

OMB Control Number: 1660-0085
Expiration Date:
FEMA Form 003-0-2

**Crisis Counseling Assistance and Training Program
Regular Services Program
Application
Version 3.0**

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 60 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0085).

NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.

PRIVACY ACT STATEMENT

AUTHORITY: Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. § 5183).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility for the Crisis Counseling Assistance and Training Program, Regular Services Program funding following a Presidentially-declared disaster.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA – 004 Grant Management Information Files System of Records, 74 Fed. Reg. 39705 (August 7, 2009) and upon written request, by consent, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA from providing the requested funding.



FEMA



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Attention Grant Preparer

Please refer to the Regular Services Program (RSP) Supplemental Instructions for detailed information for completing this application. You can find the RSP Supplemental Instructions in the Crisis Counseling Assistance and Training Program (CCP) Application Toolkit or by calling the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) at 1-800-308-3515.

Please complete all footer notes with the corresponding disaster information.

Application Signature

Federal Emergency Management Agency (FEMA) disaster declaration number: _____

Director, State Mental Health Authority (SMHA): The following individual is responsible for coordinating the mental health response to this disaster. This person will also have oversight authority for the application process for Federal funds to provide disaster-related mental health services.

Name:
Title:
Agency:
Address:
Phone:
Fax:
E-Mail:

Date

Signature, Director, SMHA

Governor's Authorized Representative (GAR): The GAR is the State official authorized to represent the Governor and apply for Crisis Counseling Assistance and Training Program (CCP) Regular Services Program (RSP) funding.

Name:
Title:
Agency:
Address:
Phone:
Fax:
E-Mail:

This application represents the Governor's agreement or certification of the following:

The requirements are beyond the State and local governments' capabilities.

The program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM).

The Governor will maintain close coordination with and provide reports to the FEMA regional director or the DRM as the delegate of the regional director.

The State's emergency plan, prepared under Title II of the Stafford Act, will include mental health disaster planning.

The State requests \$_____ for regular services.

Date

Signature, GAR

Attach the Health and Human Services 5161-1 (HHS-5161-1, revised 8-07) form, which includes Standard Form 424 Request for Federal Assistance (SF-424) and Standard Form 424a Budget Information: Non-Construction Programs (SF-424a), to the signature sheet.

Note: Throughout the RSP Application, the terms "State" and "SMHA" are intended to include all qualified applicants (i.e., States, U.S. Territories, and federally recognized Tribes).

Contact Information

Preparer Information

Prefix	First Name	Middle Initial	Last Name
Agency/Organization Name: _____			
Address Line 1: _____			
Address Line 2: _____			
City: _____		State: _____	Zip: _____
Phone: _____		Fax: _____	
E-Mail: _____			

Is the application preparer the point of contact? Yes No

Point of Contact Information

If the application preparer is not the point of contact, please complete the information below.

Prefix	First Name	Middle Initial	Last Name
Agency/Organization Name: _____			
Address Line 1: _____			
Address Line 2: _____			
City: _____		State: _____	Zip: _____
Phone: _____		Fax: _____	
E-Mail: _____			

Alternate Point of Contact Information

To add an alternate point of contact, please complete the information below.

Prefix	First Name	Middle Initial	Last Name
Agency/Organization Name: _____			
Address Line 1: _____			
Address Line 2: _____			
City: _____		State: _____	Zip: _____
Phone: _____		Fax: _____	
E-Mail: _____			

Executive Summary

Include an executive summary below that provides key information on the scope and magnitude of the disaster, how the State responded initially, how the State and community service providers propose to provide services during the RSP, and the nature and location of the services. It is recommended that this section be completed last, after all other key information has been determined. The executive summary should not exceed one page in length.

Part I. Disaster Description

A. Narrative Description

Please answer the following questions that describe the disaster and its impact on survivors and communities.

What was the timeframe during which the disaster occurred?

What was the date of the Presidential disaster declaration?

Was the disaster the result of natural causes (e.g., hurricane, tornado, earthquake, wildfire, flood), the result of an accident (e.g., accidental fire), or a deliberate criminal act (e.g., bombing)?

How much warning did disaster victims or survivors have?

How long did the actual disaster last?

Was disaster damage concentrated in small areas or widely dispersed?

Provide examples of major damage caused by the disaster and the overall impact on survivors.

Describe the social, economic, and demographic characteristics of the affected communities and whether the communities are primarily rural, suburban, or urban.

Did disaster response organizations encounter any particular challenges in reaching specific communities?

Additional comments, if any:

B. Map of the Disaster Area

Include or attach a map of the State, highlighting the counties or service areas included in the Presidential disaster declaration.

Part II. Geographic Areas and Needs Assessment

Needs Assessment Guidance

Use the Needs Assessment Formula Table to develop an estimate of the number of people who would benefit from services. Please refer to the following guidelines when completing the table:

1. Consult with your FEMA Program Specialist and CMHS Project Officer prior to completing the Needs Assessment Table.
2. Preliminary Damage Assessment (PDA):
 - a. When available, you must use the PDA data in the table.
3. FEMA Individual Assistance (IA) Registration Numbers:
 - a. IA data should be used only when PDA data are unavailable and requires prior approval from FEMA and CMHS.
 - b. Use the “other” category to supply the IA data.
 - c. Additional data should not be included when using IA numbers.
 - d. Capture additional supporting information in the narrative.
 - e. The Average Number of People per Household (ANH) multiplier is not to be used with IA numbers.
 - f. The Traumatic Impact Risk Ratio to be used in the table should be 100%.
4. Estimated Number to be Served
 - a. *Primary Services*—To determine the estimated number of people to be served through PRIMARY services, you may use a multiplier “between 20% and 80%.” This number should be based on the nature and scope of the disaster and the capacity to address the need.
 - b. *Secondary Services*—To determine the estimated number of people to be served through SECONDARY services, you may use a multiplier of “up to 100%.”

✕✕START: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✕✕

A. CMHS Needs Assessment Formula—Estimated Crisis Counseling Needs

This is an estimate for the following designated service area: _____

Date completed: _____

Complete a CMHS Needs Assessment Formula Table for each designated area to be covered by the grant. Use the following steps to complete the table:

1. Identify the number of people for each loss category from collected needs assessment information.
2. Identify any disaster- or region-specific “other”¹ loss categories, and establish a traumatic impact risk ratio for any other loss categories. Note that other loss categories are not multiplied by the household size multiplier.
3. Determine the total number of people who would benefit from services for each loss category by multiplying across each row as follows: (Number of People) X (Household Size Multiplier) X (Traumatic Impact Risk Ratio) = (Total Number of People Who Would Benefit from Services).
4. Add all of the results in the column of Total Number of People Who Would Benefit from Services to determine a sum for the number of people who would benefit from crisis counseling services.

Loss Category	Number of People	Household Size Multiplier ² (ANH = 2.5)	Traumatic Impact Risk Ratio ³	Total Number of People Who Would Benefit from Services
Dead	x	ANH x 4	x 100%	=
Hospitalized	x	ANH x 1	x 100%	=
Nonhospitalized Injured	x	ANH x 1	x 50%	=
Homes Destroyed	x	ANH x 1	x 100%	=
Homes Major Damage	x	ANH x 1	x 20%	=
Homes Minor Damage	x	ANH x 1	x 10%	=
Disaster Unemployed	x	ANH x 1	x 10%	=
Other 1 (Specify) ¹			x	=
Other 2 (Specify) ¹			x	=
			TOTAL:	=

¹If appropriate, the State may identify other loss category groups related to the disaster. These categories are not multiplied by a Household Size Multiplier. The State should also identify a Traumatic Impact Risk Ratio for each additional loss category specified. Add rows as necessary.

²Household Size Multiplier means the average number of people per household (ANH). The national average is 2.5, but applicants should consult U.S. Census information for State or county averages.

³The Traumatic Impact Risk Ratio assesses the likelihood of individual and community adverse reactions to this disaster. In previous versions of this application, the term “at-risk multiplier” was used.

Identify the sources of data for the number of people identified in each loss category. If FEMA preliminary damage assessment data have not been collected for this disaster or were not used in specifying the number of people for each category, please clearly identify alternate sources of data used (e.g., American Red Cross, State Emergency Management Agency, media reports).

Describe any special circumstances not captured in the CMHS Needs Assessment Formula that will affect the need for crisis counseling services.

Specify any high-risk groups or populations of special concern identified through the State’s initial needs assessment process (e.g., children, adolescents, older adults, ethnic and cultural groups, lower income populations).

If “other” categories were added to the CMHS Needs Assessment Formula Table, please describe the rationale for including these loss categories and how the Traumatic Impact Risk Ratios were determined.

Additional comments, if any:

B. Estimated Number of People to Be Served Through Primary and Secondary Services

This is an estimate for the following designated service area: _____

Date completed: _____

For each designated service area, complete the table of estimated number of people to be served (below). Use the following steps to complete the table:

1. For each Loss Category, list the Total Number of People Who Would Benefit from Services based on the CMHS Needs Assessment Formula table.
2. Identify a percent multiplier for primary services and a percent multiplier for secondary services. These multipliers indicate the percentage of people the program expects to actually serve out of the total number of people who would benefit from services in the designated area. Note that individuals may receive both primary and secondary services. Primary and secondary percent multipliers may vary according to the loss category. Please see the Needs Assessment Guidance on page 6 of this application for information on identifying Primary and Secondary Percent Multipliers.
3. To determine the estimated number of people to be served through primary services for each loss category, multiply the total number of people for each loss category by the primary percent multiplier: (Total Number of People Who Would Benefit from Services) X (Primary Percent Multiplier) = (Number of People To Be Served Through Primary Services).
4. To determine the estimated number of people to be served through secondary services for each loss category, multiply the total number of people for each loss category by the secondary percent multiplier: (Total Number of People Who Would Benefit from Services) X (Secondary Percent Multiplier) = (Number of People To Be Served Through Secondary Services).
5. Sum the column items of Number of People To Be Served to identify a total for each designated service area.

To determine the total number of people to be served, add all columns below.

Loss Category	Total Number of People Who Would Benefit from Services	Estimated Number of People To Be Served			
		Through Primary Services		Through Secondary Services	
		Primary Percent Multiplier	Number of People To Be Served	Secondary Percent Multiplier	Number of People To Be Served
Dead					
Hospitalized					
Nonhospitalized Injured					
Homes Destroyed					
Homes Major Damage					
Homes Minor Damage					
Disaster Unemployed					
Other 1 (Specify)					
Other 2 (Specify)					
TOTAL:					

Primary Services: Individual crisis counseling; group crisis counseling; assessment, referral, and resource linkage; community networking; basic supportive/educational contacts; and public education presentation/groups.

Secondary Services: Media/public service announcements, distribution of educational materials (including e-mail and Web sites).

Provide a rationale for estimating the total number of people to be served through primary and secondary services.

C. Summary of Geographic Areas and Needs Assessment

Use the following steps to complete the chart below:

1. Complete a CMHS Needs Assessment Formula Table for each designated service area (see Part II.A.).
2. Complete the Table of Estimated Number of People To Be Served Through Primary and Secondary Services for each designated service area (see Part II.B.).
3. Using the information from each CMHS Needs Assessment Formula Table, fill in the first two columns of the chart below.
4. Using the totals from the Table of Estimated Number of People To Be Served Through Primary and Secondary Services, fill in the last two columns of the following chart. These totals should reflect the sum of the estimated number of people to be served through primary and secondary services in each designated service area.

Designated Service Area Name	Total Number of People Who Would Benefit from Services	Estimated Number of People To Be Served	
		Through Primary Services	Through Secondary Services
TOTAL:			

Additional comments, if any:

Part III. Response Activities from Date of Incident

A. Description of Response Activities from Date of Incident

Describe State and local crisis counseling activities from the date of the incident to the date of this application. Enter “none” if no activities have been conducted to date.

B. Immediate Services Program Activities

This section should be completed only if the State received an Immediate Services Program (ISP) grant for the disaster. Skip this section if the State did not receive an ISP grant.

This section fulfills the requirement for an ISP midprogram report. ISP grants must provide a midprogram report when an RSP grant application is being prepared and submitted.

1. Summary of ISP Activities

Please answer the following questions to summarize ISP activities for the program as a whole.

Describe the primary emphasis of outreach and services during the immediate services phase (e.g., individual or high-intensity services to survivors and the most heavily impacted communities or at-risk populations).

Describe the services provided during the ISP, including a discussion of any trends or key issues based on analysis of the ISP data.

Highlight any prevalent or key issues or disaster reactions encountered during the first 2 months of services.

Describe any issues or disaster reactions unique to specific communities or at-risk populations.

Describe any issues or disaster reactions related to the type of disaster that occurred.

Highlight any public education, media messaging, or educational materials distribution.

Additional comments, if any:

2. ISP Data Tables

Data Collection Totals: Please complete the following data tables, including total numbers for the entire ISP to date. The State may replace these tables by inserting or attaching database reports from the CCP Online Data Collection and Evaluation System, as long as all required indicators are included.

The following includes data from the start of the ISP (15 days after Presidential Declaration) to _____ (enter end date).

Individual Crisis Counseling Contacts (characteristics of encounter)	
Location	Number of Service Contacts
School	
Community center	
Provider site	
Workplace	
Disaster recovery center	
Place of worship	
Individual's home	
Retail	
Phone Counseling (15 minutes or longer)	
Medical center	
Public place	
Other:	
Visit Type	Number of Service Contacts
Individual	
Family	
Visit Number	Number of Service Contacts
First visit	
Second visit	
Third visit	
Fourth visit	
Fifth visit or more	
Individual Crisis Counseling Contacts (characteristics of encounter)	
Duration	Number of Service Contacts

15–29 minutes			
30–44 minutes			
45–59 minutes			
60 minutes or more			
Individual Crisis Counseling Contacts (risk categories)			
Risk Category	Number of Service Contacts	Risk Category	Number of Service Contacts
Injured or physically harmed		Disaster unemployed	
Life was threatened		Other financial loss	
Family missing or dead		Assisted with rescue or recovery	
Friend missing or dead		Evacuated quickly with little time to prepare	
Witnessed death or injury		Witnessed community destruction	
Prolonged separation from family		Past substance abuse or mental health problem	
Home had damage		Pre-existing physical disability	
Displaced from home 1 week or more		Past trauma	
Had to change schools		Vehicle or major property loss	
Individual Crisis Counseling Contacts (demographic information)			
Age	Number of Service Contacts	Ethnicity	Number of Service Contacts
Preschool (0–5 years)		Hispanic or Latino	
Child (6–11 years)		Not Hispanic or Latino	
Adolescent (12–17 years)		Race	Number of Service Contacts
Adult (18–39 years)		American Indian/Alaska Native	
Adult (40–64 years)		Asian	
Adult (65 years or older)		Black or African-American	
		Native Hawaiian/Pacific Islander	
		White	
Primary Language of Contact	Number of Service Contacts	Gender	Number of Service Contacts
English		Male	
Spanish		Female	
Other			

Individual Crisis Counseling Contacts (event reactions)			
Behavioral	Number of Service Contacts	Emotional	Number of Service Contacts
Extreme change in activity level		Sadness, tearful	
Excessive drug or alcohol use		Irritable, angry	
Isolation/withdrawal		Anxious, fearful	
On guard/hypervigilant		Despair, hopeless	
Agitated/jittery/shaky		Guilt/shame	
Violent or dangerous		Numb, disconnected	
Acts younger than age			
Physical	Number of Service Contacts	Cognitive	Number of Service Contacts
Headaches		Distressing dreams, nightmares	
Stomach problems		Intrusive thoughts, images	
Difficulty falling or staying asleep		Difficulty concentrating	
Eating problems		Difficulty remembering things	
Worsening of health problems		Difficulty making decisions	
Fatigue, exhaustion		Preoccupied with death/destruction	
Individual Crisis Counseling Contacts (referral)			
Source		Number of Referrals	
Other crisis counseling program services			
Other disaster community services (e.g., FEMA loans, housing)			
Mental health services			
Substance abuse services			
Other services:			

Group Encounter Contacts (characteristics of encounter)	
Location	Number of Group Encounters
School	
Community center	
CCP provider site	
Workplace	
Disaster recovery center	
Place of worship	
Individual's home	
Retail	
Medical center	
Public place/event	
Other:	

Group Encounter Contacts (characteristics of encounter)			
Type of Visit		Number of Group Encounters	
First session of group expected to meet once			
First session of group expected to meet more than once			
Second or greater session of ongoing group			
Duration		Number of Group Encounters	
15–29 minutes			
30–44 minutes			
45–59 minutes			
60 minutes or more			
Group Encounter Contacts (group identities)			
Group Identity		Number of Group Encounters	
Children or youth (< age 18)			
Adult survivors			
Public safety workers and first responders			
Other recovery workers			
A mix of the above or no shared group identity			
Group Encounter Contacts (focus of groups session)			
Group Focus	Number of Group Encounters	Group Focus	Number of Group Encounters
Education about reactions to disaster		Conflict resolution	
Education about community resources		Community action	
Mutual support		Information about the CCP	
Stress management or skills building		Other	
Brief Educational and Supportive Services			
Type of Contact		No. of Contacts/Materials Distributed	
In-person, brief educational, or supportive contact			
Telephone contact			
E-mail contact			
Materials handed to people with no or minimal interaction			
Materials mailed to people's homes or left at a person's home			
Materials left in public places			
Community networking and coalition building			

3. ISP Service Providers

In the following table, list the service provider agencies that participated in the ISP. Include the estimated number of people to be served through Primary Services, identified in the ISP application, for each service provider. Then, include the total actually served to date in the ISP for each provider. List actual full-time equivalent (FTE) staff for each provider and the designated service areas served by each provider. If the State provided direct crisis counseling services, complete the State line of the table.

Service Provider Name	Estimated Number of People to be served through Primary Services	Total Served to Date in ISP	FTEs		Designated Service Area
			Grant Funded	In Kind	
State					
Service Provider 1					
Service Provider 2					
Service Provider 3					
Service Provider 4					
Service Provider 5					
ISP TOTAL:					

Explain why any service providers not included in the ISP application were added. Explain why any service providers included in the ISP application were deleted or discontinued.

Explain the reasons for variations in rates of service delivery (i.e., why providers are significantly above or below total estimated service targets or why there is significant variation in service delivery rates among service providers of similar size).

Additional comments, if any:

4. ISP Training Provided

In the following table, include all trainings proposed in the ISP application. Indicate whether the trainings were provided, the type of training, dates, trainers, locations, and target audiences. List any additional trainings that were provided but not included in the ISP application.

Provided	Type of Training	Date	Trainer	Location	Target Audience
<input type="checkbox"/> Yes <input type="checkbox"/> No	Core Content Training (mandatory)				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:				

If applicable, briefly explain why any training proposed in the ISP application was not provided.

Part IV. State and Local Resources and Capabilities

Describe State and local mental health systems and the clients they serve. Explain why these resources cannot meet the disaster-related mental health needs.

Does the SMHA set aside funds for disaster response? If so, how are these funds used?

Are crisis counseling services beyond the SMHA's and local providers' scope and capacity of services?

If the State has existing resources that can be used for disaster mental health services, describe these resources. These resources should be outlined as in-kind contributions in the program plan.

Additional comments, if any:

Part V. Plan of Services

Complete the following Staffing Summary Table by entering information from the State and Provider Staffing Tables.

A. Staffing Summary Table

1. The State must complete a State Staffing Table (see Part V.B.1.).
2. Each Provider must complete a Provider Staffing Table (see Part V.C.2.).
3. Fill in the chart below with FTE totals from the Staffing Plan Tables.
4. Identify the designated service areas that each provider will serve.

Note: The total Estimated Number of People To Be Served Through Primary Services in this table should equal the total identified in Part I.C. Summary of Geographic Areas and Initial Needs Assessment.

Service Provider Name	Estimated Number of People to be served through Primary Services	FTEs		Designated Service Areas
		Grant Funded	In-Kind	
State				
Service Provider 1				
Service Provider 2				
Service Provider 3				
Service Provider 4				
Service Provider 5				
TOTAL:				

In the spaces below, all applicants should do the following:

- Attach an organizational chart. This chart must include the program management, fiscal, administrative, data/evaluation, and all direct and support services staff positions at the State and provider levels. The staff positions and FTEs in the organizational chart should correspond with the information included in the Staffing Plan Tables. The number of FTEs must also be included in each box, as well as the identification of any in-kind staff.
- Describe the organizational structure.

Attach an organizational chart for this project.

Describe the rationale for determining the number of FTEs for the program based on the total estimated number of people to be served through primary services.

Provide a brief description of the organizational and supervisory plan for the program.

Additional comments, if any:

B. State Staffing Plan

Please provide information on the State staffing plan. Include State leadership positions and include State service staff if the State is directly providing Primary services.

1. State Staffing Table

This is an estimate for the following designated service area: _____

Date completed: _____

Type of State Staff	Grant Funded		Projected In-Kind	
	Number of Staff Members	Number of FTEs (based on 40 hours per week)	Number of Staff Members	Number of FTEs (based on 40 hours per week)
TOTAL:				

Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the ISP Supplemental Instructions and may be modified and inserted here.

2. Services and Strategies

Select the types of services furnished by the State. Please select Primary services only if the State is directly providing Primary services.

Primary services provided:

- Brief educational or supportive contact
- Individual crisis counseling

- Group crisis counseling
- Public education
- Assessment, referral, and resource linkage
- Community networking/support

Secondary services provided:

- Distribution of educational materials
- Media and public service announcements

How will you organize and deploy crisis counseling teams?

Describe your plan to reach those identified as in need of services. Include any special population groups that are identified in the needs assessment.

Describe the staff support mechanisms that will be available.

Community stakeholders often include community mental health and substance abuse centers, schools, faith-based organizations, first responders, law enforcement, community-based cultural organizations, and local elected officials. With what organizations and community stakeholders will you network?

Additional comments, if any:

⌘⌘START: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER⌘⌘

C. Provider Staffing Plan

1. Contact Information

Please provide information on each service provider and the project manager or point of contact for the provider.

Service Provider

Agency/Organization Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____
 Director's Name: _____

CCP Provider Contact/Manager

Prefix	First Name	Middle Initial	Last Name
Agency/Organization Name: _____			
Address Line 1: _____			
Address Line 2: _____			
City: _____		State: _____	Zip: _____
Phone: _____		Fax: _____	
E-Mail: _____			

2. Provider Staffing Table

Service provider name: _____

This is an estimate for the following designated service area: _____

Date completed: _____

Type of Staff	Grant Funded		Projected In-Kind	
	Number of Staff Members	Number of FTEs (based on 40 hours per week)	Number of Staff Members	Number of FTEs (based on 40 hours per week)
TOTAL:				

Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the RSP Supplemental Instructions and may be modified and inserted here.

3. Services and Strategies

Select the types of services furnished by the service provider.

Primary services provided:

- Brief educational or supportive contact
- Individual crisis counseling
- Group crisis counseling
- Public education
- Assessment, referral, and resource linkage
- Community networking/support

Secondary services provided:

- Distribution of educational materials
- Media and public service announcements

How will you organize and deploy crisis counseling teams?

Describe your plan to reach those identified as in need of services. Include any special population groups that are identified in the needs assessment.

Describe the staff support mechanisms that will be available.

Community stakeholders often include community mental health and substance abuse centers, schools, faith-based organizations, first responders, law enforcement, community-based cultural organizations, and local elected officials. With what organizations and community stakeholders will you network?

Additional comments, if any:

⌘⌘END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER⌘⌘

D. Program Management Plan

The following section should be used by the State to describe the SMHA's overall plan for program administration, monitoring, and oversight.

If the State received an ISP grant, describe what administrative and programmatic activity will take place to ensure a smooth transition from the ISP to RSP phase.

Describe the State's plan for oversight of the entire program.

Describe the State's plan for monitoring fiscal activity and fiscal accountability. Include financial documentation procedures.

Describe the State's plan for quality control methods to ensure appropriate services reach disaster survivors.

Data collection and evaluation activities must be consistent with the guidelines provided by FEMA and CMHS. Data should be collected using the data collection tools approved by the Office of Management and Budget (OMB). These tools are available in *Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Programs Manual and Toolkit*, which is included with the application materials packet that SAMHSA DTAC sends to States, and through the CCP Online Data Collection and Evaluation System.

By checking the box, the State agrees to use the OMB-approved data collection tools and conduct evaluation activities consistent with FEMA and CMHS guidelines.

Describe and justify any additional process or program evaluation that may be conducted during the RSP.

If an evaluation consultant will be used for other evaluation activities, explain why this consultant was selected and attach a résumé to the application.

Describe the State's plan to ensure clear program identity and market the program so survivors can easily access services (e.g., program identification materials, use of media, Web sites). Also, specifically identify how survivors will access program services and whether the program is putting into place a hotline or referral phone numbers.

Describe the State's plan to ensure that appropriate educational materials and wellness messages are available to assist both communities and individual survivors (e.g., public service announcements, partnering with media or community organizations).

Describe the State's plan to partner with disaster relief, community, faith-based, traditional mental health and substance abuse services, and other human service organizations to promote community recovery, ensure appropriate mechanisms for referral, and promote unduplicated, comprehensive services.

Will the State be providing, in addition to oversight, direct crisis counseling services to survivors?
Yes No

If yes, the State must include in Part V.B.1–2. detailed information concerning the direct services it will provide.

Additional comments, if any:

E. Consultants (Excluding Trainers)

Please provide a list of consultants you intend to use. Complete a consultant information sheet for each consultant. Do not include any trainers.

Consultants

Consultant Name	Agency/Organization	Phone	Role
Consultant 1			
Consultant 2			
Consultant 3			

Additional comments, if any:

Consultant Information

Please provide the following information. If the consultant is self-employed, enter his or her name in the agency/organization field in addition to the name fields. The address of the consultant should be the address of the agency/organization applying for FEMA funds. Résumés are required for all consultants.

Consultant

Prefix	First Name	Middle Initial	Last Name
Agency/Organization Name: _____			
Address Line 1: _____			
Address Line 2: _____			
City: _____		State: _____	Zip: _____
Phone: _____		Fax: _____	
E-Mail: _____			
Types of Services Provided:			

F. Training

Note: Enter only people who are trainers; list consultants in the previous section (E). All program staff must receive training in the FEMA crisis counseling requirements.

Does the State have trainers experienced in the CCP who can provide training on the CCP model? Yes No

- If yes, list these trainers in the table below.
- If no, contact SAMHSA DTAC for technical assistance or referrals for approved trainers (SAMHSA DTAC: 1-800-308-3515, DTAC@samhsa.hhs.gov). The approved trainers must then be listed in the table below.

Trainers

Trainer Name	Agency/Organization Affiliation	FEMA/CMHS Approved	Attended CCP Training of State Trainers
Trainer 1			
Trainer 2			
Trainer 3			

Training Schedule

Type of Training	Date	Trainer	Location	Target Audience
¹ Core Content Training				
Transition to RSP Training				
Midprogram training				
Anniversary Training				
Phasedown Training				
Other:				
Other:				

¹All crisis counselors must receive the Core Content Training during their tenure with a CCP. This is typically provided in the ISP phase. In this case, it does not need to be repeated in the RSP (the Transition to RSP Training will be sufficient). RSP grants that did not have an ISP phase must provide the Core Content Training (in place of the Transition to RSP Training).

Attach résumés for any proposed trainers who have not been FEMA/CMHS approved.

Describe who will be trained, and note if training will be offered to other human service or disaster relief workers who are not employed through the CCP grant.

Describe and provide a rationale for other trainings to be offered.

Describe how staff stress management opportunities will be incorporated into the CCP training.

Additional comments, if any

G. Facilities

Is the State or are service providers providing office space as an in-kind contribution to the project?

Yes No

If no, please provide justification for leasing office space.

Part VI. Budget

The budget must be integrated with the needs assessment and the program plan. A separate budget must be provided for the SMHA and each service provider. A line-item budget narrative justifying costs is required for both State and service provider budgets.

- **Note that the SF-424a is a required form and represents the total budget for the program.**
- The applicant should review the detailed guidance on budgeting in the RSP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance*.

A. Budget Summary Table (Includes State and Provider Costs)

RSP Budget Summary		
Budget Line Item	Total Costs	In-Kind (funds contributed by the SMHA)
Salaries and Wages (a.) ¹		
Fringe ____% (b.) ¹		
Subtotal Personnel Costs		
Travel (c.) ¹		
Equipment (d.) ¹		
Budget Line Item	Total Costs	In-Kind

		(funds contributed by the SMHA)
Supplies (e.) ¹		
Contractual Consultant/Trainer Costs		
Contractual Media/Public Information Costs		
Provider Contractual Costs		
Subtotal Contractual Costs (f.) ¹		
Other Direct State Costs (h.) ¹		
Total Contractual and Direct Costs:		

¹ Letters in parentheses indicate the corresponding budget category on the SF-424a. Costs covered directly by the State, and not contracted must be included in Other Direct State Costs (h.)

B. Budget Narrative Table (Includes State and Provider Costs)

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

RSP Line-Item Budget Narrative						
Budget Line Item	Item Description					Total Cost
DIRECT COSTS						
Direct Personnel Costs		No. of FTE	Hours	Weeks	Rate	
Salaries and Wages	(Itemize position titles from Part V.B.1. here. Add rows as needed. Key staff are expected at .5 FTEs and above.)					
<i>Subtotal Salaries and Wages</i>						
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)			%		
<i>Subtotal Direct Personnel Costs</i>						
Direct Travel Costs			Miles	Weeks	Rate	
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the State. The State assures that the mileage rate is usual and customary. Do not include consultant/trainer travel costs. Add rows as needed.)					
<i>Subtotal Direct Travel Costs</i>						
Direct Equipment Costs				Unit Cost	No. of Units	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)					
<i>Subtotal Direct Equipment Costs</i>						

Budget Line Item		Item Description	Unit Cost	No. of Units	Total Cost
Direct Supplies Costs					
	(Itemize supply costs here. Add rows as needed.)				
<i>Subtotal Direct Supplies Costs</i>					
Subtotal Direct Costs					
CONTRACTUAL COSTS					
Contractual Consultant/Trainer Costs			Daily Rate	No. of Days	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)				
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)				
<i>Subtotal Contractual Consultant/Trainer Costs</i>					
Contractual Media/Public Information Costs					
	(Itemize contractual media and public information costs here. Add rows as needed.)				
<i>Subtotal Contractual Media/Public Information Costs</i>					
Provider Contractual Costs					
	(Itemize provider contractual costs here. Add rows as needed.)				
<i>Subtotal Provider Contractual Costs</i>					
Subtotal Contractual Costs					
OTHER DIRECT COSTS					
Other Direct State Costs					
	(Itemize other direct State costs here. Add rows as needed.)				
<i>Subtotal Other Direct State Costs</i>					
Total Contractual and Direct Costs					
Add narrative budget justification here.					

⌘⌘ START: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER ⌘⌘

C. Individual Provider Budgets

Complete an Individual Service Provider Budget for each service provider.

RSP Individual Service Provider Budget Summary

Name of service provider: _____

Designated areas: _____

Total estimated number to be served through primary services: _____

Budget Line Item	Total Costs	In-Kind (funds contributed by the provider)
Salaries and Wages		
Fringe ____%		
Subtotal Personnel Costs		
Travel		
Equipment		
Supplies		
Consultant/Trainer Costs		
Media/Public Information Costs		
Other Service Provider Costs		
Total (f.)¹ :		

1 Letters in parentheses indicate the corresponding budget category on the SF-424a

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

RSP Line-Item Budget Narrative for the Individual Service Provider

Name of Service Provider: _____

Designated areas: _____

Total estimated number to be served via primary services: _____

Budget Line Item	Item Description					Total Cost
PROVIDER COSTS						
Personnel Costs		No. of FTE	Hours	Weeks	Rate	
Salaries and Wages	(Itemize position titles from Part V.C.2. here. Add rows as needed.)					
<i>Subtotal Salaries and Wages</i>						
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)			%		
<i>Subtotal Personnel Costs</i>						
Budget Line Item	Item Description					Total Cost

Travel Costs		Miles	Weeks	Rate	
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.)				
<i>Subtotal Travel Costs</i>					
Equipment Costs			Unit Cost	No. of Units	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)				
<i>Subtotal Equipment Costs</i>					
Supplies Costs			Unit Cost	No. of Units	
	(Itemize supply costs here. Add rows as needed.)				
<i>Subtotal Supplies Costs</i>					
Consultant/Trainer Costs			Daily Rate	No. of Days	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)				
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)				
<i>Subtotal Contractual Consultant/Trainer Costs</i>					
Media/Public Information Costs					
	(Itemize contractual media and public information costs here. Add rows as needed.)				
<i>Subtotal Contractual Media/Public Information Costs</i>					
Other Service Provider Costs					
	(Itemize other service provider costs here. Add rows as needed.)				
<i>Subtotal Other Service Provider Costs</i>					
					TOTAL PROVIDER COSTS:
Add narrative budget justification here.					

⌘⌘END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER⌘⌘