



Office of
Mental Health



**Strengthening Resiliency & Wellness
for Uniformed Personnel**

Solicitation of Interest (SOI) Application- Uniformed Personnel

Please submit your application to CARESUP@omh.ny.gov by 12:00PM EST on 11/1/23
Notifications will be made by 12/8/23

Discipline (check one):

**If your department covers multiple services (Ex: Both Fire and EMS), please indicate the discipline you are applying for with this application*

- Fire Services
- EMS
- Corrections
- Law Enforcement

Department Contact Information:

Department/Agency Name: _____

Department Mailing Address: _____

Main Dept Phone Number: _____

Primary County Served: _____

Point of Contact Information:

Grant Application Point of Contact:

- Name: _____
- Title: _____
- Phone: _____
- Email Address: _____

- **Mailing Address:** _____

Finance/Accounting Point of Contact

- **Name:** _____
- **Title:** _____
- **Phone:** _____
- **Email Address:** _____
- **Mailing Address:** _____

Department Staffing Data:

- **Number of current full time uniformed personnel:** _____
- **Number of current part time uniformed personnel:** _____
- **Number of current uniformed personnel volunteers:** _____
- **Number of non-uniformed/civilian staff:** _____
- **Number of non-uniformed/civilian volunteers:** _____

After reviewing the [CARES UP Model Toolkit](#), please respond to all application questions. Your answers will be scored based on your capacity to implement the grant, proposed need, and alignment with the CARES UP goals, which are as follows:

- *Create organizational culture change to support and improve mental health at work.*
- *Reduce the impact of workplace trauma and stress. Provide opportunities to learn about resilience, life skills, and healthy coping strategies.*
- *Promote acceptance of mental health care and wellness at work.*
- *Increase access to peer programs and other social supports.*
- *Introduce access and decrease barriers to wellness options at work.*

NOTE: Incomplete answers will negatively impact application score.

1. Describe your agency's previous experience implementing other similar projects or initiatives. (10 points)
 - Were any of these projects a result of being awarded a city, state, or federal-funded grant? If so, what was the grant and what was/is the project timeline? (I.e., Project Title, Funder, 2018-2020). Note, this portion of the question will not be included in scoring.
2. A. Please describe the current trainings you offer in each of the following areas. Include how often

trainings are given, which staff receive the training, and who delivers the training. Keep in mind the various types of staff described in the data above when discussing staff training. (10 points – 5 points each)

I. Mental Health & Wellness: _____

II. Resiliency Training: _____

B. Describe the need you have in your department for the above trainings if you do not currently have them (5pts)

I. Mental Health & Wellness: _____

II. Resiliency Training: _____

3. Does your department currently have any type of peer support training/programs in place? If so, please describe. If you want to start a peer support program or participate in training, what are your plans? (5 points)
4. What goals does your department have for improving mental health, wellness, resiliency and suicide prevention? (20 points)
5. After reviewing the CARES UP Model explain how participating in the CARES UP project would help you and your department to achieve those goals? (15 points)
6. Describe your department's commitment to diversity and inclusion in the workplace. How do you promote equity for people of diverse backgrounds and cultures to work and learn together? (10 points)
7. Describe your agency's/organization's proposed staffing plan for this project, and include each of the following team roles as outlined in the [CARES UP Model](#) (10 Points)
 - a. Qualifications of participating staff
 - b. Level of effort (percentage of time) to be allocated

Required Roles:

- Main Point of Contact:
- Administrator (executive level support):
- Champion(s):
- Finance Contact: Optional Roles
- Trainer and/or Training Coordinator:
- Peer Leaders:

- **Evaluator:**

8. What barriers do you anticipate experiencing in the implementation of the CARES UP Model? (5 points)

Additional Attachments:

1. Letter of Support (2 points)

- Please provide a Letter of Support from your Union President and/or Department Chief
- County Mental Health Departments can be a valuable partner in this project. A Letter of Support from your county Mental Health Commissioner is not required but encouraged. Find out who your county Mental Health Commissioner by clicking [here](#)

2. Please also complete and included in your application, the below additional documents:

- Contact Sheet (1pt),
- Sub Monitoring Form (1pt) and
- SubW9 (1pt)

3. Proposed Year One Budget (5 points)

- Please complete the template below with your anticipated budget for YEAR ONE of the grant cycle (2 points)
- Budget narrative justification (3 points)

• **Spending must fall into the following categories:**

- Administrative Support and Planning - Support planning activities and efforts to meet deliverables in a timely manner. These activities include grant project management, point of contact duties, facilitation of grant participation (e.g., coordination of survey administration and training) and completion of other grant tasks.
- Promotion of CARES UP initiatives and 988 (website/social media updates, Press Releases, etc.)
- Coverage/Staffing - cross coverage, overtime costs to allow for training attendance
- Supplies – copies of flyers, materials for prevention /wellness resources, etc.
- Incentives - training and survey completion incentives to boost completion rate
- Travel Costs – travel to attend an in-person kickoff meeting in Albany, NY
- Training Costs - costs for Mental Health Wellness, Resiliency, and/or Suicide Prevention training, instructor, consultant, vendor, etc.

Budget Template, Year 1 (2pts)

Budget Line	Anticipated Budget
Administrative Support and Planning	

Promotion of 988 and other mental health and wellness communications materials	
Coverage/Staffing	
Supplies	
Training and Survey Completion Incentives	
Travel Costs	
Estimated Training Costs	
Total	\$30,000

Budget Narrative/Justification- (3pts)

Please provide a written description that justifies each item in the budget template, above, and the associated dollar amount. This narrative summary should explain how the funding will be distributed to support the implementation of CARES UP and meet the project deliverables outlined in the SOI.

(Optional) How did you find out about this funding opportunity?

- Social Media (LinkedIn; Facebook)
- Email/Listserv: _____
- CARES UP Website
- Colleague
- 2022-23 CARES UP Participating Site
- Conference/meeting: _____
- Training: _____
- Other: _____