



DIVISION OF BEHAVIORAL HEALTH  
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## TRAINING & TECHNICAL ASSISTANCE SPONSORSHIP

### *In the areas of Substance Abuse Prevention and Treatment and/or Mental Health Services*

The Department of Social Services, Division of Behavioral Health is offering sponsorship funding for training and technical assistance (TA) across South Dakota for:

1. Professionals serving **mental health target populations** including adults with Serious Mental Illness and children with Serious Emotional Disturbances.
2. Professionals serving **specialty populations for treatment and prevention of substance use**.

## SECTION I: SPONSORSHIP OVERVIEW

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### ELIGIBLE APPLICANTS

- South Dakota Community Mental Health Centers (CMHCs) that provide direct services and support to target populations including adults with Serious Mental Illness and children with Serious Emotional Disturbances.
- South Dakota accredited and contracted substance use disorder treatment and prevention agencies that provide direct services and support to any one of the following priority populations:
  - Pregnant women
  - Injecting drug users
  - Persons at risk for Tuberculosis
  - Individuals in need of primary substance abuse prevention

Note that contracts cannot be made to individuals.

### SUPPORTED ACTIVITIES

Funds may be used to support training and technical assistance in services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus. Activities can range in scope from targeted technical assistance to block grant providers, workforce development meetings, and other training activities.

Funds may not be used for the following activities:

- Direct service delivery.
- Speaker honorariums.
- Purchase of food (beverages are allowable).
- Delivery of personal testimonials.

## AVAILABLE FUNDING AND CHECKLIST

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### Application Deadline:

Applications will be accepted on an ongoing basis but reviewed in alignment with the due dates listed below. Funding for this program is dependent on the availability of grant funds.

The Division of Behavioral Health may call or email the listed primary contact with clarifying questions during the review process. If follow-up information is needed, the award timeline may be delayed.

Application and Award Cycle	
Application Due Date	Anticipated Award/Contract Date
December 8 <sup>th</sup> , 2020	February 1 <sup>st</sup> , 2021
March 15 <sup>th</sup> , 2021	June 1 <sup>st</sup> , 2021
August 11 <sup>th</sup> , 2021	October 1 <sup>st</sup> , 2021
November 10 <sup>th</sup> , 2021	January 1 <sup>st</sup> , 2022
February 9 <sup>th</sup> , 2022	April 1 <sup>st</sup> , 2022

Sponsored activities may begin upon notice of award, but not before (see Application and Award Cycle above for Anticipated Award/Contract Dates). No pre-award costs will be eligible for reimbursement. Completion of activities is subject to the scope of what is being proposed, and to the continuation of federal funding supporting this program.

### Budget Limitations:

Awards will be based on alignment with the supported activities and are subject to available funding. Sponsorship of training and technical assistance through this opportunity is funded in whole and contingent on federal funding via the Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) issued by the Substance Abuse and Mental Health Service Administration (SAMHSA). Applicants are invited to submit multiple applications for different events.

### How to Submit an Application:

Send completed application form and required attachments (see below) to [DSSQATraining@state.sd.us](mailto:DSSQATraining@state.sd.us).

Please indicate in the subject line: “**Block Grant Training Application**”.

### Application Checklist:

The following documents should be provided to ensure your application is received as complete. Document templates (excluding a Cost Proposal template) are available at <https://dss.sd.gov/behavioralhealth/community/>.

- Completed, signed Application Form
- Cost Proposal
- W-9
- Subrecipient questionnaire
- FFATA Form

## ADDITIONAL QUESTIONS?

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Please contact Bev Mentzer, Program Manager at the Division of Behavioral Health, with questions as you prepare your application.

Email: [DSSQATraining@state.sd.us](mailto:DSSQATraining@state.sd.us)

# Application Form

Instructions: Organizations seeking funding must complete all sections below. Applications must be submitted to the Division of Behavioral Health, [DSSQATraining@state.sd.us](mailto:DSSQATraining@state.sd.us), subject line: Block Grant Training Application.

## SECTION A: APPLICANT INFORMATION

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### APPLICANT ORGANIZATION

ORGANIZATION NAME:

ADDRESS:

PRIMARY CONTACT:

CITY/STATE:

TELEPHONE NO:

ZIP:

FAX NO:

E-MAIL:

### AUTHORIZED ORGANIZATION REPRESENTATIVE

NAME:

TITLE:

E-MAIL:

TELEPHONE NO:

The Authorized Organization Representative must be someone who has authority to sign a contract on behalf of the applicant. If additional individuals should be included on contract-related correspondence, please provide their contact information below.

### APPLICATION TYPE

Check the applicable funding source for your application based on training and technical assistance activities proposed. If your training encompasses both, please indicate as such.

Mental Health (MHBG)

Substance Abuse (SABG)

## SECTION B: TRAINING/TECHNICAL ASSISTANCE EVENT INFORMATION & ALIGNMENT WITH SUPPORTED ACTIVITIES PLAN

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**Event Title:**

**Event Date(s):**

**Location of Training / Event:**

**Describe your target population for the training and education, and your organization's approach to engaging and/or recruiting that population to participate in the training.**

**Describe the training to be offered and its alignment with the supported activities as noted in the project description.**

Responses should provide sufficient detail to demonstrate ability to rapidly mobilize grant resources to support your organizations' plan. Include information on activities that will be pursued, including who will be responsible for leading those activities. Include identification the specific evidence-based practices (EBPs) you intend to provide training on and rationale for use in the target audience identified above.

**PROJECT TIMELINE**

Please provide narrative or a diagram depicting your anticipated project implementation timeline. If preferred, a timeline can be provided as an attachment to this application. Be sure to review the anticipated award timeline guidance in the program description as you develop your implementation plan.

## SECTION C: PROJECTED OUTCOMES

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### WHAT IS/ARE THE PROJECTED OUTCOME(S) FOR THE PROPOSED ACTIVITIES?

Acceptable responses should include measurable projections for the project if implemented, and how you will measure or assess those outcome(s).

#### Training/Event Outcome(s)

*Example: Train 50 mental health professionals in the use of telehealth to provide services*

#### How will you measure or assess this outcome?

*Example: Logs/sign-in sheets will be kept at the training and used for CEU purposes.*

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Supporting Narrative (if needed)

## SECTION E: TERMS AND CONDITIONS

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By signing this application form, applicants understand and will adhere to the following terms:

- The State reserves the right to reject any or all proposals, waive technicalities, and make awards as deemed to be in the best interest of the State of South Dakota.
- The State, upon satisfactory review and notice of award to the Applicant, will execute a contract for services using its standard agreement terms and conditions (see attachments).
- If awarded, the Applicant acknowledges that it will submit for reimbursement of expenses as outlined in the executed contract on a monthly basis and that pre-payment for expenses is not allowable.

Date Application  
Submitted: \_\_\_\_\_

Organization's  
Authorizing Official  
Signature \_\_\_\_\_

## REQUIRED ATTACHMENT: COST PROPOSAL

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Applicants must include a detailed cost proposal as a separate attachment (.pdf, .xlsx, or .docx) to this application form.

Costs should be itemized in the following categories and calculations/assumptions provided to allow the state full understanding of how requested funds are being calculated.

The Cost Proposal must also include a detailed narrative providing justification for each item requested.

<b>Personnel</b>	Costs included must directly support the implementation plan and will be reimbursable per monthly invoices upon completion of work, based on actual hours/costs invoiced to the project. Personnel rates should be inclusive of any applicable fringe benefits.
<b>Travel</b>	Travel rates must align with your organization's established travel policies and/or align with State of South Dakota travel reimbursement rates.
<b>Materials &amp; Supplies</b>	Eligible expenses may include but are not limited to training materials/curriculum for trainees on selected evidence-based practices.
<b>Consultants / Contracts</b>	Cost justifications must include detailed description of what services will be provided and key personnel involved.
<b>Other Direct Expenses</b>	Other as identified by the applicant.

### SPECIAL CONSIDERATIONS

Applicants are encouraged to contact Bev Mentzer, Program Manager, to discuss budget and allowable/unallowable expenses. The review and scoring committee may follow-up with applicants to ask clarifying questions and may request cost proposals be modified to reflect any necessary adjustments prior to issuing a notice of award.