



Office of
Mental Health



NY CARES UP

Strengthening Resiliency & Wellness
for Uniformed Personnel

Solicitation of Interest (SOI) Application

Please submit your application to by 12:00PM EST on 11/1/23

Notifications will be made on or by 12/8/23

Organizational Description

Organization Type (check one):

- A NYS County Veteran Serving Organization
- A NYS not-for-profit organization that supports transitioning services members/ Veterans
- A PFC JOSEPH P. DWYER Peer-to-Peer chapter
- A NYS Behavioral Health Nonprofit, which provides already established specific programming/services for Veterans

Lead Organization/Agency Name(s): _____

Other partnering entities (for regional applications only):

County(ies) Served: _____

Grant Site Point of Contact

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

Finance/Accounting Point of Contact (if different from above):

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

Date of information session hosted by the Onward Ops and the ETS Sponsorship Program your organization attended: _____ (If applicable)

Data (10pts):

- Approximately how many Veterans are currently living in your county(ies): _____ (2pts)
- In your best estimate, how many Transitioning Service Members (TSMs) return on an annual basis to your county(ies)- based on the last 5 years _____ (2pts)
- What sources did you utilize to determine the above data points: (2-pts) _____
- What veteran organization(s) in the community do you have partnerships with? (2pts) _____
 - How long have you collaborated with this organization(s): (2pts) _____

Questions: Please answer all questions fully. NOTE: Incomplete answers will negatively impact application score.

Experience providing services to the Veteran Community (40 pts total)

1. Please describe your agency's/organization's current role and approach to Veterans' services (10 pts): _____

2. Please describe your agency's/organization's experience, if any, with city or state-funded grants specific to serving TSMs/Veterans or their families (10 pts): _____

3. Please describe your agency's/organization's role in providing services to TSMs/Veterans and their families (10 pts): _____

4. Please describe your agency's/organizations' experience in managing a volunteer and/or mentor/sponsor program (10 pts): _____

Partnerships to support this grant (5 pts)

5. Identify additional external partners that will be employed/utilized to fulfill the scope of work and deliverables for this project (5 pts): _____

Proposed Staffing Plan (10pts)

6. Describe your agency's/organization's proposed staffing plan, and for each person who will be associated with this grant, please include (10 pts):
- a. Role and responsibilities _____
 - b. Qualifications of participating staff _____
 - c. Level of effort (percentage of time) to be allocated _____

Commitment to Diversity and Inclusion

7. Describe your department's commitment to diversity and inclusion in the workplace. How do you promote equity for people of diverse backgrounds to work and learn together (10 pts)? _____

Please complete and provide the following additional attachments:

1. Please provide a Letter of Support from **two** of the following entities (4 pts – 2 pts each):
 - o Your Veterans Integrated Service Network (VISN)
 - o A non-VA program that provides mental health services and supports to Veterans in your county
 - o Your local Veterans Service Organization (VSO) leadership
 - o State leadership of a Congressionally recognized Veterans Service Organization
 - o The Onward Ops and the ETS Sponsorship Program
 - o County Mental Health Commissioner
 - i. To contact your County Mental Health Commissioner- [Click HERE](#)
2. Contact Sheet (1 pt)
3. Sub Monitoring Form (1 pt)
4. SubW9 (1 pt)
5. Proposed Year One Budget (5 points)
 - Please complete the template below with your anticipated budget for YEAR ONE of the grant cycle
 - Budget narrative justification (5 pts)
 - Spending must fall into the following categories:
 - o Administrative Support and Planning - Support planning activities and meeting deliverables in a timely manner. These activities might include grant project management, point of contact duties, facilitation of grant participation (e.g., coordination of sponsors and CTCs, dashboard work and training) and completion of other grant tasks
 - o Promotion of CARES UP initiatives (website, spotlight stories)
 - o Coverage/Staffing - Cross coverage, overtime costs to allow for training attendance
 - o Supplies – copies of flyers, materials for suicide prevention /ETS resources, etc.
 - o Data Infrastructure – ETS Dashboard

Template- Proposed Year One Budget

| Budget Line Categories | Anticipated Budget |
|-------------------------------------|---------------------------|
| Administrative Support and Planning | |
| Promotional Materials | |
| Supplies | |
| Data Infrastructure | |
| Coverage/Staffing | |
| Total | \$30,000 |

Budget Narrative/Justification (5pts)

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: _____**