemption Letter, State Sales Tax Exemption Status Letter with Tax Exempt number indicated, and Accounting policies and procedures.

*(NOTE: Submission of corporate documentation is only required for groups not currently under contract with the City or for groups currently funded who are submitting changes/updates to corporate documents).*

4) **Provide a Work Plan & Timeline.** This should show how you plan to complete your project by September 30, 2019. You may use the Work Plan & Timeline format of your choice as long as it contains the following headings: Activities, Timeline, and Outcomes. The Timeline column should specify dates for when each project component will occur. It is acceptable to have fewer outcomes than activities. Depending on your project specifics, you may wish to separate out short-term and long-term outcomes. You may also choose to include methods by which the outcomes will be measured or tracked. In the Outcomes, please quantify how many participants you expect to impact. Please limit this to one to two pages in length.

Sample Workplan Table

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Short-Term Outcomes</th>
<th>Long-Term Impact</th>
</tr>
</thead>
</table>
| Engage 30 youth in daily meditation sessions for 30 minutes | July 1-September 1, 2019 | Increased self awareness measured by survey  
Increased self regulation measured by reduced fighting | Healthier self-esteem  
Positive relationships with peers |

5) **Provide proof of insurance.** See attachment detailing City of Milwaukee Insurance Requirements. (Must be provided prior to receiving a contract, but need not be submitted with the application.)

   a. The insurance certificate must name City of Milwaukee as an “additional insured.” Please leave time to contact your insurance company if they need to issue you a revised insurance certificate.

   b. In addition, a copy of the endorsement of Earlier Notice of Cancellation or Non-Renewal stipulation must also be submitted in order to receive a contract. You
must view details on this in the City of Milwaukee Insurance Requirements attachment.

6) **Complete and submit the IRS W-9 form**, which can be found at this link: [https://www.irs.gov/pub/irs-pdf/fw9.pdf](https://www.irs.gov/pub/irs-pdf/fw9.pdf)  
(Must be completed prior to receiving a contract.)

7) **Participate in training and technical assistance.** ReCAST MKE aims to provide capacity building support to those who are doing community healing work. The applicant and staff/partners are required to attend training and technical assistance sessions (up to 20 hours total) throughout the project, between June and September 2019. Training topics may include historical trauma, youth mental health first aid, mandated reporting, business management, etc. as agreed upon by Safe Summer Community Healing Project fund recipients and ReCAST MKE staff.

8) Participate in two bi-monthly ReCAST Coalition meetings.

9) **Track ReCAST performance data and submit monthly reports.** **Evaluation metrics that will be tracked include, but are not limited to the following.**

- Number of youth served (Back-up documentation such as sign-in sheets with participant names must be provided.)
- Number of caregivers served (if applicable)
- Number of program activity sessions held
- Number of referrals made to mental or behavioral health services
- Number of referrals made to other service providers (e.g. housing, food, clothing, workforce development, etc.)
- Number of agency staff/partners trained
- Number of technical assistance hours used
- Participant (youth and/or caregiver) satisfaction surveys

** A tracking template will be provided. Training and/or technical assistance will also be available on how to track metrics, use the template and submit accurate reports.

**Selection Criteria**

Specific criteria will be used to evaluate the ReCAST Safe Summer Community Healing Project proposals. All contracts are subject to the approval of the City’s legal counsel prior to execution. The evaluation selection committee will assign points to each proposal according to the categories that are listed below:
| Compliance with RFP submittal requirements | Pass/Fail |
| Demonstrated experience in providing direct service to youth and families | Up to 15 points |
| Proposer’s demonstrated relevance to priority neighborhood(s) and the target population (youth/families who have experienced or are at risk of trauma) | Up to 15 points |
| Quality of the description of planned activities | Up to 40 points |
| Quality and clarity of the link between proposed activities and promoting wellness, safety, social-emotional development, and/or restorative practices | Up to 5 points |
| Quality of answer to “How will you know if your activities are successful?” | Up to 5 points |
| Project Work Plan & Timeline | Up to 10 points |
| Budget/Cost Proposal | Up to 10 points |

**Questions**

Questions about application requirements should be directed to ovp@milwaukee.gov no later than May 17, 2019 at 4:00pm CST. Answers to the questions will be posted to the City of Milwaukee Health Department Office of Violence Prevention website and/or Facebook page.


OVP Facebook page: [https://www.facebook.com/OVPMKE](https://www.facebook.com/OVPMKE)
Priority will be given to activities that are based in one or more of the following priority neighborhoods:

Old North Milwaukee, Harambee, Franklin Heights, Silver Spring, North Division, Amani, Sherman Park, Historic Mitchell, Lincoln Village, and Midtown.
### Sample Budget Template
Please use these categories when organizing your budget.

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Amount</th>
<th>Narrative Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personnel</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>B. Fringe Benefits</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>C. Travel/ Transportation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>D. Occupancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Equipment</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>F. Supplies</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>G. Other</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>H. Indirect</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total Contract Cost</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Personnel

Please list each position to be paid by the grant, name of employee, and full-time equivalent (FTE). Show the annual salary rate and the full-time equivalent (FTE, based on 2080 hours per year) of the position to be funded with the grant.

Staff salary costs can support activities such as:
- providing direct services and/or outreach,
- supervising employees who are providing direct services and/or outreach, and/or
- providing programmatic support services, such as a bookkeeper or receptionist.

List each position to be paid with these grant funds by name of employee and title, if available. Show the annual salary rate and full-time equivalent (FTE) of position to be funded with this grant.

**Calculating FTE**

Calculations are normally based on 40 hours/week x 52 weeks/year (40 x 52 = 2080 hours). However, this should be adjusted to account for the Community Healing Project periods only being 15 weeks long* (40 hours/week x 15 weeks = 600 hours).

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1.0 FTE - Calculation: 600/600 (40 hrs/week x 15 weeks = 600 hours)
.50 FTE - Calculation: 300/600 (20 hrs/week x 15 weeks = 300 hours)
.25 FTE - Calculation: 150/600 (10 hrs/week x 15 weeks = 150 hours)

If your agency’s full-time work week equals 35 hours instead of 40, the FTE for a
person working full time equals .87 FTE, not 1.0 FTE.

*Number of project weeks may vary because start date depends on contract approval.

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**Grant Use Eligibility**

This project is federally funded through a grant from the Substance Abuse and Mental
Health Services Administration (SAMHSA). In general, funding cannot be used for
entertainment, food/meals or sporting events. In addition, the Community Healing Project
funds may **NOT** be used for the following:

- Providing services to incarcerated populations (defined as those persons in jail,
  prison, detention facilities, or in custody where they are not free to move about in the
  community).
- Paying for the purchase or construction of any building or structure to house any part
  of the program.
- Providing residential or outpatient treatment services when the facility has not yet
  been acquired, sited, approved, and met all requirements for human habitation and
  services provision.
- Paying for housing other than residential mental health and/or substance abuse
  treatment.
- Providing inpatient treatment or hospital-based detoxification services. Residential
  services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund
  evidence-based practices (EBPs). **Other sources of funds may be used for**
  **unallowable costs (e.g., meals, sporting events, entertainment).** Other support is
defined as funds or resources, whether federal, non-federal, or institutional, in direct
support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Making direct payments to individuals to induce them to enter prevention or treatment
  services (stipends).
- Making direct payments to individuals to encourage attendance and/or attainment of
  prevention or treatment goals. However, SAMHSA discretionary grant funds **may be**
  **used for non-cash incentives of up to $30 to encourage attendance and/or attainment**
  **of prevention or treatment goals.** SAMHSA policy allows an individual participant to
receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Paying for medicines for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

Please note that SAMHSA and the City of Milwaukee Health Department Office of Violence Prevention reserve the right to modify the budget and withhold funding for unallowable costs and those that do not fit the scope, mission or guiding principles of the City of Milwaukee or ReCAST project.

### Deadlines

Proposals must be received **no later than May 24, 2019** at 12:00 pm to the Community Development Grants Administration via in-person delivery or mail delivery. Please allow normal mail delivery time to ensure timely receipt of the application.

*Submit one original proposal and FOUR (4) copies to:*

Steven L. Mahan  
Community Development Grants Administration  
City Hall, Room 606  
200 East Wells Street  
Milwaukee, WI 53202

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Application Reminders & Checklist

1. Please review these items prior to submitting an application: This funding should only cover activities and staff time taking place during the anticipated contract term of mid-June/mid-July 2019 (pending contract approval dates) to September 30, 2019.

2. Costs are only reimbursed after cost reports and all necessary back-up documentation are submitted and approved (i.e., agencies will not receive an up-front award amount).

3. Some additional documents will be required, if an award is granted. Technical assistance will be provided to help with this.

4. Prior to applying, you need to review the City of Milwaukee insurance requirements and determine that your organization has an amount of insurance that makes it eligible for this opportunity.

5. Prior to applying, please review the Grant Use Eligibility list in previous pages and determine that all costs listed in your budget are allowable. (Note: food costs are not allowable.)

Application Checklist

<table>
<thead>
<tr>
<th>Does your Certificate of Insurance list City of Milwaukee as an additional insured? (Not required with application but will be required to begin the contract.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In addition to the Certificate of Insurance, are you prepared to provide a copy of the endorsement of Earlier Notice of Cancellation or Non-Renewal, as specified in the City of Milwaukee Insurance Requirements attachment? (Not required with application but will be required to begin the contract.)</td>
</tr>
<tr>
<td>IRS W-9 Form: This is not required with an application, but will be required to begin the contract.</td>
</tr>
<tr>
<td>Have you reviewed your application submission packet to ensure it contains each of the following required components (ONE original and FOUR copies)?</td>
</tr>
<tr>
<td>a. Cover Page</td>
</tr>
<tr>
<td>b. Narrative</td>
</tr>
<tr>
<td>c. Budget</td>
</tr>
<tr>
<td>d. Project Work Plan &amp; Timeline</td>
</tr>
<tr>
<td>e. Corporate documentation (see page 7). (NOTE: Submission of corporate documentation is only required for groups not currently under contract with the City or for groups currently funded who are submitting changes/updates to corporate documents).</td>
</tr>
</tbody>
</table>