

Building Resilience in African American Families Prevention and Early Intervention (PEI) Program

Health/Mental Health Initiative

Family Health & Support Network Inc

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Application Form

Application Questions

Instructions:

1. Complete one application for an eligible nonprofit 501 (c) (3)
2. Answer all questions.
3. Submit application only when all documents required are uploaded.

Organization Name

Family Health & Support Network, Inc.

Mission Statement

To lead and support a network of compassionate individuals in the provision of quality programs and services that empower vulnerable children, youth, and families.

Program/Project Name*

Building Resilience in African American Families Prevention and Early Intervention (PEI) Program

Organization Founded*

In what year was organization founded?

11/01/2003

Board Meetings*

How frequently does the board of directors meet?

Quarterly

Contact Person for this Letter of Intent (LOI)*

Sandra Austin

Contact Person's Title*

CEO

Contact Person's Email Address*

saustin@fhsnet.org

Contact Person's Phone Number*

7603402442

Request for Proposal (RFP) Funding Goals

Review your answer from the LOI.

Building Resilience in African American Families Prevention & Early Intervention programs address symptoms of trauma, anxiety and depression in African American children and families.

Funding Goals*

Identify the funding goal(s) as listed in the Request for Proposal (RFP) which the proposal is addressing.

Please restate your goals and specify if there are any updates to your goals since the LOI.

To help alleviate barriers to participation, BRAAF provides transportation to program participants. Youth are picked up from local schools/home, transported to our facility, then home each evening. Reliable transportation is resolute to serve the individuals who desperately need our services, therefore we are requesting funding to purchase a new van to replace a van recently retired. To demonstrate our gratitude, we are happy to adorn the van with the RAP Foundation logo.

Executive Summary*

Provide an Executive Summary of the program/service. Be specific as to the reason for your funding request: Briefly describe the service, why is this service necessary. Who do you plan to serve, how do you plan to deliver the service?

BRAAF is a unique culture-specific PEI program serving high-risk African American adolescents (age 11-14) and their families. Many of our program participants live in poverty, where transportation often presents as a barrier to participation. Our operating budget does not accommodate program vehicles' purchase, and recently we had to retire one of our vans. We are requesting funding to purchase a new van to provide desperately needed transportation to our quality programs and services.

Provide number of persons served in each of the categories.

Identify characteristic demographics population to be served specific to this grant

For example, homeless youth, veterans, special needs,

BRAAF serves high-risk, underserved AA youth in middle school and their parents from fragmented communities with high rates of poverty and community violence and/or who have experienced racism, discrimination, and violence.

Number of Youth (0 - 18 years) to be served.*

50

Number of Adults (19 to 54 years) to be served.*

100

Number of Seniors (55+ years) to be served.*

10

Number of Persons at or below the federal poverty level.*

160

Number of Males to be served.*

Provide number of Males to be served.

25

Number of Females to be served.*

Provide number of Females to be served.

25

Comment: numbers not consistent

Number of LGBTQI to be served.*

Provide number of LGBTQI to be served.

4

Geographic Area Served*

Please restate your goals and specify any updates made since the LOI.

Cathedral City
Desert Hot Springs
Indio

Palm Desert
Palm Springs
Rancho Mirage
Thousand Palms

Indicate the Race/Ethnicities to be served.*

List Race/Ethnicities to be served and how many to be served per Race/Ethnic group.

African American - BRAAF is a culture-specific program for African American children and families. We also serve AA bi-racial children.

Geographic Area Served*

Please describe the selected geographic areas in more detail, for example, why this area, opportunities/challenges.

The Mental Health Services Act (MHSA) expanded and transformed the county mental health service system in January of 2005. The funding allows the County of Riverside the opportunity to provide services in the areas of Prevention and Early Intervention. Per the MHSA, a comprehensive community planning process was completed that utilized expertise of the community and community leaders. In alignment with the MHSA, RUHS-BH has included the transformation concepts to develop a community-driven, culturally competent, wellness-focused PEI plan that targets individuals and families across the age span, with special attention to underserved cultural communities. The intent of PEI programs is to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment. The desert region is among three (3) regions identified by RUHS-BH as needing culture-specific PEI programs.

Program/Project*

Should be existing Program/Project. Please disregard new program/project option.

Existing Program/Project

Program/Project Start Date

07/01/2020

Program/Project End Date

06/30/2021

Project/Program 1.Goal(s); 2. Objective(s) with Time Line and 3. Anticipated Outcomes

Answer given on the LOI.

I. Project Goal: Raise funds and/or apply for grant funding to assist in the purchase of a van to replace the retired program van..

Objective: Solidify funding before May 1, 2021

II. Project Goal: Purchase one (1) 15 passenger van - Desired Outcome: To be able to continue providing desperately needed transportation to program participants.

Objective: Purchase van before the program cycle end date of June 30, 2021

Project/Program 1.Goal(s); 2. Objective(s) with Time Line and 3. Anticipated Outcomes*

Please restate your goals and specify any updates made since the LOI.

For Example:

I. Goal and Anticipated Outcome(s)

A. Objective, Time Line

B. Objective, Time Line

II. Goal and Anticipated Outcome(s)

A. Objective, Time Line

i. Project Goal: Raise funds and/or apply for grant funding to assist in the purchase of a van to replace a retired program van.

Objective; Soolidify funding before May 1, 2021

II Project Goal: Purchase one (1) fifteen (15) passenger van - Desired Outcome: To continue providing desperately needed transportation to program participants.

Objective: Purchase van before the program cycle end date of June 30, 2021

No changes to our goals and objectives.

Program/Project Adjustments

How does COVID-19 impact your program/project service delivery? How do you propose to serve your target population amid the pandemic?

BRAAF ran programs on-line via our website (www.fhsnet.org) and on Zoom for the past eight months. In January we resumed in-person programming rotating participants in groups of 10 or less. Our program site is 7,500 sq. ft. with a grand ability to social distance. The two programs operate on alternate days, ten in person, the others participate via Zoom or streaming. Fridays are reserved for in-person (social distancing) group therapy, We strictly adhere to the CDC guidelines with respect to temperature taking, masking, hand washing, and social distancing, Depending on the weather many of our interactions take place outside,

Incentives are optional:

A. Working as a collaborative with another entity - Extra 15 points for proposals

B. Programs in the Palo Verde Valley area - Extra 10 points for proposals

C. Interest in utilizing Results-Based Accountability, a measurement/evaluation method. Additional funding will be offered to offset staff time - Extra 5 points for proposals RFP Process:

Indicate whether you will incorporate any of the three incentives listed above.

Incentive A*

A. Working as a collaborative with another entity - Extra 15 points for proposals .

Yes

Incentive B*

B. Programs in the Palo Verde Valley area - Extra 10 points for proposals

No

Incentive C

C. Interest in utilizing Results-Based Accountability, a measurement/evaluation method. Additional funding will be offered to offset staff time - Extra 5 points for proposals RFP Process:

Yes

Results Based Accountability (RBA) Framework*

Does your organization utilize the Results Based Accountability (RBA) framework or another model? If yes, describe how it is used.

All of our program data is evaluated by the Riverside University Health Systems - Behavioral Health Research Department annually. In addition, FHSN utilizes an automated cloud-based system ("Extended Reach") to capture and analyze program qualitative and quantitative data inputs. However, as our efforts continue towards developing professional and highly competent staff to serve vulnerable and underserved communities, we welcome the opportunity to participate in the Results Based Accountability Framework training.

Partnership/Collaboration

Are you partnering or collaborating with other organizations for this program/project? If yes, identify and describe the responsibilities of the partners and collaborators.

Riverside University Health Systems - Behavioral Health - Funder
1st Baptist Church - Facilities and Volunteerism
Palm Springs Police Department - "Adopt A Family" initiative - Volunteerism

Evaluation*

How is the impact on the target population being measured (qualitative and/or quantitative)? Please explain.

BRAAF utilizes a range of assessments and surveys to capture qualitative and quantitative data.

The following tools are used to measure qualitative data::

Number of Therapy Sessions
Program Attendance Rosters
Program Completion Surveys

The following tools are used to measure quantitative outcomes:

Rites of Passage Programs.

-Child resiliency measured using "The Resiliency Scale for Children and Adolescents" - Expectation, increase in the sense of mastery and relatedness scales.

-Cultural identity is measured using "Youth Questionnaire and the Children's Aficentric VALues Scale" - Expectation, increase in positive cultural identity.

-Family cohesion and adaptability measured using "FACES-III" - Expectation, increase in cohesion and adaptability.

Cognitive Behavioral Therapy:

-Trauma symptoms measured using "UCLA PTSD Checklist and Symptom Scale" Expectation, decrease in trauma symptoms.

-symptoms measured using "Child Depression Inventory-2 (CDI)", Expectation, decrease in depressive symptoms.

-Behavior problems in youth measured using "Strengths and Difficulties Questionnaire (SDQ)" - Expectation, increase in strengths and decrease in difficulties.

-Anxiety and Depression in youth measured using "Revised Children's Anxiety and Depression Scales (RCADS)" - Expectation, reduction of symptoms of anxiety and depression.

Evaluator*

Describe if the evaluation process requires an outside expert or consultant. Provide his/her scope of work and cost.

BRAAF programs are evaluated by the Riverside University Health Systems - Behavioral Health Research Department at no additional cost to the program. BRAAF program staff works closely with RUHS-BH Research Department to ensure high fidelity in the utilization of the measurement tools and administration of the measurements. Additionally, FHSN/BRAFF independently collects program data through our automated cloud-based Prevention Case Management system.

Amount Requested*

Amount requesting from RAP?

\$19,000.00

Total Program/Project Budget*

What is your total program/project budget?

\$23,000.00

Total Operations Budget

What is your total organization's budget?

\$586,000.00

Financial Sustainability*

Describe financial sustainability plans for the program/project after RAP funding ends. Include information regarding funding opportunities for example "billable" services, for example MediCal.

FHSN is not requesting funds in support of our program operating budget. BRAAF has been approved for funding through Riverside University Health Systems - Behavioral Health through 2024.

Is your organization a member of RAP's Center for Nonprofit Advancement (CNA)?*

Yes

Program/Project Budget*

Please complete budget template provided.

PROGRAM.pdf

Comment: Budget line item needs to be on line 7

Program/Project Budget Narrative*

Provide explanation of budget line items which require clarification, for example personnel costs.

Family Health & Support Network Inc. is asking for funding to support the purchase of a van for programs. There are no clarifications required for our budget template.

Memorandums of Understanding 1

If you are collaborating or partnering with other organizations, please provide **Memorandums of Understanding (MOUs)**

Memorandums of Understanding 2

Current Information 1

Please provide current **Board of Directors** and **professional affiliation**.

Board of Directors - 2021.pdf

Current Information 2

Please provide copy of **current financials**.

Audit report 2019.pdf

PROPOSED PROGRAM BUDGET LINE ITEMS	PROGRAM REVENUES	TOTAL PROGRAM EXPENSES 12 MONTHS	PROGRAM EXPENSES TO BE FUNDED BY RAP FOUNDATION 12 MONTHS
1.Amount of money requested to RAP Foundation	\$19,000		
2.Cash contributed to project/program by applicant organization	6,000		
3.Grant(s) awarded from other grant based funding sources for project/program			
4.Grant(s) pending or applied for from other grant based sources for project/program	5,000		
5.Value of in-kind goods or services to support the project/program			
6a - Full-Time Personnel - wages and salaries			
6b - Part-Time Personnel - wages and salaries			
6c - Temporary Personnel - wages and salaries			
6c - Employee benefits			
6d - Volunteer related costs			
6.Total Personnel related expenses for project/program			
7. Equipment related expenses for project/program			
8a - Marketing Materials			
8b - Marketing/Advertising			
8. Total Marketing related expenses for project/program			
9a Legal Services			
9b Consulting Services			
9c Other Professional/Contracted Services			
9 Total professional services			
10a Facilities			
10a Meeting expenses			
10b Mileage and travel			
10c Postage			
10d Supplies related expenses for project/program			
10e Other miscellaneous expenses			
10f Phone and other communications			
10g Insurance			
10.Total General Operating/Administration expenses for			
11.Evaluation			
12 Indirect Operating Expenses			
TOTALS	30,000		